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

Part I Annual Report Identification Information

For calendar plan year 2018 or fiscal plan year beginning 07/01/2018 and ending 06/30/2019

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
HYSPAN PRECISION PRODUCTS, INC. PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1977

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)
HYSPAN PRECISION PRODUCTS, INC.

1685 BRANDYWINE AVENUE
CHULA VISTA, CA 91911-6020

2b Employer Identification Number (EIN) 95-2890599

2c Plan Sponsor's telephone number 619-421-1355

2d Business code (see instructions) 332900

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.	01/22/2020	DONALD R. HEYE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b**	EIN
		4d	PN

5	Total number of participants at the beginning of the plan year	**5**	319
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)**	279
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	236
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	32
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	268
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f	Total. Add lines **6d** and **6e**.	**6f**	270
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	224
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
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:

2E 3D

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2018** **This Form is Open to Public Inspection.**

For calendar plan year 2018 or fiscal plan year beginning 07/01/2018 and ending 06/30/2019

A Name of plan
HYSPAN PRECISION PRODUCTS, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HYSPAN PRECISION PRODUCTS, INC.

D Employer Identification Number (EIN)
95-2890599

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

FIDELITY INVESTMENTS

(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	NONE	103250	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

POLYCOMP ADMINISTRATIVE SERVICES

3000 LAVA RIDGE COURT, SUITE 130
ROSEVILLE, CA 95661

95-2889854

(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?
13	NONE	32777	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PENSION ASSURANCE LLP

5530 CORBIN AVE., SUITE 260
TARZANA, CA 91356

33-0840934

(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	NONE	7500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

(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 ☐

(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

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 07/01/2018 and ending 06/30/2019

A Name of plan
HYSPAN PRECISION PRODUCTS, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HYSPAN PRECISION PRODUCTS, INC.

D Employer Identification Number (EIN)
95-2890599

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	119682	211896
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	
(2) Participant contributions	1b(2)	0	
(3) Other	1b(3)	0	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1395719	758387
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	17362948	16093667
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	10000000	10925000
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	0	
(9) Value of interest in common/collective trusts	1c(9)	0	
(10) Value of interest in pooled separate accounts	1c(10)	0	
(11) Value of interest in master trust investment accounts	1c(11)	0	
(12) Value of interest in 103-12 investment entities	1c(12)	0	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	
(15) Other	1c(15)	0	

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	
	(2) Employer real property	1d(2)	0	
e	Buildings and other property used in plan operation	1e	0	
f	Total assets (add all amounts in lines 1a through 1e)	1f	28878349	27988950
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	52554	79490
k	Total liabilities (add all amounts in lines 1g through1j)	1k	52554	79490
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	28825795	27909460

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
	(B) Participants	2a(1)(B)	0	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	15436	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		15436
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	423551	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		423551
	(3) Rents	2b(3)		409639
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	6920946	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	7525274	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-604328
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	925000	
	(B) Other	2b(5)(B)	1309811	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		2234811

		(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2479109
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3251917	
(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)		3251917
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)	7500	
(2) Contract administrator fees	2i(2)	32777	
(3) Investment advisory and management fees	2i(3)	103250	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		143527
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3395444
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-916335
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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 [X] No

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

(1) Name: PENSION ASSURANCE LLP **(2)** EIN: 30-0840934

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			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		10000000
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		X	
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_____. (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.

For calendar plan year 2018 or fiscal plan year beginning 07/01/2018 and ending 06/30/2019

A Name of plan
HYSPAN PRECISION PRODUCTS, INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HYSPAN PRECISION PRODUCTS, INC.

