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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

D Check box if filing under:
- [ ] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [X] special extension (enter description) NOTICE 2020-23 - COVID-19

Part II Basic Plan Information—enter all requested information

1a Name of plan
RANE PRECISION DIE CASTING UNION RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/31/2014

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)
RANE PRECISION DIE CASTING, INC.

232 HOPKINSVILLE ROAD
RUSSELLVILLE, KY 42276

2b Employer Identification Number (EIN) 61-1154640

2c Plan Sponsor's telephone number 270-726-0249

2d Business code (see instructions) 339900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/07/2020	BHEEMSINGH MELCISEDEC DHARMARAJ
	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**	207
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)**	65
a(2) Total number of active participants at the end of the plan year	**6a(2)**	58
b Retired or separated participants receiving benefits	**6b**	73
c Other retired or separated participants entitled to future benefits	**6c**	63
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	194
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	11
f Total. Add lines **6d** and **6e**.	**6f**	205
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B 3H 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)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **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 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

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

▶ **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
RANE PRECISION DIE CASTING UNION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
RANE PRECISION DIE CASTING, INC.

D Employer Identification Number (EIN)
61-1154640

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

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

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2018

2 Assets:

a Market value	**2a**	3569491
b Actuarial value	**2b**	3603163

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	80	1885504	1885504
b For terminated vested participants	62	961960	961960
c For active participants	65	1453345	1453345
d Total	207	4300809	4300809

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**	5.82 %
6 Target normal cost	**6**	198880

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

Signature of actuary

05/11/2020
Date

ASHLEY A. WISE, FSA, CERA, EA, MAAA
Type or print name of actuary

20-07946
Most recent enrollment number

CONRAD SIEGEL
Firm name

717-652-5633
Telephone number (including area code)

P.O. BOX 5900, 501 CORPORATE CIRCLE
HARRISBURG, PA 17110-0900
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	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 4.36 %	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)		0
	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 6.03%		0
	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		0
	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	83.77%
15	Adjusted funding target attainment percentage	15	83.77%
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	85.73%
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
10/15/2018	77191	0			
01/15/2019	77182	0			
05/14/2019	77182	0			
07/15/2019	77182	0			
03/13/2020	63231	0			
			Totals ► 18(b)	371968	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	354203

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] 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**	198880
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	697646	155323
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**	354203

	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**	354203
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	354203
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	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)	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
RANE PRECISION DIE CASTING UNION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
RANE PRECISION DIE CASTING, INC.

D Employer Identification Number (EIN)
61-1154640

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). . . . . [X] 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

VANGUARD GROUP, INC.

23-1945930

(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)

CONRAD SIEGEL

01-0726056

(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 15 17 38 49 50	NONE	31640	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CONRAD SIEGEL INVESTMENT ADVISORS

01-0726056

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 38 51	NONE	11520	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARLES SCHWAB & CO.

94-1737782

(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?
19 21 50 52 62	NONE	4470	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

(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

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
RANE PRECISION DIE CASTING UNION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
RANE PRECISION DIE CASTING, INC.

D Employer Identification Number (EIN)
61-1154640

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	113960	140413
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(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)	3457491	3768037
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	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	3571451	3908450
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3571451	3908450

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)	371968	
	(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)		371968
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	88405	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		88405
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1366781	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1357282	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		9499
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		158972
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		628844
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	165057	
(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)		165057
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)	31640	
(2) Contract administrator fees	2i(2)	4470	
(3) Investment advisory and management fees	2i(3)	11520	
(4) Other	2i(4)	79158	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		126788
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		291845
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		336999
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) ☐ 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: KNAV P.A. CERTIFIED PUBLIC ACCOUNTA **(2)** EIN: 20-2751082

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		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		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 4197525. (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
RANE PRECISION DIE CASTING UNION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
RANE PRECISION DIE CASTING, INC.

D Employer Identification Number (EIN)
61-1154640

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** 0

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): 42-1558009

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

14 Enter the number of 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):

Rane Precision Die Casting Union Retirement Plan

Financial Statements

June 30, 2019 and June 30, 2018

KNAV P.A.

Certified Public Accountants
One Lakeside Commons, Suite 850,
990 Hammond Drive NE, Atlanta, GA 30328

CPA℠
America Counts on CPAs

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PARTNERS BEYOND BOUNDARIES

Report of independent auditor

To,
The Participants and the Plan Administrator,
Rane Precision Die Casting Union Retirement Plan

Report on financial statements

We were engaged to audit the accompanying financials statements of Rane Precision Die Casting Union Retirement Plan ("the Plan") which comprise the statements of net assets available for benefits as of June 30, 2019 and June 30, 2018, the related statements of changes in net assets available for benefits for the years 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; 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 audit in accordance with auditing standards generally accepted in the United States. 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 ("DOL") 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 by Charles Schwab Bank, the trustee of the Plan, except for comparing such 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 investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of June 30, 2019 and June 30, 2018 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.

