Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/01/1988

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
KOROSEAL INTERIOR PRODUCTS, LLC

3875 EMBASSY PARKWAY, SUITE 110
FAIRLAWN, OH 44333-8344

2b Employer Identification Number (EIN) 46-4864607

2c Plan Sponsor's telephone number 330-668-7600

2d Business code (see instructions) 326100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/15/2022	JENNIFER AUBLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	713
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	118
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	114
b	Retired or separated participants receiving benefits	**6b**	280
c	Other retired or separated participants entitled to future benefits	**6c**	305
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	699
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	33
f	Total. Add lines **6d** and **6e**.	**6f**	732
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1B 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
KOROSEAL INTERIOR PRODUCTS, LLC

D Employer Identification Number (EIN)
46-4864607

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2020

2 Assets:

a Market value	**2a**	29100721
b Actuarial value	**2b**	29013423

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	280	19785598	19785598
b For terminated vested participants	305	9271454	9271454
c For active participants	114	3902701	3916122
d Total	699	32959753	32973174

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.69 %
6 Target normal cost	**6**	486292

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

	07/07/2022
Signature of actuary	Date
JEFFREY A. SCHAPEL, EA, FCA, MAAA	20-07786
Type or print name of actuary	Most recent enrollment number
CBIZ RETIRMENT PLAN SERVICES INC	216-447-9000
Firm name	Telephone number (including area code)
6050 OAK TREE BLVD S, SUITE 500 CLEVELAND, OH 44131	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	71
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	71
10	Interest on line 9 using prior year's actual return of 8.39 %	0	6
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		109181
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.50 %		6005
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		115186
d	Portion of (c) to be added to prefunding balance		115186
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	115263

Part III Funding Percentages

14	Funding target attainment percentage	14	87.64 %
15	Adjusted funding target attainment percentage	15	87.64 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	88.39 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2021	401983	0			
07/15/2021	77809	0			
10/15/2021	198974	0			
06/15/2022	122097	0			
			Totals ► 18(b)	800863	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	769065

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.50 %	6.27 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	486292
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	4075014	398036
b Waiver amortization installment		0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	884328

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	115263	115263

36 Additional cash requirement (line 34 minus line 35)	**36**	769065
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	769065
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

A Name of plan	**B** Three-digit plan number (PN) ▶
KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN	002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
KOROSEAL INTERIOR PRODUCTS, LLC	46-4864607

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CBIZ RETIRMENT PLAN SERVICES

34-1582098

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	N/A	36550	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

RAYMOND JAMES

680 CARILLON PARKWAY
ST PETERSBURG, FL 33716

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	N/A	30000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

KEY TRUST COMPANY OF OHIO

34-1784820

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	N/A	21818	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

BOBER, MARKEY, FEDOROVICH & COMPANY

34-1523030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	N/A	12500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III	**Termination Information on Accountants and Enrolled Actuaries (see instructions)** (complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

A Name of plan
KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
KOROSEAL INTERIOR PRODUCTS, LLC

D Employer Identification Number (EIN)
46-4864607

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	247250	321071
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1062065	716712
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	27791831	33258701
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	29101146	34296484
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	32385	31815
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	32385	31815
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	29068761	34264669

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	800863	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		800863
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	941334	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		941334
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5911185
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		7653382
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1905298	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1905298
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	50080	
(2) Contract administrator fees	2i(2)	21940	
(3) Investment advisory and management fees	2i(3)	30000	
(4) Other	2i(4)	450156	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		552176
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2457474
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		5195908
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BOBER, MARKEY, FEDOROVICH & COMPANY **(2)** EIN: 34-1523030

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		3000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 418786.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

A Name of plan
KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
KOROSEAL INTERIOR PRODUCTS, LLC

D Employer Identification Number (EIN)
46-4864607

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | **1** |

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 34-1972450

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** | 0

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | **6a** |

b Enter the amount contributed by the employer to the plan for this plan year ..... | **6b** |

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | **6c** |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

September 30, 2021 and 2020

KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN
ANNUAL REPORT INDEX

The following financial statements of the Koroseal Interior Products Retirement Income Plan are included herewith:

- Statements of Net Assets Available for Benefits as of September 30, 2021 and 2020
- Statements of Changes in Net Assets Available for Benefits for the years ended September 30, 2021 and 2020
- Notes to Financial Statements

The following supplemental schedules of the Koroseal Interior Products Retirement Income Plan are included in the Annual Report of the Plan on Form 5500 filed with the Department of Labor as of September 30, 2021:

- Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
- Schedule H, Line 4j – Schedule of Reportable Transactions

All other supplemental schedules and notes for which provision is made in the applicable rules and regulations of the Department of Labor Regulations are not required under the related instructions or are inapplicable and, therefore, have been omitted.

KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN
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BOBER MARKEY FEDOROVICH
CERTIFIED PUBLIC ACCOUNTANTS/BUSINESS ADVISORS
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INDEPENDENT AUDITORS' REPORT

Plan Administrator and Participants of
Koroseal Interior Products Retirement Income Plan
Fairlawn, Ohio

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the financial statements of Koroseal Interior Products Retirement Income Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of September 30, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution, KeyBank National Association, as of September 30, 2021, and for the year then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section:

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Koroseal Interior Products Retirement Income Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal controls relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal controls. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter — 2021 Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of September 30, 2021 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended September 30, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

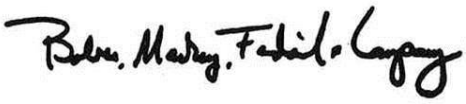
In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditors' Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Koroseal Interior Products Retirement Income Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated July 15, 2021 we indicated that (a) because of the significance of the information we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



BOBER, MARKEY, FEDOROVICH & COMPANY
Akron, Ohio
July 15, 2022

KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
September 30, 2021 and 2020

	2021	2020
ASSETS		
Investments, at fair value	$ 33,975,413	$ 28,853,896
Employer contribution receivable	321,071	247,250
TOTAL ASSETS	34,296,484	29,101,146
LIABILITIES		
Accrued fees and expenses	31,815	32,385
NET ASSETS AVAILABLE FOR BENEFITS	$ 34,264,669	$ 29,068,761

The accompanying notes are an integral part of these financial statements.

KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended September 30, 2021 and 2020

	2021	2020
ADDITIONS:		
Employer contributions	$ 800,863	$ 989,000
Dividends and interest	941,334	988,980
TOTAL ADDITIONS	1,742,197	1,977,980
DEDUCTIONS:		
Benefit payments to participants	1,905,298	1,803,037
Administrative fees and expenses	552,176	536,945
TOTAL DEDUCTIONS	2,457,474	2,339,982
NET APPRECIATION IN FAIR VALUE OF INVESTMENTS	5,911,185	1,344,349
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	5,195,908	982,347
NET ASSETS AVAILABLE FOR BENEFITS BEGINNING OF YEAR	29,068,761	28,086,414
END OF YEAR	$ 34,264,669	$ 29,068,761

The accompanying notes are an integral part of these financial statements.

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Koroseal Interior Products Retirement Income Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit, noncontributory pension plan originally established by Koroseal Interior Products, LLC (the "Company") effective October 1, 1988, for the employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Effective June 1, 2009, the Plan was frozen and participants no longer accrue benefits under the Plan after May 31, 2009.

Contributions

It is the Company's intention to make annual contributions to the Plan in an amount that at least meets the minimum funding provisions of ERISA. Minimum required contributions of approximately $769,100 and $845,400 were required for the Plan years ended September 30, 2021 and 2020, respectively, and were met by the Company.

For the Plan year ending September 30, 2020, the Plan Sponsor elected to apply Section 9705 of the American Rescue Plan Act (ARPA-12), pertaining to the 15-year amortization of the Plan's funding shortfall. This election reduced the minimum required contributions made to the Plan and related assumptions are included in the actuarial present value of accumulated plan benefits.

Payment of Benefits

The Plan provides for normal retirement benefits at age 65, early retirement benefits at age 62, surviving spouse death benefits, and disability benefits, as defined in the Plan.

Plan Costs

All legal, actuarial and other administrative expenses, including Pension Benefit Guaranty Corporation ("PBGC") premiums, are paid by the Company or from the Plan assets, as directed by the Company.

Plan Termination

The Company has the right under the Plan, in certain circumstances, to discontinue their contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations there under, and the Plan document.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Information about the Plan, including present and future benefits, vesting and PBGC benefit guarantee provisions is contained in a summary document available from the Company.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan have been prepared in accordance with accounting principles generally accepted in the United States of America. The accounting records of the Plan are on an accrual basis.

Valuation of Investments

The Plan's investments are held by KeyBank National Association ("Trustee") as of and for the years ended September 30, 2021 and 2020. The investments are valued at fair value in accordance with the Fair Value Measurements Topic of the Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC").

Investment income consists of interest and dividend income. The net appreciation in the fair value of investments consists of realized gains or losses and the unrealized appreciation on those investments. Dividend income is accrued on the ex-dividend date. Purchases and sales of securities are recorded on a trade-date basis. Realized gains and losses from security transactions are reported based on historical cost.

Fair Value Measurements

Fair value estimates are made at a specific point in time based on relevant market information about the financial instrument. These estimates are subjective in nature and involve uncertainties and matters of significant judgment and, therefore, cannot be determined with precision. Changes in assumptions could significantly affect the estimates.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments that are attributable under the Plan's provisions to services rendered by the participants to the valuation date (beginning of the plan year). Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits payable under all circumstances are included to the extent they are deemed attributable to participant service rendered to the valuation date (beginning of the year).

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of the financial statements and footnote disclosures requires management to make estimates and assumptions that affect the reported amount of assets and liabilities at the date of the financial statements and the reported amount of additions and deductions to net assets available for benefits during the period. Although management believes such estimates and assumptions are reasonable, actual results could differ from those estimates.

Subsequent Events

The Plan has evaluated subsequent events through July 15, 2022, the date the financial statements were available to be issued.

NOTE 3 - INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)

The Company has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, all investment information applicable at the Plan level is certified complete and accurate or derived from information certified complete and accurate by the Trustee as of and for the years ended September 30, 2021 and 2020. As of September 30, 2021, the fair value of the investments and cash held was $33,975,413 with related net appreciation of $5,911,185 and dividends and interest of $941,334 for the year then ended. As of September 30, 2020, the fair value of investments was $28,853,896 with related net appreciation of $1,344,349 and dividends and interest of $988,980 for the year then ended.

NOTE 4 - FAIR VALUE MEASUREMENTS

Fair value is a market-based measurement that is determined based on assumptions that market participants would use in pricing an asset or liability. As a basis for considering such assumptions, the Plan uses a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value as follows:

- Level 1 – Observable inputs such as quoted prices in active markets;
- Level 2 – Inputs, other than the quoted prices in active markets, that are observable either directly or indirectly; and
- Level 3 – Unobservable inputs in which there is little or no market data, which require the reporting entity to develop its own assumptions

Assets measured at fair value on a recurring basis as of September 30, 2021 and 2020 are as follows:

- Mutual funds: Valued at the closing price reported on the active market.
- Money market funds: Valued at the net asset value of shares held by the Plan at year end.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of September 30:

	2021			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 33,258,701	$ -	$ -	$ 33,258,701
Money market funds	-	716,712	-	716,712
Total investments at fair value	$ 33,258,701	$ 716,712	$ -	$ 33,975,413

	2020			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 27,791,831	$ -	$ -	$ 27,791,831
Money market funds	-	1,062,065	-	1,062,065
Total investments at fair value	$ 27,791,831	$ 1,062,065	$ -	$ 28,853,896

NOTE 5 - ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits were estimated by the Plan's actuary, CBIZ Retirement Plan Services, based on personnel information provided by the Company. The actuary estimates the actuarial present value of accumulated plan benefits which is to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment such as for death, disability, withdrawal or retirement between the valuation date and the expected dates of payment. The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

The actuarial present value of accumulated plan benefits as of October 1, 2020 and 2019 is as follows (rounded to the nearest hundred):