D Employer Identification Number (EIN)
95-2890599

Part I Distributions

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

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

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

EIN(s): 33-6134835

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**

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

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

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

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

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

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

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

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

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

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

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

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

HYSPAN PRECISION PRODUCTS INC.
PROFIT SHARING PLAN

Financial Statements with Auditors' Report
As of June 30, 2019 and 2018

Index

Report of Independent Public Accountants 1

Financial Statements:

Statements of Net Assets Available for Plan Benefits
as of June 30, 2019 and 2018 3

Statement of Changes in Net Assets Available for Plan Benefits
for the Year Ended June 30, 2019 4

Notes to Financial Statements 5

Supplemental Information:

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
as of June 30, 2019 13

Schedule H, Line 4j - Schedule of Reportable Transactions
for the Year Ended June 30, 2019 15

Note: Schedules other than those listed above have been omitted because the information is otherwise disclosed, not applicable or is not required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

PENSION ASSURANCE LLP
401(k) | 403(b) | DEFINED BENEFIT | ESOP | PENSION PLAN AUDITS

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Woodland Hills, CA 91364

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REPORT OF INDEPENDENT PUBLIC ACCOUNTANTS

To the plan administrator of the
Hyspan Precision Products Inc. Profit Sharing Plan:

Report on the Financial Statements

We have audited the accompanying financial statements of the Hyspan Precision Products Inc. Profit Sharing Plan (the Plan), which comprise the Statements of Net Assets Available for Plan Benefits as of June 30, 2019 and 2018, the related Statement of Changes in Net Assets Available for Plan Benefits for the Year Ended June 30, 2019, 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for plan benefits of the Plan as of June 30, 2019 and 2018, and the changes in net assets available for plan benefits for the year ended June 30, 2019, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of June 30, 2019, and Schedule H, Line 4j – Schedule of Reportable Transactions for the Year Ended June 30, 2019, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



Pension Assurance LLP

Los Angeles, California
December 27, 2019

HYSPAN PRECISION PRODUCTS INC. PROFIT SHARING PLAN
Statements of Net Assets Available for Plan Benefits
As of June 30, 2019 and 2018

	2019	2018
Assets:		
Investments, at fair value:		
Corporate common stocks	$ 16,093,667	$ 17,362,948
Mutual funds	758,387	1,330,422
Real estate	10,925,000	10,000,000
	27,777,054	28,693,370
Investments, other:		
Cash, interest bearing	802	65,297
Cash, noninterest bearing	211,093	119,682
Receivables:		
Accrued dividends	22,147	33,784
Total assets	28,011,096	28,912,133
Liabilities:		
Other liabilities	79,490	52,554
Net assets available for plan benefits	$ 27,931,606	$ 28,859,579

See accompanying notes.

HYSPAN PRECISION PRODUCTS INC. PROFIT SHARING PLAN
Statement of Changes in Net Assets Available for Plan Benefits
For the Year Ended June 30, 2019

Additions to net assets attributable to:		
Investment income:		
Net realized and unrealized appreciation in fair value of investments	$	1,630,483
Interest income		15,436
Dividends		414,566
Net rental activity		409,639
Total additions		2,470,124
Deductions from net assets attributable to:		
Benefits paid to participants		3,251,917
Administrative expenses		146,180
Total deductions		3,398,097
Net decrease in plan assets		(927,973)
Net assets available for plan benefits:		
Beginning of year		28,859,579
End of year	$	27,931,606

See accompanying notes.

1. Plan Description

The following description of the Hyspan Precision Products Inc. Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

a. General

The Plan, originally effective July 1, 1977, and restated July 1, 2015, is a defined contribution plan covering all employees of Hyspan Precision Products Inc. (the Company) who have completed one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

b. Contributions

Company contributions are discretionary. For the year ended June 30, 2019, the Company did not contribute to the Plan. Participant contributions are not permitted.

c. Participant Accounts

Each participant's account is credited with allocations of the Company's contribution and the Plan's earnings and losses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

d. Vesting

Vesting in the Company's contributions plus actual earnings thereon is based on years of continuous service. Participants become 20 percent vested upon completing two years of service and vest an additional 20 percent each year thereafter until they are 100 percent vested after six years of service.

