

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 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>			
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.)	
	☒ 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:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>HARTZELL COMPANIES RETIREMENT PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>003</u>
		1c	Effective date of plan <u>01/01/1980</u>
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) <u>HARTZELL INDUSTRIES INC.</u> <u>P.O. BOX 919</u> <u>PIQUA, OH 45356</u>	2b	Employer Identification Number (EIN) <u>31-0674874</u>
		2c	Plan Sponsor's telephone number <u>937-773-6295</u>
		2d	Business code (see instructions) <u>321210</u>

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.	10/15/2019	CASEY WEBSTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2019	CASEY WEBSTER
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☒ 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	5 150
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 52 6a(2) 49 6b 33 6c 32 6d 114 6e 23 6f 137 6g 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:

1A 1B 3H

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) ☒ 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) ☒ Trust (4) ☐ General assets of the sponsor
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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)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information)
- (4)** ☒ **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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>	
▶ 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 <u>HARTZELL COMPANIES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HARTZELL INDUSTRIES INC.</u>	D Employer Identification Number (EIN) <u>31-0674874</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>	
2 Assets:	
a Market value.....	2a <u>4827163</u>
b Actuarial value	2b <u>4827163</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>60</u> (2) Vested Funding Target <u>1704425</u> (3) Total Funding Target <u>1704425</u>
b For terminated vested participants	<u>38</u> <u>1229605</u> <u>1229605</u>
c For active participants	<u>52</u> <u>2146423</u> <u>2146423</u>
d Total	<u>150</u> <u>5080453</u> <u>5080453</u>
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 <u>5.72 %</u>
6 Target normal cost	6 <u>170000</u>

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	
<u>LIVIA W. PAYLO</u>	<u>10/15/2019</u>
Signature of actuary	Date
<u>BUCK GLOBAL, LLC</u>	<u>17-07469</u>
Type or print name of actuary	Most recent enrollment number
<u>11 STANWIX STREET, SUITE 700</u>	<u>412-281-2506</u>
PITTSBURGH, PA 15222-1312	Telephone number (including area code)
Firm name	
Address of the firm	

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	0
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	0
10 Interest on line 9 using prior year's actual return of <u>13.59</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		248629
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 <u>5.91</u> %		14694
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		263323
d Portion of (c) to be added to prefunding balance		0
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	0

Part III Funding Percentages

14 Funding target attainment percentage	14	95.01%
15 Adjusted funding target attainment percentage	15	95.01%
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	87.47%
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
04/11/2018	69438	0			
07/12/2018	69438	0			
10/11/2018	115000	0			
01/14/2019	115000	0			
Totals ▶			18(b)	368876	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	354533

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ 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: 3.92%	2nd segment: 5.52%	3rd segment: 6.29%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
	Current regulation:	☐ 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	170000
b Excess assets, if applicable, but not greater than line 31a	31b	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	253290	0
b Waiver amortization installment	0	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	170000
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		
36 Additional cash requirement (line 34 minus line 35)	36	170000
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	354533
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	184533
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information 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.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
A Name of plan HARTZELL COMPANIES RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 HARTZELL INDUSTRIES INC.	D Employer Identification Number (EIN) 31-0674874

Part I	Service Provider Information (see instructions)
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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)

BUCK GLOBAL

13-3954297

(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 17 50	NONE	66187	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKROCK INVESTMENT MGMT LLC

20-5319476

(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?
28 50 51	NONE	39439	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RSM US LLP

42-0714325

(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 50	NONE	16551	Yes ☐ No ☒	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)

BANK OF AMERICA

94-1687665

(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 50	NONE	14572	Yes ☒ No ☐	Yes ☒ No ☐	0	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
		2018
		This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan HARTZELL COMPANIES RETIREMENT PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 HARTZELL INDUSTRIES INC.	D Employer Identification Number (EIN) 31-0674874	

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	9227	2089
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	206124	115000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	48598	10041
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	68682	124305
(2) U.S. Government securities	1c(2)	798607	793013
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		0
(B) All other.....	1c(3)(B)	601455	477339
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		5420
(B) Common.....	1c(4)(B)	2595031	2284283
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		24758
(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)	541438	588362
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		0

		(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	4869162 4424610
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	46184 7240
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	46184 7240
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4822978 4417370