	October 1, 2020	October 1, 2019
Vested benefits		
Participants currently receiving payments	$ 18,740,800	$ 17,431,300
Other participants	12,922,100	12,588,900
Total vested benefits	31,662,900	30,020,200
Nonvested benefits	14,000	221,000
Total actuarial present value of accumulated plan benefits	$ 31,676,900	$ 30,241,200

The changes in the actuarial present value of accumulated plan benefits from the previous benefit information date were as follows (rounded to the nearest hundred):

	For the Year Ended October 1, 2020	For the Year Ended October 1, 2019
Actuarial present value of accumulated plan benefits - beginning of year	$ 30,241,200	$ 29,722,300
Increase (decrease) during the year attributable to:		
Actuarial assumption changes	(160,400)	892,800
Actuarial gains and losses, net	1,492,000	(581,200)
Change in the discount period (interest cost)	1,907,100	1,877,700
Benefits paid	(1,803,000)	(1,670,400)
Actuarial present value of accumulated plan benefits - end of year	$ 31,676,900	$ 30,241,200

The actuarial cost method used by the actuary to determine the liabilities for minimum funding calculations is the Traditional Unit Credit method. Under this cost method, the actuarial accrued liability is the sum of the individual accrued liabilities for all participants. There is no normal cost attributable to benefit accruals under this method as the Plan is frozen.

The actuarial cost method used to determine the liabilities for maximum deductible calculations is the Projected Unit Credit method. Under this cost method, the actuarial accrued liability is the sum of the individual accrued liabilities for all participants and the normal cost is the sum of the individual normal costs for all participants (both defined within the actuarial valuation report).

Valuation interest rates applied to the Plan by the actuary consisted of three segment rates, or interest rates, that apply to benefits paid during three time periods:

- Segment I: Payments expected to be due within five years
- Segment II: Payments expected to be due within five to twenty years
- Segment III: Payments expected to be due after twenty years

Significant assumptions underlying the actuarial computations are as follows:

Assumption	October 1, 2020		October 1, 2019	
	24-Month Segment Rates (A)		24-Month Segment Rates (A)	
Valuation Interest Rates	Unadjusted	Limited to 25-Year Rate	Unadjusted	Limited to 25-Year Rate
Segment I	2.54%	4.75%	2.74%	3.74%
Segment II	3.61%	5.50%	3.96%	5.35%
Segment III	4.09%	6.27%	4.44%	6.11%

Mortality and Disability

The mortality and disability assumptions were updated in 2019 for the most recent IRS prescribed mortality with separate annuitant and non-annuitant rates, for males and females, which was the RP-2014 Employee and Healthy Annuitant Mortality Tables, with Generational Projection Scale MP-2019, for males and females. The mortality and disability assumption for 2017 used the RP-2014 Employee and Healthy Annuitant Mortality Tables, with Generational Projection Scale MP-208 for males and females.

Discount Rates

The discount rate used to determine present value of accumulated plan benefits was 6.50% in 2020 and 2019.

Retirement Age

In 2020 and 2019, active participants were assumed to be retire at the following rates:

Age	Rates
62	5%
63	2%
64	2%
65	100%

Additional assumptions used in the actuarial computations include inflation, marital withdrawal and disability rate assumptions. These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

NOTE 6 - TAX STATUS

The IRS has determined and informed the Plan by a letter dated June 22, 2012, that the Plan is qualified in accordance with the applicable regulations of the Internal Revenue Code ("IRC"), and the trust established with the Plan constitutes a qualified trust and is exempt from federal income taxes.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Company has analyzed the tax positions taken by the Plan, and has concluded that as of and for the years ended September 30, 2021 and 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements.

NOTE 7 - PARTY-IN-INTEREST

Party-in-interest transactions include purchases and sales of investments through the Plan's Trustee and the payment of services and expenses.

KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EMPLOYER NO. 46-4864607
PLAN NO. 002
September 30, 2021

(a)	(b) Identify of issue, borrower, lessor or similar party	(c) Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	(d) Cost	(e) Current Value
	FEDERATED GOVERNMENT OBLIGATIONS	Money Market Fund	$ 716,712	$ 716,712
	DODGE & COX INCOME FD	Mutual Fund	3,399,315	3,484,239
	AMERICAN EUROPACIFIC GROWTH FUND	Mutual Fund	1,155,498	1,404,723
	ISHARES CORE S&P 500 ETF	Mutual Fund	2,112,393	3,329,377
	ISHARES CORE US AGGREGATE BOND ETF	Mutual Fund	1,651,393	1,721,646
	ISHARES MSCI EAFE INDEX FUND	Mutual Fund	1,226,356	1,396,847
	ISHARES RUSSELL MIDCAP INDEX FD	Mutual Fund	2,348,243	3,529,678
	ISHARES RUSSELL 2000 INDEX FUND	Mutual Fund	1,704,337	2,543,406
	JPMORGAN US EQUITY FUND	Mutual Fund	2,593,390	3,345,356
	TEMPLETON GLOBAL BOND FUND	Mutual Fund	4	3
	INVESCO DEVELOPING MARKETS FUND	Mutual Fund	510,304	631,269
	VICTORY TRIVALENT INTL SMALL-CAP FUND	Mutual Fund	576,946	724,400
	PRINCIPAL GLOBAL REAL ESTATE SECURITIES	Mutual Fund	640,809	733,590
	LSV VALUE EQUITY FUND	Mutual Fund	2,597,705	2,768,738
	WESTERN ASSET TOT RET UNCONSTRAINED FD	Mutual Fund	1,016,731	1,040,342
	T ROWE PRICE BLUE CHIP GROWTH FUND	Mutual Fund	1,603,823	3,039,354
	PRINCIPAL SPECTRUM PREF CAP SEC	Mutual Fund	699,826	709,165
	GATEWAY FUND	Mutual Fund	610,901	707,989
	PGIM HIGH YIELD FUND	Mutual Fund	2,080,372	2,148,579
			26,528,346	33,258,701
	Total assets held for investment purposes		$ 27,245,058	$ 33,975,413

* - Represents a party-in-interest, as defined by ERISA.