e. Distribution of Benefits

Within a reasonable period following the last day of the plan year during which a participant terminates employment due to termination of service, death, disability, or retirement, the participant may elect to receive the value of their vested account balance in a lump sum or partial lump sum. Participants who terminate employment due to disability or who have reached normal retirement age may elect to receive distributions immediately.

f. Forfeited Accounts

At June 30, 2019 and 2018, there were no forfeited non-vested accounts held. Forfeitures are used to reduce future company contributions or otherwise reallocated to participants. For the year ended June 30, 2019, $32,128 in forfeitures were reallocated to participants.

2. Summary of Significant Accounting Policies

a. Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

b. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

c. Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net realized and unrealized appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

d. Payment of Benefits

Benefits are recorded when paid.

e. Administrative Expenses

Administrative expenses incidental to the administration of the Plan, including fees of the administrative agent, fees of the investment manager and fees of the independent public accountants, are paid by the Plan.

f. Subsequent Events

The Plan has evaluated the subsequent events through December 27, 2019, the date the financial statements were available to be issued.

3. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Plan Benefits.

The Plan holds two commercial real estate buildings located in the San Diego County. These real estate investments are exposed to various risks including, but not limited to, vacancy, employment rate and other economic factors in the San Diego area.

4. Fair Value Measurement

Financial Accounting Standards Board Accounting Standards (FASB) Codification (ASC) 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2019 and 2018.

4. Fair Value Measurement (Continued)

Corporate common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the daily closing price as report by the fund. Mutual funds held by the plan are open-end mutual funds that are registered with the United States Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Real estate: Valued based on independent appraisals of properties held by the Plan at year end.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2019 and 2018.

Assets at Fair Value as of June 30, 2019

	Level 1	Level 2	Level 3	Total
Corporate common stocks	$ 16,093,667	$ -	$ -	$ 16,093,667
Real estate	-	-	10,925,000	10,925,000
Mutual funds	758,387	-	-	758,387
Investments, at fair value	$ 16,852,054	$ -	$ 10,925,000	$ 27,777,054

Assets at Fair Value as of June 30, 2018

	Level 1	Level 2	Level 3	Total
Corporate common stocks	$ 17,362,948	$ -	$ -	$ 17,362,948
Real estate	-	-	10,000,000	10,000,000
Mutual funds	1,330,422	-	-	1,330,422
Investments, at fair value	$ 18,693,370	$ -	$ 10,000,000	$ 28,693,370

4. Fair Value Measurement (Continued)

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended June 30, 2019.

Level 3 Assets
Year Ended June 30, 2019

	Real estate
Balance, beginning of year	$ 10,000,000
Unrealized gains (losses) relating to investments still held at the reporting date	925,000
Balance, end of year	$ 10,925,000
The amount of total gains or losses for the period included in changes in net assets attributable to the change in unrealized gains or losses relating to assets still held at the reporting date	$ 925,000

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net realized and unrealized appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Plan Benefits.

The following tables present information about significant unobservable inputs related to the Plan's investment in assets categorized as level 3 in the FASB ASC 820 fair value hierarchy at June 30, 2019 and 2018.

4. Fair Value Measurement (Continued)

Significant Unobservable Inputs Related to Level 3 Assets at June 30, 2019

Type	Fair value	Valuation technique	Significant unobservable inputs	Range *(Weighted average, if applicable)*
Real estate	$10,925,000	Market comparables; Income analysis (actual and market rental net income)	Vacancy rate – Office space (San Diego County);	12%
			Average quoted rental rate (annually) – Office space (San Diego County)	$30.46 per square foot
			Adjusted average price per square foot (closed sales) – comparable buildings	$363.23 to $388.66 per square foot; *($372.75 per square foot)*