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	368876
	(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)	368876
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1336
	(B) U.S. Government securities	2b(1)(B)	19952
	(C) Corporate debt instruments	2b(1)(C)	15727
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	784
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	37799
(2)	Dividends: (A) Preferred stock	2b(2)(A)	709
	(B) Common stock	2b(2)(B)	43996
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	20859
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	65564
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	4937886
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5067961
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	-130075
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	-151785
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-151785

		(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)		-13215
c Other income.....	2c		7427
d Total income. Add all income amounts in column (b) and enter total.....	2d		184591

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	426725	
(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)		426725
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)	82738	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	54582	
(4) Other	2i(4)	26154	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		163474
j Total expenses. Add all expense amounts in column (b) and enter total	2j		590199

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-405608
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: RSM US LLP

(2) EIN: 42-0714325

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:

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.).....

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.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
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		500000
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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4170417. (See instructions.)

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 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

A Name of plan <u>HARTZELL COMPANIES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HARTZELL INDUSTRIES INC.</u>	D Employer Identification Number (EIN) <u>31-0674874</u>

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	<u>0</u>
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): <u>31-0854433</u>		
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	<u>7</u>

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
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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
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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.
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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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2018
v. 171027

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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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):



RSM US LLP

Independent Auditor's Report

To the Participants and Plan Trustees
Hartzell Companies Retirement Plan
Piqua, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Hartzell Companies Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2018 and 2017, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2017, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by Bank of America N.A., the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2018 and 2017, and for the years then ended, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Independent Auditor's Report (Continued)

Other Matter – Report on Supplementary Information

The supplemental schedules (Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year) and Schedule H, Part IV, Line 4(j) – Schedule of Reportable Transactions) as of or for the year ended December 31, 2018, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

RSM US LLP

Dayton, Ohio
October 14, 2019

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 2018 This Form Is Open to Public Inspection
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Part I Annual Report Identification Information		
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>		
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.)	
B This return/report is:	☒ a single-employer plan;	
	☐ the first return/report;	
	☐ an amended return/report;	
C If the plan is a collectively-bargained plan, check here	☐ a DFE (specify) _____	
D Check box if filing under:	☐ the final return/report;	
	☐ a short plan year return/report (less than 12 months).	
	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program;	
☐ special extension (enter description)		

Part II Basic Plan Information --- enter all requested information		
1a Name of plan Hartzell Companies Retirement Plan	1b	Three-digit plan number (PN) ► 003
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) Hartzell Industries Inc. P.O. Box 919 US Piqua OH 45356	1c	Effective date of plan 01/01/1980
	2b	Employer Identification Number (EIN) 31-0674874
	2c	Plan Sponsor's telephone number (937) 773-6295
	2d	Business code (see instructions) 321210

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		<u>10/15/19</u>	Casey Webster
	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 ☒ 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 and 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	5 150
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) 52
a(2) Total number of active participants at the end of the plan year	6a(2) 49
b Retired or separated participants receiving benefits	6b 33
c Other retired or separated participants entitled to future benefits	6c 32
d Subtotal. Add lines 6a(2), 6b, and 6c	6d 114
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 23
f Total. Add lines 6d and 6e	6f 137
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: 1A 1B 3H	
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) ☒ 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) ☒ 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) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☐ A (Insurance Information) (4) ☒ 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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 _____

Name of Plan: Hartzell Companies Retirement Plan
EIN / PN: 31-0674874 / 003
Plan Year: January 1, 2018 to December 31, 2018

Schedule SB - Statement by Enrolled Actuary

In preparing this Schedule SB, the actuary relied upon other parties for – and applied reasonability tests to – information on assets, contributions, plan provisions and data on people covered by the plan.

Name of Plan: Hartzell Companies Retirement Plan
EIN / PN: 31-0674874 / 003
Plan Year: January 1, 2018 to December 31, 2018

Schedule SB, Line 24 - Change in Actuarial Assumptions

The expected plan expenses included in Target Normal Cost were changed from \$200,000 to \$170,000 based on actual plan experience.