KOROSEAL INTERIOR PRODUCTS RETIREMENT INCOME PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
For the Year Ended September 30, 2021
EMPLOYER NO. 46-4864607
PLAN NO. 002

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SERIES OF TRANSACTIONS:								
Federated Government Obligations Institutional Shares	Money Market Fund 25 purchases	$ 2,109,627	N/A	N/A	N/A	$ 2,109,627	$ 2,109,627	$ -
Federated Government Obligations Institutional Shares	Money Market Fund 30 sales	N/A	$ 2,455,048	N/A	N/A	$ 2,455,048	$ 2,455,048	$ -

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 10/01/2020 and ending 09/30/2021

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
Koroseal Interior Products Retirement Income Plan

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Koroseal Interior Products, LLC

D Employer Identification Number (EIN)
46-4864607

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2020

2 Assets:

a Market value	**2a**	29,100,721
b Actuarial value	**2b**	29,013,423

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	280	19,785,598	19,785,598
b For terminated vested participants	305	9,271,454	9,271,454
c For active participants	114	3,902,701	3,916,122
d Total	699	32,959,753	32,973,174

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.69%
6 Target normal cost	**6**	486,292

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Jeffrey A. Schapel JAS — Signature of actuary

07/07/2022 — Date

JEFFREY A. SCHAPEL, EA, FCA, MAAA — Type or print name of actuary

2007786 — Most recent enrollment number

CBIZ RETIREMENT PLAN SERVICES — Firm name

216-447-9000 — Telephone number (including area code)

6050 OAK TREE BLVD S
SUITE 500
CLEVELAND OH 44131
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	71
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	71
10	Interest on line 9 using prior year's actual return of 8.39%	0	6
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		109,181
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.50%		6,005
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		115,186
	d Portion of (c) to be added to prefunding balance		115,186
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	115,263

Part III Funding Percentages

14	Funding target attainment percentage	14	87.64%
15	Adjusted funding target attainment percentage	15	87.64%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	88.39%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2021	401,983	0			
07/15/2021	77,809	0			
10/15/2021	198,974	0			
06/15/2022	122,097	0			
			Totals ► 18(b)	800,863	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	769,065

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.75 %	5.50 %	6.27%	

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ..... ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6) **31a** 486,292

b Excess assets, if applicable, but not greater than line 31a **31b** 0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	4,075,014	398,036
b Waiver amortization installment		0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 884,328

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	115,263	115,263

36 Additional cash requirement (line 34 minus line 35) **36** 769,065

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 769,065

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36) **38a** 0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b**

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years **40** 0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ..... ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ..... ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Detailed Schedule of Holdings - Principal Assets

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
Equity						
Mutual Funds						
ISHARES CORE S&P 500 ETF CLOSED-END FUND	464287200 1.36%	430.820	Level2			
0518440.1	7,728.0000	3,329,376.96	9.80%	273.34 0.00	2,112,392.93 2,597,071.68	1,216,984.03 732,305.28
ISHARES RUSSELL 2000 INDEX FUND CLOSED-END FUND	464287655 0.92%	218.750	Level2			
0518440.1	11,627.0000	2,543,406.25	7.49%	146.58 0.00	1,704,337.28 1,741,608.33	839,068.97 801,797.92
ISHARES RUSSELL MIDCAP INDEX FD CLOSED-END FUND	464287499 1.07%	78.220	Level2			
0518440.1	45,125.0000	3,529,677.50	10.39%	52.04 0.00	2,348,243.35 2,589,272.50	1,181,434.15 940,405.00
JPMORGAN US EQUITY FUND OPEN-END FUND CL R6	48121L817 0.72%	21.840	Level2			
0518440.1	153,175.6240	3,345,355.63	9.85%	16.93 0.00	2,593,389.82 2,746,211.48	751,965.81 599,144.15
LSV VALUE EQUITY FUND OPEN-END FUND	00758M634 2.00%	30.870	Level2			
0518440.1	89,690.2450	2,768,737.86	8.15%	28.96 0.00	2,597,705.33 2,033,212.88	171,032.53 735,524.98
T ROWE PRICE BLUE CHIP GROWTH FUND OPEN-END FUND CL I	77954Q403 0.00%	187.680	Level2			
0518440.1	16,194.3410	3,039,353.92	8.95%	99.04 0.00	1,603,823.45 2,514,264.08	1,435,530.47 525,089.84
Total Mutual Funds		**18,555,908.12**	**54.62%**	**N/A** **0.00**	**12,959,892.16** **14,221,640.95**	**5,596,015.96** **4,334,267.17**
Non-US Mutual Funds						
AMERICAN EUROPACIFIC GROWTH FUND OPEN-END FUND CL R6	298706821 0.54%	69.090	Level2			

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
0518440.1	20,331.7810	1,404,722.75	4.13%	56.83 0.00	1,155,497.65 1,191,928.10	249,225.10 212,794.65
INVESCO DEVELOPING MARKETS FUND CLASS R6 0518440.1	00143W859 0.36% 12,200.7880	51.740 631,268.77	Level2 1.86%	41.83 0.00	510,303.87 550,188.59	120,964.90 81,080.18
ISHARES MSCI EAFE INDEX FUND CLOSED-END FUND 0518440.1	464287465 2.30% 17,906.0000	78.010 1,396,847.06	Level2 4.11%	68.49 0.00	1,226,355.94 1,139,716.90	170,491.12 257,130.16
VICTORY TRIVALENT INTL SMALL-CAP FUND OPEN-END FUND CL I 0518440.1	92647K309 0.37% 40,044.2400	18.090 724,400.30	Level2 2.13%	14.41 0.00	576,945.72 582,457.20	147,454.58 141,943.10
Total Non-US Mutual Funds		**4,157,238.88**	**12.24%**	**N/A** **0.00**	**3,469,103.18** **3,464,290.79**	**688,135.70** **692,948.09**
Total Equity		**22,713,147.00**	**66.85%**	**N/A** **0.00**	**16,428,995.34** **17,685,931.74**	**6,284,151.66** **5,027,215.26**
Fixed Income						
Mutual Funds						
DODGE & COX INCOME FD OPEN-END FUND MUTUAL FUND 0518440.1	256210105 2.00% 243,999.1990	14.280 3,484,308.56	Level2 10.26%	13.93 0.00	3,399,314.93 3,558,693.87	84,993.63 -74,385.31
ISHARES CORE US AGGREGATE BOND ETF CLOSED-END FUND 0518440.1	464287226 1.82% 14,993.0000	114.830 1,721,646.19	Level2 5.07%	110.14 0.00	1,651,392.72 1,756,106.11	70,253.47 -34,459.92