PARTNERS BEYOND BOUNDARIES

Other matter

The supplemental information in Schedule H as of and for the year ended June 30, 2019, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. 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 referred to above.

Report on form and content in compliance with DOL rules and regulations

The form and content of the information included in the financial statements for the years ended June 30, 2019 and June 30, 2018 and supplemental information for the year ended June 30, 2019, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

KNAV P.A.

Atlanta, Georgia
May 05, 2020

Financial statements

Statements of net assets available for benefits

(All amounts in United States Dollars, unless otherwise stated)

	As at June 30, 2019	As at June 30, 2018
Assets		
Investments at fair value		
Registered investment companies	3,768,037	3,457,491
Total investments at fair value	**3,768,037**	**3,457,491**
Contributions receivable		
Employer contributions	140,413	113,960
Total receivables	**140,413**	**113,960**
Total assets	**3,908,450**	**3,571,451**
Net assets available for benefits	**3,908,450**	**3,571,451**

See accompanying notes to the financial statements

Statements of changes in net assets available for benefits

(All amounts in United States Dollars, unless otherwise stated)	For the year ended June 30, 2019	For the year ended June 30, 2018
Additions to net assets available for plan benefits:		
Investment income:		
Unrealized gain on registered investment companies	168,471	68,559
Dividend	88,405	73,942
Total investment income	**256,876**	**142,501**
Contributions:		
Employer	371,968	324,017
Total contributions	**371,968**	**324,017**
Total additions	**628,844**	**466,518**
Deductions from net assets attributed to:		
Benefits paid to participants	165,057	148,266
Administrative expenses	126,788	142,168
Total deductions	**291,845**	**290,434**
Net increase	336,999	176,084
Net assets available for benefits:		
Beginning of the year	**3,571,451**	**3,395,367**
Net assets available for benefits, end of year	**3,908,450**	**3,571,451**

See accompanying notes to the financial statements

Notes to financial statements

(All amounts are in United States Dollars, unless otherwise stated)

NOTE 1: DESCRIPTION OF PLAN

The following description of Rane Precision Die Casting Union Retirement Plan ("the Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

General

The Plan was established effective from October 31, 2014 vide executed agreement dated May 15, 2015. The Plan is a defined benefit pension plan covering eligible employees of Rane Precision Die Casting, Inc. ("RPDC"/ "the Company"/ "Plan Sponsor"). The Plan is sponsored and administered by RPDC, a corporation, with its principal office located in Russellville, Kentucky.

Change of Plan and Plan Sponsor name

The Plan states that effective September 01, 2016, the Plan was amended and restated to change the name of the Plan from "Precision Die Casting Union Retirement Plan" to "Rane Precision Die Casting Union Retirement Plan" and also change the name of the sponsoring employer from "Precision Die Casting, Inc." to "Rane Precision Die Casting, Inc.", with effect from the aforementioned date.

Spin off

Rane (Madras) Limited, a company listed on stock exchanges in India, acquired RPDC vide a share purchase agreement dated February 17, 2016. The employees of RPDC were covered under Sensus USA Inc. Union Retirement Plan ("SUP"/ "Old Plan"). As part of the transaction, RPDC agreed to replicate the benefit programs maintained by SUP for those employees being hired by RPDC ("Transferred Employees"), including the defined benefit plan benefits. The assets of $2,963,947 were transferred to Charles Schwab on June 03, 2015.

Pension benefits

All employees of the Company with a date of hire before October 11, 2010, except for the employees in the categories as defined under section 2.2 (2) of the Plan document, are eligible to participate in the Plan upon meeting the following eligibility requirement: completion of one hour of service with the Company and provided that he/ she was a union employee covered by the collective bargaining agreement between the Company and local No. 2407 of United Auto Workers (UAW).

No employee scheduled to participate on or after October 11, 2010 shall participate in the Plan. An employee who is rehired following a termination of employment and who formerly participated under the Plan shall re-participate but only for the purpose of being credited with additional years of vesting service as defined by the Plan.

Normal retirement benefits

A participant is eligible for his normal retirement pension after the participant has attained age of 62 and terminates employment. The normal retirement pension is payable monthly as long as the participant lives, with the payment ceasing upon the participant's death. If a participant in a pay status returns to employment the retirement benefits will

not be suspended. With respect to a participant, no distribution will be made before the date the participant could receive a distribution if he was terminated from the employment.