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 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

▶ 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 HARTZELL COMPANIES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HARTZELL INDUSTRIES, INC.	D Employer Identification Number (EIN) 31-0674874	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>			
2 Assets:			
a Market value.....	2a	4,827,163	
b Actuarial value.....	2b	4,827,163	
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	60	1,704,425	1,704,425
b For terminated vested participants	38	1,229,605	1,229,605
c For active participants	52	2,146,423	2,146,423
d Total.....	150	5,080,453	5,080,453
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	5.72%	
6 Target normal cost	6	170,000	

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	LIVIA W. PAYLO Signature of actuary	<u>10/15/2019</u> Date
LIVIA W. PAYLO Type or print name of actuary		1707469 Most recent enrollment number
BUCK GLOBAL, LLC Firm name		412-281-2506 Telephone number (including area code)
11 STANWIX STREET, SUITE 700 PITTSBURGH PA 15222-1312 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 ☐

For Paperwork Reduction Act Notice, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2018
v. 171027

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	0
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	0
10 Interest on line 9 using prior year's actual return of <u>13.59%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		248,629
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 <u>5.91%</u>		14,694
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		263,323
d Portion of (c) to be added to prefunding balance.....		0
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	0

Part III | Funding Percentages

14	Funding target attainment percentage	14	95.01%
15	Adjusted funding target attainment percentage.....	15	95.01%
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	87.47%
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
04/11/2018	69,438	0			
07/12/2018	69,438	0			
10/11/2018	115,000	0			
01/14/2019	115,000	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	354,533

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ 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: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions)			
Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
Current regulation:	☐ 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	170,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		253,290	0
b Waiver amortization installment		0	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	170,000
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	170,000	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	354,533	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	184,533	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
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

Name of Plan: Hartzell Companies Retirement Plan
EIN / PN: 31-0674874 / 003
Plan Year: January 1, 2018 to December 31, 2018

Schedule SB, Part V - Summary of Plan Provisions

Eligibility

All employees will be eligible upon the attainment of age twenty-one (21), and the completion of one year of service. No employees hired on or after January 1, 2005 shall become a participant in the plan.

Entry dates

January 1 and July 1.

Normal retirement age

Later of age 65 and the completion of five (5) years of service.

Accrued benefit

Hourly employees: A monthly benefit equal to \$5.00 times years of service.

Salaried employees: A monthly benefit equal to 0.6% of average monthly compensation plus 0.3% of average monthly compensation which is in excess of Social Security Covered Compensation, times years of service, with a maximum of 35 years used for the excess portion of the formula.

The accrued benefit was frozen effective December 31, 2016.

Normal retirement benefit

At normal retirement age, the accrued benefit is payable immediately.

Deferred retirement

A participant may continue in active service after his normal retirement date. In this event, his benefit will be equal to the greater of the actuarial equivalent of his normal retirement benefit or his accrued benefit at late retirement date.

Early retirement benefit

Upon completion of ten (10) years of service and attainment of age 55, a participant may elect to retire early and receive his accrued benefit reduced by 1/180th for each of the first sixty months and 1/360th for each of the next sixty months by which his benefit commencement date precedes his normal retirement date.

Vested benefit

Upon termination of employment after five (5) years of service, a participant will be entitled to receive his monthly accrued benefit beginning at his normal retirement date.

Disability benefit

Hourly employees: A disabled participant who has completed five (5) years of service is eligible to receive an immediate benefit equal to his unreduced accrued benefit.

Salaried employees: A disabled participant who has completed five (5) years of service continues to accrue benefit service under the plan while disabled.

Death benefit

Beneficiaries of vested employees receive the survivor portion of a 100% joint and survivor pension.

Normal form of benefit

Monthly income commencing on a participant's retirement date and payable for life.

Plan merger

Hourly employees who were previously covered under the Arkansas Face Veneer Company Retirement Income Plan joined this plan on September 30, 1998 as a result of the plan merger. These employees are guaranteed that their pensions on any date following the merger will not be less than if the prior plan provisions had continued for them and their highest five-year average compensation excluded compensation increases granted after September 30, 1998.

Salaried employees who were previously covered by the Arkansas Face Veneer Company Retirement Income Plan joined this plan on September 30, 1998 as a result of the plan merger.

Summary of Changes from the January 1, 2017 Valuation

None.