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
PGIM HIGH YIELD FUND OPEN-END FUND CL R6	74440Y884 6.12%	5.590	Level2			
0518440.1	384,361.1330	2,148,578.73	6.32%	5.41 0.00	2,080,371.74 2,048,314.89	68,206.99 100,263.84
PRINCIPAL SPECTRUM PREF CAP SEC INCOME FD	74256W485 4.36%	10.510	Level n/a			
0518440.1	67,475.2550	709,164.93	2.09%	10.37 0.00	699,826.35 686,772.37	9,338.58 22,392.56
Total Mutual Funds		**8,063,698.41**	**23.73%**	**N/A** **0.00**	**7,830,905.74** **8,049,887.24**	**232,792.67** **13,811.17**
Non-US Mutual Funds						
TEMPLETON GLOBAL BOND FUND OPEN-END FUND CL R6	880208772 5.71%	8.960	Level2			
0518440.1	0.3720	3.33	0.00%	11.85 0.00	4.41 3.64	-1.08 -0.31
Total Non-US Mutual Funds		**3.33**	**0.00%**	**N/A** **0.00**	**4.41** **3.64**	**-1.08** **-0.31**
Total Fixed Income		**8,063,701.74**	**23.73%**	**N/A** **0.00**	**7,830,910.15** **8,049,890.88**	**232,791.59** **13,810.86**
Real Assets						
Reits						
PRINCIPAL GLOBAL REAL ESTATE SECURITIES OPEN-END FUND CL R6	742537624 1.04%	11.110	Level n/a			
0518440.1	66,029.6600	733,589.52	2.16%	9.70 0.00	640,808.56 591,757.71	92,780.96 141,831.81
Total Reits		**733,589.52**	**2.16%**	**N/A** **0.00**	**640,808.56** **591,757.71**	**92,780.96** **141,831.81**
Total Real Assets		**733,589.52**	**2.16%**	**N/A** **0.00**	**640,808.56** **591,757.71**	**92,780.96** **141,831.81**

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description / Portfolio Number	Asset Number / Yield on Market / Units/Par	Unit Price / Price Date / Market Value	FV Level* / % of MV	Avg Unit Cost / Accrued Income	Book Value / Revalued Cost	Unrealized Gain/Loss On Book Value / On Revalued Cost
Alternative						
Mutual Funds						
GATEWAY FUND OPEN-END FUND CL N	367829777 0.84%	39.030	Level2			
0518440.1	18,139.6200	707,989.37	2.08%	33.68 0.00	610,901.45 631,753.78	97,087.92 76,235.59
WESTERN ASSET TOT RET UNCONSTRAINED FD OPEN-END FUND CL IS	957663685 1.66%	10.610	Level2			
0518440.1	98,052.9220	1,040,341.50	3.06%	10.37 0.00	1,016,731.00 989,587.82	23,610.50 50,753.68
Total Mutual Funds		**1,748,330.87**	**5.15%**	**N/A** **0.00**	**1,627,632.45** **1,621,341.60**	**120,698.42** **126,989.27**
Total Alternative		**1,748,330.87**	**5.15%**	**N/A** **0.00**	**1,627,632.45** **1,621,341.60**	**120,698.42** **126,989.27**
Cash and Cash Equivalents						
Money Market Funds						
FEDERATED GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES	3140000V3 0.01%	1.000	Level n/a			
0518440.1	716,711.6300	716,711.63	2.11%	1.00 14.69	716,711.63 716,711.63	0.00 0.00
Total Money Market Funds		**716,711.63**	**2.11%**	**N/A** **14.69**	**716,711.63** **716,711.63**	**0.00** **0.00**
Total Cash and Cash Equivalents		**716,711.63**	**2.11%**	**N/A** **14.69**	**716,711.63** **716,711.63**	**0.00** **0.00**
Net Holdings		**33,975,480.76**	**100.00%**	**N/A** **14.69**	**27,245,058.13** **28,665,633.56**	**6,730,422.63** **5,309,847.20**
Total Holdings Principal Assets		**$33,975,480.76**	**100.00%**	**N/A** **$14.69**	**$27,245,058.13** **$28,665,633.56**	**$6,730,422.63** **$5,309,847.20**

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
Total Holdings		**$33,975,480.76**			**$27,245,058.13** **$28,665,633.56**	**$6,730,422.63** **$5,309,847.20**
Accrued Income On						
Principal Holdings		14.69		14.69	14.69	
Total Accrued Income		**14.69**		**14.69**	**14.69**	
Total Holdings with Accrued Income		**$33,975,495.45**			**$27,245,072.82** **$28,665,648.25**	**$6,730,422.63** **$5,309,847.20**

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Koroseal Interior Products Retirement Savings Plan and Trust