4. Fair Value Measurement (Continued)

Significant Unobservable Inputs Related to Level 3 Assets at June 30, 2018

Type	Fair value	Valuation technique	Significant unobservable inputs	Range *(Weighted average, if applicable)*
Real estate	$10,000,000	Market comparables; Income analysis (actual and market rental net income)	Vacancy rate – Class B office space (San Diego County); All office space for local submarket	9.4%; 9.5%
			Average quoted rental rate (annually) – Class B office space (San Diego County); All office space for local submarket	$30.16 per square foot
			Adjusted average price per square foot (closed sales) – comparable buildings	$346.72 to $354.65 per square foot; *($350.35 per square foot)*

Plan management develops its own estimates of the fair value of level 3 assets annually. Independent appraisals are obtained on or near the reporting date. Plan management reviews the appraisals and considers potential adjustments or other factors that may be relevant to the valuation of the assets. Any relevant and available subsequent information is also evaluated and taken into account.

5. Plan Termination

The Company has the right under the plan document to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100 percent vested in their accounts.

6. Tax Exempt Status

The Plan has adopted a prototype plan subject to a favorable opinion letter dated March 31, 2014, from the Internal Revenue Service (IRS). Although the Plan has been amended, the plan administrator believes the Plan has been operated in accordance with the applicable provisions of the Internal Revenue Code (IRC). The Company routinely self-reviews the administration of the Plan and self-corrects any compliance issues in accordance with the Employee Plan Compliance Resolution System. Accordingly, the plan administrator believes that the Plan and related trust are designed in accordance with applicable sections of the IRC and, accordingly, are exempt from income taxes.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or other applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of June 30, 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for plan years ending on June 30, 2015, or prior.

7. Reconciliation to Form 5500

The following is a reconciliation of net assets available for plan benefits per the financial statements to the Form 5500 at June 30, 2019 and 2018.

	2019	2018
Net assets available for plan benefits per the financial statements	$ 27,931,606	$ 28,859,579
Accrued dividends	(22,146)	(33,784)
Net assets available for plan benefits per the Form 5500	$ 27,909,460	$ 28,825,795

The following is a reconciliation of the change in net assets per the financial statements to the Form 5500 for the year ended June 30, 2019.

Net decrease in plan assets per the financial statements	$ (927,973)
Dividends accrued in the prior year	33,784
Dividends receivable accrued in the current year	(22,146)
Net decrease in plan assets per the Form 5500	$ (916,335)

HYSPAN PRECISION PRODUCTS INC. PROFIT SHARING PLAN
EIN: 95-2890599 PLAN: 002
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
As of June 30, 2019