Name of Plan: Hartzell Companies Retirement Plan
EIN / PN: 31-0674874 / 003
Plan Year: January 1, 2018 to December 31, 2018

Schedule SB, Line 32 - Schedule of Amortization Bases

Date Established	Type Of Base	Years Remaining	Shortfall Amortization Installment	Present Value of Remaining Installments as of January 1, 2018
January 1, 2012	Shortfall	1	\$ (120,596)	\$ (120,596)
January 1, 2013	Shortfall	2	(341)	(669)
January 1, 2014	Shortfall	3	33,825	97,695
January 1, 2015	Shortfall	4	65,828	248,784
January 1, 2016	Shortfall	5	52,426	243,086
January 1, 2017	Shortfall	6	24,901	134,494
January 1, 2018	Shortfall	7	<u>(57,056)</u>	<u>(349,504)</u>
Total			\$ 0 ¹	\$ 253,290

¹ Total shortfall amortization installment cannot be less than \$0.

Name of Plan: Hartzell Companies Retirement Plan
EIN / PN: 31-0674874 / 003
Plan Year: January 1, 2018 to December 31, 2018

Schedule SB, Line 26 - Schedule of Active Participant Data

Attained	Years of Credited Service									
Age	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 & up
Under 25										
25 to 29										
30 to 34										
35 to 39					1					
40 to 44					5	3				
45 to 49					1	1	1			
50 to 54					2	1	2	1		
55 to 59					2	2	2	1	5	1
60 to 64				1	1	1	1	2	5	10
65 to 69										
70 & up										

Note: Average compensation is not shown since the plan has less than 1,000 active participants.

Name of Plan: Hartzell Companies Retirement Plan
EIN / PN: 31-0674874 / 003
Plan Year: January 1, 2018 to December 31, 2018

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA.

Funding interest rates

Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.75%	3.92%
Second Segment Rate	3.76%	5.52%
Third Segment Rate	4.66%	6.29%
Effective Rate	4.06%	5.72%

* Used for maximum tax-deduction purposes

** Used for minimum funding and benefit restriction purposes

Mortality

Regulations issued in October 2017 revised the underlying mortality tables and mortality improvement scales applicable to funding and PBGC purposes from the RP-2000 tables with Mortality Improvement Scale AA to the RP-2014 tables with Mortality Improvement Scale MP-2016. The new tables are effective for 2018 and later plan years and can be applied on a fully generational or static basis; however, the plan sponsor may opt to delay the use of new tables for funding and PBGC purposes until the 2019 plan year. For this plan, the option was applied.

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1^[1], applied on a static basis.

Lump sum interest and mortality:

Interest Rate: Forward rates implied by the funding interest rates (annuity substitution rule)

Mortality: 2018 Applicable IRC Section 417(e) table

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan expenses to be paid from plan assets during the year.

^[1] Based on the option under 1.430(h)(3)-1(f)(2) to defer the updated mortality basis to 2019.

Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under PPA. Since the plan's experience is too small to form the basis of a reliable assumption, the assumption was based on actuarial judgment and observed experience of similarly situated employment. The assumption remains appropriate given historic gain and loss experience of the plan.

Salary increases

Not applicable.

Expenses

Expected plan expenses of \$170,000 were added to the Target Normal Cost.

Frequency of optional payment forms

100% of active participants are assumed to elect a lump sum.

Marital percentage

100% of participants are assumed to be married with husbands 3 years older than their wives.

Disability rates

UAW disability rates for males and females.

Retirement rates

Age	Assumption
60	5.00%
61	5.00%
62	20.00%
63	10.00%
64	10.00%
65	100.00%

Withdrawal rates

Age	Salaried	Hourly
25	5.35%	11.70%
40	4.04%	9.60%
55	1.38%	2.77%

Asset valuation method

Market value, including the discounted value of accrued contributions.

Non-Prescribed Funding Assumptions and Methods (continued)

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

Summary of Changes from the January 1, 2017 Valuation

- The mortality assumption was updated according to the projection specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis in accordance with the option under 1.430(h)(3)-1(f)(2) to defer the updated mortality basis to 2019.
- The interest rate basis was updated to the current rates as specified in IRS Regulation 1.430(h)(2)-1. These rates are constrained in accordance with relevant legislation.
- The expected plan expenses included in Target Normal Cost were changed from \$200,000 to \$170,000 based on actual plan experience.
- The assumption changes relating to interest rates and mortality tables increased the Funding Target by approximately \$170,000.