01-JAN-21 to 31-DEC-21

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
3IVA050	17,622.89	17,622.890000	111	(16,027.73)	(16,027.730000)	19	(16,027.73)	SERIES
1RAFFX	47,870.74	1,147.906857	1198	(4,226,689.22)	(96,444.804567)	790	(2,654,370.62)	SERIES
1RERFX	228,143.04	3,347.407720	3571	(112,424.75)	(1,586.422698)	952	(75,747.43)	SERIES
1RNPFX	213,561.45	3,316.485494	3249	(105,378.57)	(1,627.634367)	1077	(61,140.83)	SERIES
1RNWFX	114,170.79	1,209.035670	820	(9,878.95)	(108.376912)	136	(7,023.58)	SERIES
1BSPIX	394,319.81	819.052500	2212	(68,120.44)	(134.436297)	375	(52,723.54)	SERIES
1BRMKX	189,812.26	12,879.300353	4637	(181,260.06)	(12,930.096597)	1253	(125,227.84)	SERIES
1VWUAX	4,757,952.05	27,611.989662	3516	(145,888.23)	(788.403303)	867	(136,326.49)	SERIES
1RMFFX	2,578,232.88	50,640.183007	2869	(89,422.43)	(1,720.207583)	640	(87,506.00)	SERIES
1RFNFX	35,492.08	486.060074	1146	(3,420,165.21)	(43,983.902252)	802	(2,131,436.60)	SERIES
1RWMFX	42,106.91	792.981618	1092	(2,480,196.29)	(42,920.133057)	622	(1,666,211.36)	SERIES
1MAIIX	40,637.36	2,557.178914	843	(27,991.28)	(1,730.270291)	332	(23,192.25)	SERIES
1MASKX	95,200.37	3,601.896465	3052	(181,345.30)	(6,607.118529)	770	(120,840.79)	SERIES
1JUSRX	3,850,895.31	178,546.552090	3563	(147,309.09)	(6,452.018489)	715	(139,119.02)	SERIES
1PGRSX	7,865.11	712.022099	287	(3,153.38)	(285.815370)	58	(2,700.64)	SERIES
1RLBFX	190,233.67	5,853.265842	2469	(167,686.25)	(5,339.428604)	693	(133,943.26)	SERIES
1RCWFX	140,454.16	6,731.800151	627	(85.78)	(4.187205)	90	(87.48)	SERIES
1RGVFX	14,039.58	992.116481	991	(2,034.73)	(144.302129)	184	(2,041.24)	SERIES
1BMOIX	14,490.17	1,369.344857	325	(1,088.49)	(101.321904)	58	(1,034.53)	SERIES
1PTTRX	268,470.67	25,938.647623	5737	(56,994.64)	(5,471.241233)	1051	(57,999.87)	SERIES
1PHYQX	22,802.25	4,114.006155	722	(861.24)	(155.368135)	82	(809.52)	SERIES
1TGBAX	11,435.53	1,205.015839	454	(184,429.95)	(19,435.741411)	122	(217,310.64)	SERIES
1IVA050	197,356.27	197,356.270000	4118	(197,392.23)	(197,392.230000)	856	(197,392.23)	SERIES
1REATX	2,996.46	241.302872	224	(202.73)	(16.040806)	48	(169.59)	SERIES
1REJTX	1,213.73	92.036545	176	(24.16)	(1.843964)	40	(20.57)	SERIES
1RECTX	88,594.59	6,130.604115	836	(21,175.08)	(1,469.224679)	224	(18,006.54)	SERIES
1REDTX	274,584.95	16,898.754702	1676	(69,279.17)	(4,189.760071)	292	(49,486.52)	SERIES
1REETX	383,430.09	21,344.899257	2568	(293,341.36)	(16,468.500431)	495	(248,086.28)	SERIES
1REFTX	165,651.38	8,450.394200	1984	(138,236.72)	(7,032.963221)	411	(108,078.50)	SERIES
1REGTX	247,696.51	12,079.505749	3000	(132,728.05)	(6,326.517549)	522	(103,993.26)	SERIES
1REHTX	307,794.60	14,452.210906	2928	(139,907.31)	(6,805.141579)	527	(110,100.47)	SERIES
1REITX	30,705.47	1,470.250495	724	(46,802.00)	(2,279.340907)	195	(33,246.91)	SERIES
1REKTX	73,974.50	2,833.750064	1474	(60,105.63)	(2,272.495571)	339	(47,588.22)	SERIES
1REMTX	22,493.79	1,289.590239	606	(18,151.80)	(1,028.924653)	150	(14,106.00)	SERIES
5% TRANSACTIONS								
1RAFFX	41.81	0.952824	8	(4,140,497.88)	(94,359.568644)	230	(2,596,310.66)	07-MAY-21
1VWUAX	4,140,115.37	23,996.495502	226	0.00	0.000000	0	0.00	07-MAY-21
1RMFFX	2,374,810.22	46,683.904461	184	0.00	0.000000	0	0.00	07-MAY-21
1RFNFX	33.61	0.432060	4	(3,385,478.93)	(43,520.747039)	234	(2,107,571.90)	07-MAY-21
1RWMFX	23.49	0.404861	6	(2,374,810.22)	(40,930.888846)	184	(1,586,868.88)	07-MAY-21
1JUSRX	3,385,044.10	157,224.528564	228	0.00	0.000000	0	0.00	07-MAY-21

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Koroseal Interior Products Retirement Savings Plan and Trust

01-JAN-21 to 31-DEC-21

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE

LEGEND

INVESTMENT OPTION:

3IVA050	INVESCO Stable Value Fund	1RAFFX	American Funds AMCAP Fund R5
1RERFX	American Funds EuroPacific Gr R5	1RNPFX	American Funds New Perspective R5
1RNWFX	American Funds New World Fund R5	1BSPIX	iShares S&P 500 Index I
1BRMKX	iShares Russell Mid-Cap Index K	1VWUAX	Vanguard US Growth Adm
1RMFFX	American Funds American Mutual R5	1RFNFX	American Funds Fundamental Investors R5
1RWMFX	American Funds Washington Mutual R5	1MAIIX	iShares MSCI EAFE International Indx Ins
1MASKX	iShares Russell 2000 Small-Cap Index I	1JUSRX	JPMorgan US Equity R5
1PGRSX	Principal Global Real Estate Sec R6	1RLBFX	American Funds American Balanced R5
1RCWFX	American Funds Capital World Bond R5	1RGVFX	American Funds US Government Sec R5
1BMOIX	iShares U.S. Aggregate Bond Index Inst	1PTTRX	PIMCO Total Return Instl
1PHYQX	PGIM High-Yield R6	1TGBAX	Templeton Global Bond Adv
1IVA050	INVESCO Stable Value Fund	1REATX	American Funds 2010 Target Date Fund R5
1REJTX	American Funds 2015 Target Date Fund R5	1RECTX	American Funds 2020 Target Date Fund R5
1REDTX	American Funds 2025 Target Date Fund R5	1REETX	American Funds 2030 Target Date Fund R5
1REFTX	American Funds 2035 Target Date Fund R5	1REGTX	American Funds 2040 Target Date Fund R5
1REHTX	American Funds 2045 Target Date Fund R5	1REITX	American Funds 2050 Target Date Fund R5
1REKTX	American Funds 2055 Target Date Fund R5	1REMTX	American Funds 2060 Target Date Fund R5