Normal retirement pension formula

A participant shall receive a monthly benefit payable at normal retirement age equal to:

- $23.00 multiplied by years of benefit service from December 2003 to October 10, 2005; plus
- $24.00 multiplied by years of benefit service from October 2005 to October 9, 2006; plus
- $25.00 multiplied by years of benefit service from October 9, 2006, to October 8, 2007; plus
- $26.00 multiplied by years of benefit service from October 5, 2007 to December 16, 2010; plus
- $16.00 multiplied by benefit service after December 16, 2010.

"Years of benefit service" is explained under the Service Rules below. Years of benefit service are limited to the most recent 35 years.

Service rules

Vesting service rules

A participant is credited with the year of vesting service for each 12-month period. Vesting service is determined using the elapsed time method. Fractional years of vesting service will be credited to the completed day.

Benefit service rules

A participant is credited with the year of benefit service for each 12-month period he is employed by the employer. Fractional years of benefits service will be credited to the completed day.

For the purpose of determining years of benefit service, the Plan will not count the following service:

- Years of services disregarded under the vesting break in service rules
- Service before employee participated in the Plan
- Service before December 18, 2003
- Service after re-employment if reemployed after October 11, 2010

Service with Sensus Precision Die Casting, Inc. is considered for benefit purposes, provided a participant was employed by that business as of October 31, 2014.

Other retirement benefits

If a participant continues working after his normal retirement date, his pension will not commence until he/ she actually retires. A participant is eligible for early retirement after attainment of age 55 and completion of 10 years of vesting service.

Disability benefit

The participant is entitled to receive a disability benefit if he/ she meets all of the following requirements

- He/ she is actively employed.
- Becomes disabled and remains so for six months.

- Not eligible for long term disability through the employer.

The benefit will be payable in the form of a lifetime pension until the earliest of recovery, death or normal retirement date. The participant's monthly disability benefit will be equal to his normal retirement pension accrued as of the date the disability occurred.

If the participant is eligible for the long-term disability through the employer, the participant will continue to accrue as if the participant were an active participant until the normal retirement age.

Death benefit

If a participant dies after he/ she has become vested under the Plan but before he/ she begins to receive a retirement pension benefit, his/ her spouse will receive a 50% survivor benefit if he/ she has been married at least one year. Payment will begin on the date on which he first would have been eligible for retirement. The amount of his/ her surviving spouse's benefit is equal to 50% survivor benefit payable under the joint and 50% survivor pension option, based upon his/ her accrued pension at the date of death and reduced for early commencement of benefits, if applicable. If the participant is not married or has been married for less than a full year at the time of death, no benefit will be paid by the plan.

Vesting

If the employment terminated other than by retirement or disability, the amount payable from the plan is based upon the following vesting schedule:

Years of service	Vesting percentage
0-4 years	0%
5 or more years	100%

Forfeiture and restoration

Forfeiture occurs when the participant terminates the employment before being vested. The forfeited amount is used to reduce any employer contribution otherwise due under the plan. If the participant returns to employment with the employer during the restoration period, the employer will restore the forfeited accrued pension upon completion of one year of service. The restoration period ends on the date the participant has breaks in service in accordance with the vesting service rules equaling the greater of 5 or his/ her total years of vesting service. If a participant terminates employment after he/ she is 100% vested and receives a distribution of his/ her accrued pension, he/ she cannot return his distribution. During the years ended June 30, 2019 and June 30, 2018 there were $NIL forfeitures.

Contributions

The employer shall make; due and timely payment to the trust fund of such amounts as may be necessary from time to time according to the certification of the plan actuary to provide the benefits to which participants are entitled under the plan.

Contributions to the Plan are recorded in the period that the Plan's actuary determines they relate to except that a contribution receivable is recorded to the extent that amounts due are pursuant to formal commitments as well as legal or contractual requirements in existence at the end of the plan year. No voluntary and mandatory employee contributions shall be permitted under the Plan.

Administration

An employee of Plan Sponsor serves as the plan administrator. The plan administrator has the responsibility to administer the Plan for the exclusive benefit of the participants and their beneficiaries. These duties include, but are not limited to, making determinations regarding questions relating to eligibility of employees to become participants, determine and certify the amount and kind of benefits payable, authorizing disbursement from the fund.

Charles Schwab Bank serves as trustee of the Plan. The duties and powers of the trustee are set forth in a trust agreement executed by the Company. The trustee receives all contributions made under the Plan, holds plan assets and pays benefits to participants as directed by the Plan Sponsor.

NOTE 2: SUMMARY OF ACCOUNTING POLICIES

Basis of accounting

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

Date of management's review

Subsequent events were evaluated through May 05, 2020 which is the date the financial statements were available to be issued. Please refer note 13 for subsequent events reported.