Name of Plan: Hartzell Companies Retirement Plan
EIN / PN: 31-0674874 / 003
Plan Year: January 1, 2018 to December 31, 2018

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

This table calculates the weighted average retirement age for all active persons in the plan:

(1)	(2)	(3)	(4)	(5)
Age	Expected Active Headcount	Retirement Rate	Expected Retirements (2) x (3)	Weighted Age (1) x (4)
60	30.1163	0.0497	1.4964	89.7866
61	28.2548	0.0496	1.4018	85.5076
62	31.4255	0.1981	6.2253	385.9687
63	31.6628	0.0988	3.1297	197.1722
64	31.8396	0.0986	3.1398	200.9447
65	27.8617	1.0000	27.8617	1,811.0083
Total			43.2547	2,770.3881
Average				64.05

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General Note: The table presents values rounded to fewer significant digits than used in the calculation.

Hartzell Companies Retirement Plan

Employer No. 31-0674874

Plan No. 003

**Schedule H, Part IV, Line 4(j) - Schedule of Reportable Transactions
Year Ended December 31, 2018**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset Sold	Fair Value of Asset on Transaction Date	Net Gain (Loss)
Bank of America	BIF Money Fund	\$ -	\$ 1,913,856	\$ 1,913,856	\$ 1,913,856	\$ -
Bank of America	BIF Money Fund	1,845,174	-	1,845,174	1,845,174	-

Category (iii) - Series of transactions in excess of 5% of plan assets:

There were no category (i), (ii), or (iv) transactions for the year ended December 31, 2018.

There were no lease rental activities or expenses incurred with the Plan.
Therefore, columns (e) and (f) were eliminated for presentation purposes.

Hartzell Companies Retirement Plan

Employer No. 31-0674874

Plan No. 003

Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)

December 31, 2018

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
Cash equivalents:				
	Blackrock Liquidity Funds	124,305 units	\$ 124,305	\$ 124,305
Mutual funds:				
	Blackrock Bond Allocation Series M	29,386 units	\$ 281,627	\$ 277,404
	Blackrock Allocation Series A	3,891 units	39,844	38,404
	Blackrock Strategic Income Opportunities Fund	28,391 units	281,257	272,554
			<u>\$ 602,728</u>	<u>\$ 588,362</u>
United States Government securities:				
	Federal Home Loan Mortgage Corp., 4.0%, due 2045	18,915 par	\$ 20,464	\$ 19,474
	Federal Home Loan Mortgage Corp., 3.0%, due 2046	34,111 par	33,752	33,287
	Federal Home Loan Mortgage Corp., 3.0%, due 2033	24,679 par	24,501	24,596
	Federal Home Loan Mortgage Corp., 4.0%, due 2041	9,583 par	9,641	9,860
	Federal Home Loan Mortgage Corp., 3.5%, due 2046	39,002 par	41,461	39,134
	Federal National Mortgage Assoc., 4.00%, due 2041	11,173 par	11,978	11,489
	Federal National Mortgage Assoc., 3.50%, due 2043	36,945 par	36,688	37,233
	Federal National Mortgage Assoc., 3.00%, due 2046	44,392 par	46,005	43,308
	Federal National Mortgage Assoc., 3.00%, due 2033	13,122 par	13,503	13,053
	Federal National Mortgage Assoc., 3.50%, due 2047	19,031 par	19,539	19,072
	Federal National Mortgage Assoc., 4.00%, due 2041	8,867 par	9,136	9,123
	US Treasury Note, 2.250%, due 11/15/2024	59,000 par	57,939	57,983
	US Treasury Note, 2.000%, due 11/30/2022	97,000 par	94,986	95,234
	US Treasury Note, 0.625%, due 1/15/2026	21,284 par	20,568	20,718
	US Treasury Note, 1.625%, due 5/15/2026	34,000 par	33,460	31,750
	US Treasury Note, 1.750%, due 5/31/2022	55,000 par	55,062	53,694
	US Treasury Note, 2.375%, due 5/15/2027	19,000 par	19,012	18,602
	US Treasury Note, 2.625%, due 7/31/2020	41,000 par	40,926	41,050
	US Treasury Note, 1.500%, due 8/15/2020	83,000 par	81,891	81,641
	US Treasury Note, 2.250%, due 2/29/2020	17,000 par	16,996	16,932
	US Treasury Note, 2.625%, due 2/28/2023	96,000 par	95,561	96,488
	US Treasury Note, 2.875%, due 5/15/2028	19,000 par	18,614	19,292
			<u>\$ 801,683</u>	<u>\$ 793,013</u>
Corporate bonds:				
	Amazon.com Inc., 2.800%, due 8/22/2024	25,000 par	\$ 24,087	\$ 24,299
	American Express Credit, 2.200%, due 3/3/2020	17,000 par	16,967	16,817
	Anheuser-Busch InBev Finance Inc., 2.650%, due 2/1/2021	17,000 par	16,958	16,718
	Anheuser-Busch InBev Finance Inc., 3.650%, due 2/1/2026	15,000 par	15,529	14,139
	Apple Inc., 2.400%, due 5/3/2023	17,000 par	16,443	16,438
	Apple Inc., 2.850%, due 5/6/2021	16,000 par	15,984	16,020
	Bank of Montreal, 3.100%, due 4/13/2021	14,000 par	13,951	13,993
	CVS Health Corp., 3.350%, due 3/9/2021	15,000 par	15,028	14,957
	Capital One Financial Corp., 3.800%, due 1/31/2028	12,000 par	11,677	11,090
	Citigroup Inc., 2.900%, due 12/8/2021	15,000 par	14,994	14,757
	Citigroup Inc., 3.668%, due 7/24/2028	11,000 par	11,070	10,391