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment		(d) Cost	(e) Current Value
	Corporate Common Stocks:				
	3M Co	950	shares of common stock	$ 73,975	$ 164,673
	Abbott Laboratories	2,332	"	88,604	196,121
	Analog Devices Inc.	3,740	"	103,114	422,134
	Apple Inc	2,200	"	226,454	435,424
	BB & T Corp	8,500	"	372,861	417,605
	BP PLC	7,000	"	286,157	291,900
	BWX Technologies Inc	11,300	"	241,438	588,730
	Berkshire Hathaway Cl B	2,540	"	421,933	541,452
	Booz Allen Hamilton Hldg Cl A	5,960	"	255,632	394,612
	Boston Scientific Corp	9,220	"	238,845	396,276
	CDK Global Inc.	4,220	"	261,877	208,637
	Chubb Limited Com	2,845	"	340,025	419,040
	Cinemark Hldgs Inc Com	4,570	"	162,191	164,977
	Comcast Corp - A	5,740	"	152,841	242,687
	Corteva Inc	1,756	"	27,215	51,925
	Dollar General Corp	2,000	"	144,936	270,320
	Dow Inc	2,896	"	119,609	142,802
	DuPont De Nemours Inc Com	1,756	"	83,489	131,823
	Eaton Corp	3,615	"	269,074	301,057
	Ebay Inc	7,500	"	168,981	296,250
	First American Financial Corp	5,500	"	251,225	295,350
	First Hawaiin Inc	10,800	"	300,947	279,396
	Glaxosmithkline	6,120	"	243,432	244,922
	Hexcel Corp	3,600	"	217,912	291,168
	Huntington Bancshares Inc	21,180	"	284,135	292,708
	Huntsman Corp	8,280	"	160,873	169,243
	IAA Inc	4,510	"	156,701	174,898
	Johnson & Johnson	2,270	"	143,518	316,166
	Kar Auction Services Inc	4,510	"	101,019	112,750
	Lamar Advertising Co	3,900	"	266,825	314,769
	M&T Bank Corporation	3,800	"	287,075	646,266
	Medtronic Inc.	2,584	"	195,061	251,656
	Microsoft Corp	3,405	"	118,572	456,134
	Mondelez Intl Inc Com	7,120	"	279,418	383,768
	Nuvasive Inc	8,500	"	378,680	497,590
	Occidental Petroleum Corp	5,730	"	397,057	288,104
	Parker-Hannifin Corp	1,000	"	164,289	170,010
	Paypal Holdings Inc	4,000	"	127,661	457,840
	Pfizer Inc	3,825	"	114,917	165,699
	Pioneer Natural Resources Co	1,830	"	287,431	281,564
	Procter & Gamble Co	3,000	"	152,691	328,950
	Royal Dutch Shell B	5,500	"	293,490	361,570
	Smith A O Corp	4,670	"	242,366	220,237
	Store Cap Corp Com	11,400	"	278,689	378,366
	Suntrust Banks Inc	4,350	"	266,236	273,397
	Sysco Corp	3,750	"	128,761	265,200
	TE Connectivity LTD	3,620	"	292,232	346,723
	Unilever NV NY Share F	7,540	"	272,038	457,829
	United Bankshares Inc West VA	6,000	"	210,905	222,540
	Verizon Communications	5,673	"	267,725	324,098
	Woodward Inc	3,120	"	335,682	353,059
	Zimmer Holdings Inc.	3,340	"	245,182	393,252
				11,501,996	16,093,667

Continued on the next page

See report of independent public accountants and accompanying notes.

HYSPAN PRECISION PRODUCTS INC. PROFIT SHARING PLAN
EIN: 95-2890599 PLAN: 002
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) (Continued)
As of June 30, 2019

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Mutual Funds:			
	Fidelity Cash Reserves	758,387 shares of mutual funds	758,387	758,387
	Real Estate:			
	Jefferson Street, Carlsbad, California	Real estate	2,125,000	5,125,000
	State Street, Carlsbad, California	Real estate	4,850,000	5,800,000
			6,975,000	10,925,000
	Cash, Interest Bearing:			
	Comerica Commerical Money Market Account	Money market deposit account	802	802
			$ 19,236,185	$ 27,777,856

See report of independent public accountants and accompanying notes.

HYSPAN PRECISION PRODUCTS INC. PROFIT SHARING PLAN
EIN: 95-2890599 PLAN: 002
Schedule H, Line 4j - Schedule of Reportable Transactions
For the Year Ended June 30, 2019

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Cost of asset	Current Value of asset on transaction date	Net gain/(loss)
Series of transactions in excess of 5%:						
Fidelity Cash Reserves	Mutual funds	$ 1.00	$	$ 37,940	$	$
Fidelity Cash Reserves	Mutual funds		1.00	80,491	80,491	-
Fidelity Cash Reserves	Mutual funds		1.00	62,144	62,144	-
Fidelity Cash Reserves	Mutual funds	1.00		39,662		-
Fidelity Cash Reserves	Mutual funds	1.00		244,013		
Fidelity Cash Reserves	Mutual funds		1.00	1,274,581	1,274,581	-
Fidelity Cash Reserves	Mutual funds		1.00	245,713	245,713	

See report of independent public accountants and accompanying notes.

Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: Hyspan Precision Products, Inc. Profit Sharing Plan
Plan Number: 002
Plan Year: July 1, 2018 to June 30, 2019
EIN: 95-2890599

(a) (b) & (c) Identity and Description		(d) Current Value
3M, Co	Common Stock	164,673.00
Abbott Laboratories	Common Stock	196,121.20
Analog Devices, Inc.	Common Stock	422,133.80
Apple Inc.	Common Stock	435,424.00
BB & T Corp	Common Stock	417,605.00
Berkshire Hathaway Cl B	Common Stock	541,451.80
Booz Allen Hamilton Hldg Cl A	Common Stock	394,611.60
Boston Scientific Corp	Common Stock	396,275.60
BP PLC	Common Stock	291,900.00
BWX Technologies Inc.	Common Stock	588,730.00
CDK Global Inc.	Common Stock	208,636.80
Chubb Limited Com	Common Stock	419,040.05
Cinemark Hldgs Inc.	Common Stock	164,977.00
Comcast Corp A	Common Stock	242,687.20
Corteva Inc.	Common Stock	51,924.92
Dollar General Corp	Common Stock	270,320.00
Dow Inc.	Common Stock	142,801.76
Dupont De Nemours Inc.	Common Stock	131,822.92
Eaton Corp	Common Stock	301,057.20
Ebay Inc.	Common Stock	296,250.00
First American Financial Corp	Common Stock	295,350.00
First Hawaiian Inc.	Common Stock	279,396.00
Glaxosmithkline	Common Stock	244,922.40
Hexcel Corp	Common Stock	291,168.00
Huntington Bancshares Inc.	Common Stock	292,707.60
Huntsman Corp	Common Stock	169,243.20
IAA Inc.	Common Stock	174,897.80
Johnson & Johnson	Common Stock	316,165.60
Kar Auction Services	Common Stock	112,750.00
Lamar Advertising Co	Common Stock	314,769.00
M&T Bank Corpoation	Common Stock	646,266.00
Medtronic, Inc.	Common Stock	251,655.76
Microsoft Corp	Common Stock	456,133.80
Mondelez Intl Inc Com	Common Stock	383,768.00
Nuvasive Inc.	Common Stock	497,590.00
Occidental Petroleum Corp	Common Stock	288,104.40
Park ER-Hannifin Com	Common Stock	170,010.00
Paypal Holdings Inc.	Common Stock	457,840.00
Pfizer Inc.	Common Stock	165,699.00
Pioneer Natural Resources Co	Common Stock	281,563.80
Procter & Gamble Co	Common Stock	328,950.00
Royal Dutch Shell B	Common Stock	361,570.00

Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: Hyspan Precision Products, Inc. Profit Sharing Plan
Plan Number: 002
Plan Year: July 1, 2018 to June 30, 2019
EIN: 95-2890599

(a) (b) & (c) Identity and Description		(d) Current Value
3M, Co	Common Stock	164,673.00
Smith A O Corp	Common Stock	220,237.20
Store Cap Corp	Common Stock	378,366.00
Suntrust Banks Inc.	Common Stock	273,397.50
Sysco Corp	Common Stock	265,200.00
TE Connectivity	Common Stock	346,723.60
Unilever NV NY Share F.	Common Stock	457,828.80
United Bankshares Inc West VA	Common Stock	222,540.00
Verizon Communications	Common Stock	324,098.49
Woodward Inc.	Common Stock	353,059.20
Zimmer Holdings Inc.	Common Stock	393,251.60
Jefferson St. Carlsbad	Real Estate	5,125,000.00
State Street (Village Gateway)	Real Estate	5,800,000.00
Comerica Checking		150,336.47
Comerica MMK	Money Market	802.01
Lockwood Comerica		56,421.15
Lockwood Union Bank		4,335.90
Fidelity Cash Reserves	Money Market	758,386.70
		27,988,948.83