Use of estimates in financial statements

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities as of the dates of the financial statements and the reported amounts of additions and deductions during the respective reporting periods. Actual amounts could differ from those estimates and assumptions.

Risks and uncertainties

The Plan invests in various investment options. Investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits. The Plan's exposure to credit losses in the event of nonperformance of investments is limited to the carrying value of such investments. During the years ended June 30, 2019 and June 30, 2018, net gains in the fair values of investments totaled $168,471 and $68,559, respectively.

Payment of benefits

Benefits payments are recorded when paid.

Administrative expenses

Expenses incurred in the administration of the plan are paid out of plan assets. During the year ended June 30, 2019 and for the year ended June 30, 2018, the Plan incurred $126,788 and $142,168, respectively, towards plan administration.

Investment valuation and income recognition

Investments in registered investment companies ("mutual funds") are valued at quoted market prices or contract value, wherever applicable, as provided by the trustee. Net appreciation in the value of mutual funds represent the change in fair value or contract value wherever applicable, during the year, including realized and unrealized gains and losses. 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 5 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 appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Basis of fair value measurements

Level 1: Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.

Level 2: Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable. Either directly or indirectly.

Level 3: Prices or valuations that require inputs that are both significant to the fair value measurements, and unobservable.

A financial instrument's level within fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurements.

The Company evaluates its financial assets and liabilities subject to fair value measurements on a recurring basis to determine the appropriate level of classification as of each reporting period.

The following is a description of the valuation methods used for Plan assets measured at fair value at June 30, 2019 and 2018. There were no changes in the methods used at June 30, 2019 and 2018.

Mutual funds: Valued at quoted prices from an active market which represents the net asset value ("NAV") of shares held by the Plan at year-end.

NOTE 3: INFORMATION CERTIFIED BY TRUSTEE *(UNAUDITED)*

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by the trustee, except for comparing such information certified by the trustee to information included in the Plan's financial statements and supplemental information.

	June 30, 2019	June 30, 2018
Investments:		
Registered investment companies (mutual funds)	3,768,037	3,457,491
Total assets certified by trustee *(unaudited)**	**3,768,037**	**3,457,491**
Transactions during the year		
Net gain on registered investment companies (mutual funds)	168,471	68,559
Dividend income	88,405	73,942

**Refer Note 6 for reconciliation with Schedule H, Form 5500*

NOTE 4: INVESTMENTS

A schedule of the fair value of individual investments that comprised 5% or more of the Plan's assets available for benefits at June 30, 2019 and June 30, 2018:

	2019		2018	
Fund Name	**Amount in $**	**%**	**Amount in $**	**%**
Vanguard Total Stock Market Index Fund	1,055,720	27%	955,766	28%
Vanguard Total Bond Market Index ADM	902,059	23%	*	*
Vanguard Short-Term Corporate Fund	676,235	17%	625,655	18%
Vanguard Developed Markets Index ADM	365,596	09%	331,858	10%
Vanguard Interim Term BD Index Fund	339,229	09%	940,909	27%
Vanguard Short-Term Government Fund	337,191	09%	521,526	15%

* Value as at reporting date does not equal or exceed 5% of net assets

During the years ended June 30, 2019 and June 30, 2018, the Plan's investments (including gains and losses of investments bought, sold and held during the years) appreciated in value as follows:

	Year ended June 30, 2019	Year ended June 30, 2018
Net gain on registered investment companies (mutual funds)	168,471	68,559

NOTE 5: FAIR VALUE MEASUREMENTS

The following tables present by level, within the fair value hierarchy, the plan investment assets at fair value, as of June 30, 2019 and June 30, 2018. As required by Accounting Standard Codification ("ASC") Topic 820 investment assets are classified in their entirety based upon the lowest level of input that is significant to the fair value measurement.

2019

Description	Amount ($)	Quoted in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Registered investment companies (mutual funds)	3,768,037	3,768,037	-	-
Total investments	**3,768,037**	**3,768,037**	**-**	**-**

2018

Description	Amount ($)	Quoted in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)
Registered investment companies (mutual funds)	3,457,491	3,457,491	-	-
Total investments	**3,457,491**	**3,457,491**	**-**	**-**

Changes in fair value levels: The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. Plan management evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total assets available for benefits. For the years ended June 30, 2019 and June 30, 2018, there were no transfers in or out of levels 1, 2 or 3.