(Continued)

Hartzell Companies Retirement Plan

Employer No. 31-0674874

Plan No. 003

Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) (Continued)
December 31, 2018

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
Corporate bonds (continued):				
	ComCast Corp, 3.450%, due 10/1/2021	17,000 par	\$ 17,007	\$ 17,172
	DowDuPont Inc., 3.766%, due 11/15/2020	20,000 par	20,063	20,192
	Enterprise Products, 3.750%, due 2/15/2025	15,000 par	15,647	14,842
	Goldman Sachs Group Inc., 5.25%, due 7/27/2021	21,000 par	22,383	21,780
	JPMorgan Chase, 4.25%, due 10/15/2020	19,000 par	20,582	19,342
	JPMorgan Chase, 3.540%, due 5/1/2028	13,000 par	13,126	12,394
	Kinder Morgan Ener Part, 3.950%, due 9/1/2022	15,000 par	15,603	14,993
	Microsoft Corp., 2.400%, due 2/6/2022	18,000 par	17,994	17,793
	Morgan Stanley, 2.625%, due 11/17/2021	29,000 par	28,763	28,305
	Northrop Grumman Corp., 2.550%, due 10/15/2022	17,000 par	17,023	16,450
	Oracle Corp., 2.800% due 7/8/2021	22,000 par	22,076	21,893
	United Technologies Corp., 3.650%, due 8/16/2023	19,000 par	19,078	18,926
	UnitedHealth Group Inc., 3.350%, due 7/15/2022	19,000 par	19,383	19,087
	Verizon Communications, 4.600%, due 4/1/2021	13,000 par	14,646	13,422
	Walmart Inc., 3.400%, due 6/26/2023	16,000 par	16,079	16,165
	Wells Fargo & Company, 4.100%, due 6/3/2026	13,000 par	13,600	12,695
	Wells Fargo & Company, 3.300%, due 9/9/2024	23,000 par	23,073	22,269
			<u>\$ 488,814</u>	<u>\$ 477,339</u>
Common stocks:				
	Activision Blizzard Inc.	124 shares	\$ 7,245	\$ 5,775
	Adobe Inc.	83 shares	13,833	18,778
	Align Technology Inc.	48 shares	10,651	10,053
	Alphabet Inc. (Class A)	27 shares	21,832	28,214
	Altria Group Inc.	201 shares	10,518	9,927
	Amazon.com Inc	42 shares	44,480	63,083
	American International Group Inc.	453 shares	18,095	17,853
	Anadarko Pete Corp.	105 shares	5,213	4,603
	Anthem Inc.	94 shares	23,111	24,687
	Apple Inc.	70 shares	10,524	11,042
	Arkema	136 shares	16,974	11,557
	ASML Holding NV	113 shares	17,386	17,585
	Associated British Foods LTD	391 shares	12,180	10,107
	Astrazeneca PLC	585 shares	22,353	22,218
	Autodesk Inc.	88 shares	9,685	11,318
	AXA SA	539 shares	14,104	11,529
	AXA Equitable Holdings Inc.	295 shares	4,993	4,906
	Banco B Viz Argt SA	2,275 shares	17,071	12,035
	Bank of China Ltd.	683 shares	7,927	7,301
	Baidu Inc.	80 shares	19,134	12,688
	Becton Dickinson & Co.	73 shares	15,074	16,448
	Berkshire Hathaway Inc.	46 shares	7,677	9,392
	Biomarin Pharmaceutical Inc.	151 shares	13,726	12,858
	Booking Holdings Inc.	13 shares	19,900	22,391
	Boston Scientific Corp.	488 shares	13,358	17,246