SCHEDULE SB ATTACHMENT
Line 22 - Description of Weighted Average Retirement Age

Plan Name: Koroseal Interior Products Retirement Income Plan
EIN/PN: 46-4864607/002
Valuation Date: October 1, 2020

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement and then computing the average retirement age for the table, as shown in the following exhibit:

(A)	(B)	(C)	(D)	(E)
Retirement age	Retirement Percent	Lx	Number of employees expected to retire (B) x (C)	(A) x (D)
62	5.00%	10,000	500	31,000
63	2.00%	9,500	190	11,970
64	2.00%	9,310	186	11,917
65	100.00%	9,124	9,124	593,047
Total			10,000	647,934
Average				64.79

SCHEDULE SB ATTACHMENT
Line 19 - Discounted Employer Contributions

Plan Name: Koroseal Interior Products Retirement Income Plan
EIN/PN: 47-4864607/002
Valuation Date: October 1, 2020

Total Contributed: $800,863 **Total Discounted to Valuation Date:** $769,065

Date	Amount	Plan Year Beginning	Effective Interest Rate	Amount Discounted	Penalty Interest Rate	Additional Amount Discounted	Present Value on Valuation Date
1/15/2021	401,983	10/1/2020	5.69%	6,409	N/A	N/A	395,574
7/15/2021	77,809	10/1/2020	5.69%	3,313	N/A	N/A	74,496
10/15/2021	198,974	10/1/2020	5.69%	11,097	N/A	N/A	187,877
6/15/2022	122,097	10/1/2020	5.69%	10,979	N/A	N/A	111,118

SCHEDULE SB ATTACHMENT
Line 32 - Schedule of Amortization Bases

Plan Name: Koroseal Interior Products Retirement Income Plan
EIN/PN: 47-4864607/002
Valuation Date: October 1, 2020

Original Valuation	Remaining Years	Amortization Type	Outstanding Balance	Current Year Amortization
10/1/2020	15.00 (Relief 15)	Relief 15	531,417	49,893
10/1/2019	14.00 (Relief 15)	Relief 15	3,543,597	348,143

SUMMARY OF ASSUMPTIONS

Funding Discount Rates

IRS-Prescribed Three-Segment Rates, for the fourth month prior to the valuation date (June).

	Non-Stabilized	Limited to 25-Year Corridor
Segment 1:	2.74%	4.75%
Segment 2:	3.61%	5.50%
Segment 3:	4.09%	6.27%

The "Limited to 25 Year Corridor" rates are adjusted by the applicable maximum and applicable minimum percentages of the 25-year average segment rates, as set forth in the Highway and Transportation Funding Act of 2014 ('HATFA-14') for use in Minimum Required Contribution calculations. The IRS Maximum Deductible Limit Calculations use the rates from the "Non-Stabilized" column above.

The interest rates used to value the Target Liability for determining the minimum and maximum contributions are prescribed by law and based on elections made by the Plan Sponsor.

Effective Interest Rate

The Effective Interest Rate (EIR) for the current Plan Year is 5.69%. For the prior Plan Year, the EIR was 5.50%.

The EIR is the single rate of interest which, if used to determine the Funding Target, would result in the same Funding Target determined using the Plan Sponsor's above-elected discount rates. The EIR is used to discount contributions for minimum funding requirements and to accumulate excess contributions to the end of the year.

Funding Expected Return on Assets

The Expected Return on Assets (EROA) used in the calculation of the Actuarial Value of Assets is the lesser of (a) or (b), below:

(a) The expected long-term rate of return on assets based on policy trust allocations; or

(b) The third segment rate in the IRS-prescribed three-segment rate assumption, based on the elections made by the Plan Sponsor for minimum funding purposes.

The results are as follows:

Plan Year	Assumption (a)	Seg. III (b)	EROA (smaller of (a) or (b))
2019	6.50%	6.11%	6.11%
2018	6.50%	6.29%	6.29%

The Expected Return on Assets assumption for the calculation of Actuarial Value of Assets is based on input by the Plan's investment advisors and reflects their view of the long-term rate of return on assets, based on current and target asset allocations at each valuation date.

Expenses

Administrative expenses of $486,292were estimated to be paid from the trust in the current Plan Year and were included in the Normal Cost.

All administrative expenses are paid by the Employer.

Salary Scale

N/A

An experience analysis with respect to salary scale was not performed. As a result, the current assumption has been selected based on observations of recent compensation, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Inflation

None.

This assumption affects long-term assumed increases in the Social Security Taxable Wage base and the IRS Compensation Limits.

Funding Mortality

§430(h) Static Separate Annuitant/Non-Annuitant Mortality Tables for the Current Plan Year.

Disability Mortality is assumed to be the same as that used for Healthy Retirees.

The mortality assumptions used to value the Target Liability for determining the minimum and maximum contributions are prescribed by law and based on elections made by the Plan Sponsor.

Withdrawal Rates

Rates are based on age. Below is a table of representative rates.

Age	Rate
20	15.00%
25	15.00%
30	15.00%
35	10.00%
40	8.00%
45	7.00%
50	7.00%
55	3.50%
60	3.50%

Benefit Commencement Age

Future deferred vested participants are assumed to commence at the Plan's Normal Retirement Age, or valuation age, if later.