NOTE 6: RECONCILIATION OF INFORMATION CERTIFIED BY TRUSTEE TO FORM 5500 *(UNAUDITED)*

	As at June 30, 2019	As at June 30, 2018
Total assets as certified by trustee *(unaudited)- 'Refer Note 3'*	3,768,037	3,457,491
Add: contributions receivable from employer	140,413	113,960
Investment balance as per Schedule H, Form 5500	**3,908,450**	**3,571,451**

NOTE 7: ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions for services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or former employees and their beneficiaries, (b) beneficiaries of employees who have died, and (c) active employees and their beneficiaries. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

At July 01, 2019 and July 01, 2018, the actuarial present value of accumulated plan benefits was determined using the unit credit actuarial method by the Plan's independent actuaries. The amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected dates of payment. The actuarial present value of accumulated plan benefits and the changes in the actuarial present value of accumulated pension benefits as of and for the year ended June 30, 2019 and June 30, 2018, were as follow:

Actuarial Present Value of Accumulated Plan benefits	July 01, 2018 to June 30, 2019	July 01, 2017 to June 30, 2018
Vested benefits		
Active members	1,168,943	1,230,299
Vested former members	890,912	816,003
Total vested benefits	**2,059,855**	**2,046,302**
Add: Retired members	1,772,646	1,690,218
Total vested benefits	3,832,501	3,736,520
Total actuarial present value of accumulated plan benefits at the year end	**3,832,501**	**3,736,520**
Net assets available for benefits at the year end	**3,908,450**	**3,571,451**

Changes in the actuarial present value of accumulated pension benefits:	July 01, 2018 to June 30, 2019
Accumulated plan benefits at the beginning of the year	3,736,520
Changes in actuarial assumptions	(11,128)
Benefits paid	(165,057)
Benefits accumulated	16,868
Increase of interest	255,298
Accumulated pension benefits — end of year	**3,832,501**

The significant actuarial assumptions used in the valuations as of July 01, 2019 and July 01, 2018 were as follows:

Interest rates used to discount future obligations to present value	7.00%
Retirement rates	Various rates ranging from 25% at age 62 to 100% at age 70 and above
Mortality rates	Based on adjusted RP-2014 Blue Collar Mortality Table

The adjusted RP-2014 Blue Collar Mortality Table was updated in accordance with Internal Revenue Code Section 430. These changes received automatic approval from the Internal Revenue Service. There were no changes to the asset valuation method for the 2018-2019 plan year. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

NOTE 9: FUNDING POLICY

Company contributions that meet the funding requirements of ERISA are determined by actuarial valuations and are made to the Plan in amounts expected to be sufficient to provide the Plan with assets to pay estimated pension benefits to Plan participants. Contributions to the Plan are determined based upon calculations made by the actuary and are designed to annually fund current normal cost and to amortize the unfunded liability, which results in annual contributions equal to or in excess of the minimum funding requirements for Plan years.

Contributions were made on:	Amount ($)
October 15, 2018	77,191
January 15, 2019	77,182
May 14, 2019	77,182
July 15, 2019	77,182
March 13, 2020	63,231
Total contributions for the year ended June 30, 2019	**371,968**
October 13, 2017	70,019
January 12, 2018	70,019
May 11, 2018	70,019
July 16, 2018	70,019
March 15, 2019	43,941
Total contributions for the year ended June 30, 2018	**324,017**

NOTE 10: INCOME TAX STATUS

The Plan Sponsor entered into a non-standardized adoption agreement of *the Conrad M Siegal Inc. DBA Conrad Siegal Actuaries* Volume Submitter Defined Benefit Plan *(*the prototype plan). The prototype plan received a favorable opinion letter from the Internal Revenue Service (IRS) on *March 31, 2008,* which stated that the prototype plan and related trust were designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the plan's tax counsel believe that the plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the plan is qualified, and the related trust is tax exempt.

United States generally accepted accounting principles require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. 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. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 11: PARTY-IN-INTEREST TRANSACTIONS

An employee of the Company serves as the Plan administrator, for which no fee is charged to the Plan. Charles Schwab and Conrad Siegal have been identified as parties-in-interest and thus transactions are exempt from prohibited transaction rules. During the years ended June 30, 2019 and June 30, 2018, fees paid by the Plan to Charles Schwab in its capacity as Plan trustee for the plan years was $4,470 and $3,347, respectively. Fees paid to Conrad Siegal as third-party administrator as well as for actuarial valuation for the years ended June 30, 2019 and June 30, 2018 was $43,160 and $58,103, respectively.