(Continued)

Hartzell Companies Retirement Plan

Employer No. 31-0674874

Plan No. 003

Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2018

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	Common stocks (continued):			
	BP PLC	487 shares	\$ 18,645	\$ 18,467
	Burberry Group PLC	449 shares	10,938	9,943
	Cardinal Health Inc.	70 shares	3,352	3,122
	CDW Corp.	60 shares	3,056	4,863
	Centene Corp.	97 shares	12,881	11,184
	Cisco Systems Inc.	197 shares	5,872	8,536
	Citigroup Inc.	600 shares	31,449	31,236
	CME Group Inc.	62 shares	10,463	11,663
	Cognizant Technology Solutions	142 shares	9,127	9,014
	Comcast Corp.	450 shares	13,403	15,323
	Constellation Brands Inc.	77 shares	15,505	12,383
	Compagnie Financiere Richemont	1,037 shares	7,813	6,689
	Costar Group Inc.	45 shares	16,437	15,180
	CRH PLC	220 shares	5,536	5,797
	CVS Health Corp.	99 shares	8,352	6,486
	Devon Energy Corp.	222 shares	5,680	5,004
	Diageo PLC	68 shares	9,561	9,642
	Dollar General Corp.	83 shares	8,527	8,971
	Dominos Pizza Inc.	31 shares	6,724	7,688
	DowDuPont Inc.	134 shares	7,997	7,166
	Electronic Arts Inc.	166 shares	19,075	13,099
	Engie	1,352 shares	20,617	19,361
	Equinix Inc.	39 shares	15,871	13,750
	Facebook, Inc.	96 shares	9,222	12,585
	FirstEnergy Corp.	396 shares	13,160	14,870
	First Rep Bk San Francisco	38 shares	3,782	3,302
	Fomento Economico Mexicano SA	160 shares	14,845	13,768
	Gallagher Arthur J & Co.	75 shares	5,434	5,528
	Glencore PLC	892 shares	7,401	6,458
	Goldman Sachs Group Inc.	64 shares	10,717	10,691
	Hess Corp.	150 shares	7,445	6,075
	Honeywell Intl Inc.	74 shares	9,931	9,777
	Humana Inc.	37 shares	7,358	10,600
	ICICI Bank Ltd.	1,420 shares	11,468	14,612
	Illumina Inc.	43 shares	9,523	12,897
	Industria De Diseno Textil	854 shares	14,524	10,854
	InterActiveCorp (IAC)	33 shares	6,383	6,040
	International Paper Co.	99 shares	4,066	3,996
	Intesa Sanpaolo	845 shares	14,163	11,340
	Intuit Inc.	82 shares	17,053	16,142
	Intuitive Surgical Inc.	23 shares	11,607	11,015
	IShares Core S&P Mid Cap ETF	1,437 shares	253,778	238,628
	IShares Core S&P Small Cap	1,722 shares	122,705	119,369
	IShares Core MSCI Emerging Markets	1,028 shares	54,477	48,470

(Continued)