An experience analysis with respect to termination was not performed. As a result, the current assumption has been selected based on observations of recent terminations, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Disability Incidence

Rates are based on age. Below is a table of representative rates.

Age	Rate
25	0.045%
30	0.053%
35	0.060%
40	0.117%
45	0.173%
50	0.488%
55	0.803%
60	0.803%

Benefit Commencement Age

Future disabled participants are assumed to commence immediately upon eligibility.

Disabled Participant Mortality

Same as Healthy Participant Mortality.

Retirement Rates

Rates are based on age. Below is a table of representative rates.

Age	Rate
62	5%
63	2%
64	2%
65	100%
66	100%
67	100%
68	100%
69	100%
70	100%

Benefit Commencement Age

Active retirements are assumed to commence at these ages according to the rates shown.

Spousal Assumptions	85% of males and 50% of females are assumed to be married. Females are assumed to be 3 years younger than males. An experience analysis with respect to spousal information was not performed. As a result, the current assumption has been selected based on observations of recent spousal information, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.
Form of Payment	100% of future retirements are assumed to take a life annuity in the Plan's Normal Form. The valuation of participants in pay status is based on the actual form of payment elected by the participant, as provided in the census data. An experience analysis with respect to form of payment was not performed. As a result, the current assumption has been selected based on observations of recent form of payment elections, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.
Changes in non-required funding assumptions since the prior valuation	None.

SUMMARY OF METHODS

Minimum Funding Cost Method

The actuarial cost method used to determine the liabilities for minimum funding calculations is the Traditional Unit Credit method. The objective under this method is to fund each participant's benefits under the plan as they accrue. Under this cost method, the actuarial accrued liability is the sum of the individual accrued liabilities for all participants and the normal cost is the sum of the individual normal costs for each participant. The individual accrued liability for a participant is the present value of the accrued benefit as of the valuation date taking into account service and/or pay as of the valuation date. The individual normal cost for a participant is the present value of the benefit expected to accrue in the plan year being valued.
If a plan is frozen, there is no normal cost attributable to benefit accruals.

Asset Method

We used financial data submitted by the trustee as of the valuation date without further audit. We have reviewed the information for internal consistency, and we have no reason to doubt its substantial accuracy.

The Actuarial Value of Assets is determined by averaging the market value of assets, plus discounted receivable contributions, over the current and prior two years using three annual determination dates, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The resulting value is held to a minimum of 90% and a maximum of 110% of the fair market value. This method is in accordance with IRS Notiice 2009-22.

Accrued contributions are discounted back to the valuation date at the prior year's effective interest rate.

Changes in methods since the prior valuation

None.

SUMMARY OF PRINCIPAL PLAN PROVISIONS

Plan Effective Date

October 1, 1988. The plan was last amended and restated effective October 1, 2015.

Eligibility Requirements

Each employee of the Company who is not covered by a collective bargaining agreement.

The Plan was frozen as to eligibility effective October 1, 2008.

Vesting

100% vesting upon earning 5 Years of Vesting Service.

Accrued Benefit Formula

Your Annual Accrued Pension will be the sum of (a) plus (b):

(a) Credited Service multiplied by the sum of (i) and (ii):
   i. 1% of Final Average Pensionable Earnings not in excess of Social Security Covered Compensation; and
   ii. 1.5% of Final Average Pensionable Earnings in excess of Social Security Covered Compensation.

(b) An amount equal to your years of credited service in excess of 30 years multiplied by 0.5% of your Final-Average Pensionable Earnings.

Accrued Benefits were frozen May 31, 2009.

Final Average Pensionable Earnings

Average Compensation is the highest consecutive five year average of calendar year compensation, out of the last ten calendar years, as a Covered Employee.

Credited Service

Hours as a Covered Employee	Years of Credited Service
1,976 or greater	1.0
at least 1,768 but less than 1,976	.9
at least 1,560 but less than 1,768	.8
at least 1,352 but less than 1,560	.7
at least 1,144 but less than 1,352	.6
at least 1,000 but less than 1,144	.5
less than 1,000	0

Vesting Service

One Year upon working 1,000 hours in a Plan Year.

Normal Retirement Age

Upon attainment of 65 and five Years of Service.

Early Retirement

Eligibility: Upon attainment of age 62 and completion of 10 Years of Service

Benefit: The accrued benefit actuarially reduced from age 65 for early commencement

Disability Retirement	Eligibility: Upon becoming totally and permanently disabled. Benefit: The unreduced Accrued Benefit payable immediately after Social Security Disability Income payments start.
Pre-Retirement Death	Eligibility: Upon earning 5 Years of Service. Benefit: The spouse is eligible for 50% of the benefit that would have been payable, if the Participant had lived to Early Retirement Eligibility and elected a 50% Qualified Joint and Survivor Annuity. The benefit is payable upon the Participant's Early Retirement Eligibility date.
Normal Form of Payment	Unless otherwise elected, the benefit payable to a participant who has been married at least one year is an actuarially equivalent 100% Joint and Survivor benefit. For unmarried participants, the Normal Form is a straight-life annuity.
Optional Forms	Benefits may be elected from: • 50% and 100% Joint and Survivor • 10 Year Certain and Continuous • Straight Life Annuity
Changes in Plan Benefits recognized since the last valuation	None.

SCHEDULE SB ATTACHMENT
Line 26 - Schedule of Active Participant Data

Plan Name: Koroseal Interior Products Retirement Income Plan
EIN/PN: 47-4864607/002
Valuation Date: October 1, 2020

Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Over	
Under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	5	1	-	-	-	-	-	-	-	6
40 to 44	-	4	3	3	-	-	-	-	-	-	10
45 to 49	1	15	5	5	-	-	-	-	-	-	26
50 to 54	1	3	6	5	2	-	-	-	-	-	17
55 to 59	-	10	7	5	3	2	-	-	-	-	27
60 to 64	1	9	7	3	-	-	-	-	-	-	20
65 to 69	-	1	-	1	4	1	-	-	-	-	7
70 & Over	-	1	-	-	-	-	-	-	-	-	1
Total	3	48	29	22	9	3	-	-	-	-	114