NOTE 12: PLAN TERMINATION

Although it has not expressed any intent to do so, RPDC has retained the right to amend, terminate, or otherwise modify the Plan, including the right to discontinue the contributions thereto, at any time, solely at the discretion of RPDC. In the event of the termination of the Plan, the assets thereof shall be distributed in accordance with Section 4044 of ERISA. The Plan is covered plan under the plan termination insurance provisions of ERISA, and the Pension Benefit Guaranty Corporation ("PBGC") guarantees the payments of certain benefits thereunder. Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participant's benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

NOTE 13: SUBSEQUENT EVENTS

Subsequent events were evaluated through May 05, 2020 which is the date the financial statements were available to be issued. Based on the evaluations:

Cash contributions

During the period July 01, 2019 to May 05, 2020, the Company contributed $402,907 of cash to the Plan, $140,413 of which were applied to the year ended June 30, 2019 and $262,494 of which will be completely applied to the Plan year ending June 30, 2020.

Supplemental Information

Plan sponsor: Rane Precision Die Casting, Inc.
EIN: 61-1154640
Plan number: 002

*Schedule H, Part IV, Line 4i - Schedule of assets as of June 30, 2019**

Identity of issue, borrower, lessor or similar party	Description of investment including maturity, rate of interest, collateral, par or maturity value	Cost	Current value
Vanguard Total Stock Market Index Fund	Mutual funds	824,792	1,055,720
Vanguard Interim Term BD Index Fund	Mutual funds	328,345	339,229
Vanguard Short-Term Corporate Fund	Mutual funds	667,393	676,235
Vanguard Short-Term Government Fund	Mutual funds	336,958	337,191
Vanguard Developed Markets Index ADM	Mutual funds	380,551	365,596
Vanguard Emerging Markets Stock Index Fund	Mutual funds	94,577	92,007
Vanguard Total Bond Market Index ADM	Mutual funds	862,139	902,059
Total assets		**3,494,755**	**3,768,037**

*Other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because there is no information to report.

The above information was certified by the trustee, to be complete and accurate to the best of its knowledge.

See Independent Auditors' Report.

Supplemental Information

Plan sponsor: Rane Precision Die Casting, Inc.
EIN: 61-1154640
Plan number: 002

Schedule H, Part IV, Line 4j - Schedule of reportable transactions for the year ended June 30, 2019

Series of transactions in excess of 5%:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	**Description of asset**	**Purchase price**	**Selling price**	**Lease rental**	**Expense incurred with transaction**	**Cost of asset**	**Current value of asset on transaction date**	**Net gain (loss)**
*	Vanguard Interim Term BD Index Fund	95,466	N/A	N/A	N/A	95,466	95,466	-
*	Vanguard Interim Term BD Index Fund	N/A	721,136	N/A	N/A	743,619	721,136	(22,483)
*	Vanguard Short-Term Corporate Fund	113,224	N/A	N/A	N/A	113,224	113,224	-
*	Vanguard Short-Term Corporate Fund	N/A	83,086	N/A	N/A	84,020	83,086	(934)
*	Vanguard Short-Term Government Fund	74,889	N/A	N/A	N/A	74,889	74,889	-
*	Vanguard Short-Term Government Fund	N/A	265,249	N/A	N/A	268,874	265,249	(3,625)
*	Vanguard Total Bond Market Index ADM	918,164	N/A	N/A	N/A	918,164	918,164	-
*	Vanguard Total Bond Market Index ADM	N/A	57,304	N/A	N/A	56,025	57,304	1,279
*	Vanguard Total Stock Market Index Fund	201,964	N/A	N/A	N/A	201,964	201,964	-
*	Vanguard Total Stock Market Index Fund	N/A	183,656	N/A	N/A	145,428	183,656	38,228

***Charles Schwab Bank**

Supplemental Information

Plan sponsor: Rane Precision Die Casting, Inc.
EIN: 61-1154640
Plan number: 002

Schedule H, Part IV, Line 4j - Schedule of reportable transactions for the year ended June 30, 2019

Individual transactions in excess of 5%

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	**Description of asset**	**Purchase price**	**Selling price**	**Lease rental**	**Expense incurred with transaction**	**Cost of asset**	**Current value of asset on transaction date**	**Net gain (loss)**
*	Vanguard Interim Term BD Index Fund	N/A	672,687	N/A	N/A	694,324	672,687	(21,637)
*	Vanguard Short-Term Government Fund	N/A	233,671	N/A	N/A	236,899	233,671	(3,228)
*	Vanguard Total Bond Market Index ADM	823,755	N/A	N/A	N/A	823,755	823,755	-

***Charles Schwab Bank**

ATTACHMENT TO SCHEDULE SB LINE 26 - SCHEDULE OF ACTIVE PARTICIPANT DATA

EIN: 61-1154640

PLAN NUMBER: 002

RANE PRECISION DIE CASTING UNION RETIREMENT PLAN

DISTRIBUTION OF ACTIVE MEMBERS BY AGE & SERVICE AS OF 07/01/2018

Attained Age	Years of Credited Service to Date										
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	1	0	0	0	0	0	0	1
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	8	0	0	0	0	0	0	8
45-49	0	0	0	11	0	0	0	0	0	0	11
50-54	0	0	0	10	0	0	0	0	0	0	10
55-59	0	0	1	13	0	0	0	0	0	0	14
60-64	0	0	0	10	0	0	0	0	0	0	10
65-69	0	0	0	3	0	0	0	0	0	0	3
70+	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	1	56	0	0	0	0	0	0	57