Hartzell Companies Retirement Plan

Employer No. 31-0674874

Plan No. 003

Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2018

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	Common stocks (continued):			
	J P Morgan Chase and Co	411 shares	\$ 24,877	\$ 40,122
	Johnson Controls International PLC	312 shares	9,703	9,251
	Kellogg Co.	129 shares	7,620	7,354
	Koninklijke Phillips E NY	548 shares	19,460	19,240
	Lockheed Martin Corp.	29 shares	8,106	7,593
	Lowe's Companies Inc.	95 shares	7,559	8,774
	Marathon Oil Corp.	345 shares	5,745	4,947
	Marathon Pete Corp.	170 shares	9,956	10,032
	Marsh & McLennan Companies Inc.	94 shares	7,661	7,496
	Mastercard Inc.	128 shares	23,543	24,147
	Mattel Inc.	270 shares	2,982	2,697
	McKesson Corp.	83 shares	9,307	9,169
	Medtronic PLC	162 shares	14,824	14,735
	Mercadolibre Inc.	41 shares	12,201	12,007
	Merck & Co. Inc.	297 shares	22,297	22,694
	MetLife Inc.	493 shares	19,162	20,243
	Microsoft Corp.	702 shares	50,857	71,302
	Mitsui Fudosan Co., Ltd.	139 shares	10,550	9,136
	Mondelez International Inc.	191 shares	8,149	7,646
	Morgan Stanley	418 shares	18,308	16,574
	Motorola Solutions Inc.	86 shares	10,595	9,893
	Netflix Inc.	79 shares	15,342	21,145
	Nextera Energy Inc.	57 shares	10,010	9,908
	Nike Inc.	111 shares	6,813	8,230
	Northrop Grumman Corp.	30 shares	7,713	7,347
	Novartis AG	283 shares	23,604	24,284
	Novo Nordisk AS	206 shares	9,495	9,490
	Nvidia Corp.	66 shares	9,430	8,811
	Omron Corp.	317 shares	14,845	11,441
	ONEOK, Inc.	205 shares	12,002	11,060
	Oracle Corp.	564 shares	26,024	25,465
	PayPal Holdings Inc.	144 shares	9,105	12,109
	Pepsico Inc.	102 shares	11,472	11,269
	Pfizer Inc.	983 shares	35,796	42,908
	Ping An Insurance Group Co. China Ltd.	809 shares	15,465	14,069
	Proctor & Gamble Co.	85 shares	7,886	7,813
	PT Bank Mandiri Persero TBK	741 shares	8,074	7,492
	Public Service Enterprise Group	250 shares	11,700	13,012
	Qualcomm Inc.	185 shares	10,537	10,528
	Roche Holding LTD	546 shares	16,352	16,970
	Roper Technologies Inc.	26 shares	6,266	6,930
	Royal DSM NV	708 shares	16,234	14,344
	Salesforce.com, Inc.	145 shares	18,484	19,861
	SBA Communications Corp.	68 shares	11,048	11,008
	Schwab Charles Corp.	165 shares	6,687	6,852

(Continued)

Hartzell Companies Retirement Plan

Employer No. 31-0674874

Plan No. 003

Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2018

(a)	(b)	(c)	(d)	(e)
Identity of Issue		Description of Investment	Cost	Current Value
Common stocks (continued):				
Sea Ltd.		537 shares	\$ 7,061	\$ 6,079
ServiceNow, Inc.		66 shares	11,483	11,751
Sherwin Williams Co.		30 shares	10,409	11,804
Sony Corp.		218 shares	8,670	10,525
S&P Global Inc.		72 shares	12,028	12,236
State STR Corp.		133 shares	8,495	8,388
Suncor Energy, Inc.		1,208 shares	42,677	33,788
Suntrust Banks, Inc.		110 shares	4,474	5,548
Taiwan Semiconductor Mfg. Ltd.		382 shares	13,835	14,100
Tencent Holdings Ltd.		493 shares	20,557	19,459
Tesla Motors Inc.		14 shares	4,249	4,659
The 3M Company		58 shares	11,168	11,051
Total SA		136 shares	7,068	7,096
Travelers Companies Inc.		77 shares	9,217	9,221
Trend Micro, Inc.		134 shares	6,470	7,229
Unilever		180 shares	9,795	9,684
Union Pacific Corp.		131 shares	17,519	18,108
UnitedHealth Group, Inc.		156 shares	26,802	38,863
US Bancorp		97 shares	4,059	4,433
Verizon Communications, Inc.		780 shares	43,054	43,852
Vertex Pharmaceuticals Inc.		58 shares	8,312	9,611
Visa Inc.		286 shares	29,313	37,735
Wells Fargo & Co.		895 shares	42,082	41,242
Williams Companies, Inc.		775 shares	17,607	17,089
Xylem Inc.		91 shares	6,317	6,071
Zoetis Inc.		80 shares	5,211	6,843
			<u>\$ 2,264,745</u>	<u>\$ 2,309,041</u>
Preferred stocks:				
Itau Unibanco Hldg		593 shares	\$ 3,446	\$ 5,420
			<u>\$ 4,285,721</u>	<u>\$ 4,297,480</u>

The above information has been certified as complete and accurate by Bank of America, the trustee of the Plan.