Average Age: 53.3 Years Average Service to Date: 14.3 Years

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

Name of Plan: Rane Precision Die Casting Union Retirement Plan
EIN: 61-1154640
PN: 002
Plan Year: 7/1/2018 - 6/30/2019

Interest Rates

	HATFA	Pre MAP-21
First Segment (1 to 60 months):	3.92%	1.89%
Second Segment (61 to 240 months):	5.52%	3.66%
Third Segment (Beyond 240 months):	6.29%	4.46%

(Results in an Effective Interest Rate of 5.82% under HATFA)

Salary

Not Applicable

Withdrawal

90% of 2003 Society of Actuaries Small Plan Age Turnover Table. Sample rates are shown below:

Age	Rate	Age	Rate	Age	Rate
20	21.8700%	35	10.8900%	50	5.0400%
25	17.5500%	40	8.4600%	55	3.7800%
30	13.9500%	45	6.5700%	60	2.7000%

Mortality

IRS 2018 Static Table in Revenue Notice 2017-60, Appendix A

Incorporated into the table are rates for annuitants projected 7 years and rates for non-annuitants projected 15 years using Scale AA to reflect mortality improvement.

Disability

SOA 1987 Group LTD Table - Males and Females, 6-month elimination.

Rates of disability for males at selected ages:

Age	Rate	Age	Rate	Age	Rate
20	0.0764%	35	0.1242%	50	0.5396%
25	0.0854%	40	0.1760%	55	0.9770%
30	0.0986%	45	0.2944%	60	1.4774%

Rates of disability for females at selected ages:

Age	Rate	Age	Rate	Age	Rate
20	0.0937%	35	0.2011%	50	0.6220%
25	0.1094%	40	0.2756%	55	0.9323%
30	0.1395%	45	0.3997%	60	1.7792%

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

Name of Plan: Rane Precision Die Casting Union Retirement Plan
EIN: 61-1154640
PN: 002
Plan Year: 7/1/2018 - 6/30/2019

Retirement

Rates of retirement for participants eligible to retire:

Age	Rate	Age	Rate	Age	Rate
Less than 55	0.0000%	60	0.0000%	66	33.0000%
55	0.0000%	61	0.0000%	67	33.0000%
56	0.0000%	62	25.0000%	68	33.0000%
57	0.0000%	63	25.0000%	69	33.0000%
58	0.0000%	64	25.0000%	70+	100.0000%
59	0.0000%	65	33.0000%		

Weighted average retirement age: 64

The weighted average retirement age is computed by first determining, for each possible retirement age, the probability that an eligible employee would retire at that age, given survival to the earliest possible retirement age. Then these probabilities at each age are multiplied (or weighted) by the age and summed. This sum, rounded to the nearest integral age, is the weighted average retirement age.

Preretirement Survivor Death Benefit

Liabilities computed on the assumption that 75% of participants will have spouses of the same age at the date of eligibility for the benefit.

Expenses

Plan-related expenses expected to be paid from plan assets during the plan year.

Actuarial Value of Assets

Average of the Adjusted Market Values as of the valuation date and the 2 preceding valuation dates. The averaging is adjusted for contributions, distributions and expected earnings, using an assumed interest rate of 7.00% (but not in excess of the applicable third segment rate for that year). The resulting value may not be less than 90% nor more than 110% of the Adjusted Market Value of Assets.

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ___

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

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

D Check box if filing under:
- [ ] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [X] special extension (enter description) Notice 2020-23 - COVID-19

Part II Basic Plan Information—enter all requested information

1a Name of plan
Rane Precision Die Casting Union Retirement Plan

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/31/2014

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)

Rane Precision Die Casting, Inc.

232 Hopkinsville Road

Russellville KY 42276

2b Employer Identification Number (EIN) 61-1154640

2c Plan Sponsor's telephone number 270-726-0249

2d Business code (see instructions) 339900

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	[signature]	07-07-20	Bheemsingh Melcisedec Dharmaraj
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	K. Sagar	07-07-2020	SAGAR KOTA
	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**	207
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)**	65
a(2) Total number of active participants at the end of the plan year	**6a(2)**	58
b Retired or separated participants receiving benefits	**6b**	73
c Other retired or separated participants entitled to future benefits	**6c**	63
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	194
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	11
f Total. Add lines **6d** and **6e**	**6f**	205
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B 3H 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) [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] **A** (Insurance Information)

(4) [X] **C** (Service Provider Information)

(5) [ ] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 H, line 4j – Schedule of Reportable Transactions

Plan Name: Rane Precision Die Casting Union Retirement Plan
Employer I.D. #: 61-1154640
Plan Number: 002

(a) Identity of party involved	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)

Schedule of Reportable Transactions is contained in the attached audit report.

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial 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) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	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

▶ **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	B Three-digit plan number (PN) ▶	
Rane Precision Die Casting Union Retirement Plan		002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	**D** Employer Identification Number (EIN)	
Rane Precision Die Casting, Inc.	61-1154640	

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

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

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2018

2 Assets:

a Market value	2a	3,569,491
b Actuarial value	2b	3,603,163

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	80	1,885,504	1,885,504
b For terminated vested participants	62	961,960	961,960
c For active participants	65	1,453,345	1,453,345
d Total	207	4,300,809	4,300,809

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	5.82%
6 Target normal cost	6	198,880

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

Ashley A. Wise

Signature of actuary

4/13/2020

Date

Ashley A. Wise, FSA, CERA, EA, MAAA

Type or print name of actuary

2007946

Most recent enrollment number

Conrad Siegel

Firm name

717-652-5633

Telephone number (including area code)

P.O. Box 5900, 501 Corporate Circle

Harrisburg PA 17110-0900

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	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 4.36%	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)		0
	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 6.03%		0
	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		0
	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	83.77%
15	Adjusted funding target attainment percentage	15	83.77%
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	85.73%
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
10/15/2018	77,191	0			
01/15/2019	77,182	0			
05/14/2019	77,182	0			
07/15/2019	77,182	0			
03/13/2020	63,231	0			
			Totals ► 18(b)	371,968	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	354,203

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
3.92 %	5.52 %	6.29%	

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	198,880
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	697,646	155,323
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	354,203

	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	354,203
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	354,203
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	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 H, line 4i – Schedule of Assets (Acquired and Disposed of Within Year)

Plan Name: Rane Precision Die Casting Union Retirement Plan
Employer I.D. #: 61-1154640
Plan Number: 002

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Costs of acquisitions	(d) Proceeds of dispositions

Schedule of Assets (Acquired and Disposed of Within Year) is contained in the attached audit report.

Schedule SB, line 19 - Discounted Employer Contributions

Name of Plan: Rane Precision Die Casting Union Retirement Plan
EIN: 61-1154640
PN: 002
Plan Year: 7/1/2018 - 6/30/2019

Effective Interest Rate: 5.82%
Late Quarterly Interest Rate: 10.82%

Contribution Date	Applicable Plan Year	Contribution Amount	Interest Adjusted Contribution
10/15/2018	2018	77,191	75,933
1/15/2019	2018	77,182	74,849
5/14/2019	2018	77,182	73,213
7/15/2019	2018	77,182	72,779
3/13/2020	2018	63,231	57,429
Total		371,968	354,203

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

Name of Plan: Rane Precision Die Casting Union Retirement Plan
EIN: 61-1154640
PN: 002
Plan Year: 7/1/2018 - 6/30/2019

The description of weighted average retirement age is contained in the first page of the attached Schedule SB, Part V - Statement of Actuarial Assumptions/ Methods.

Schedule C, line 2(h) – Formula Description

Plan Name: Rane Precision Die Casting Union Retirement Plan
Employer I.D. #:61-1154640
Plan Number: 002

(a) Name of Investment Fund (Source of Compensation)	(b) Name of Investment Adviser (Service Provider)	(c) Formula as Percentage of Assets	(d) Other Formula, if any

See line 3(e) of Schedule C for a description of the applicable formulas for each fund manager

Schedule SB, Part V - Summary of Plan Provisions
Rane Precision Die Casting Union Retirement Plan
EIN: 61-1154640
Plan Number: 002

Rane Precision Die Casting Union Retirement Plan is a defined benefit pension plan that was established October 31, 2014. The first plan year begins October 31, 2014 and ends June 30, 2015. Subsequent plan years begin July 1 and end June 30.

ELIGIBILITY TO PARTICIPATE

No employees with a date of hire on or after October 11, 2010, will participate in the Plan.

Previously, an employee became a participant in the Plan on the first day he meets the following requirement:

- Completes one hour of service.

Provided he was:

- A union employee covered by the Local No. 2407 of the United Auto Workers (UAW).

NORMAL RETIREMENT BENEFIT

Normal Retirement Date

A participant is eligible for his normal retirement pension after the participant satisfies the following conditions:

- Attainment of age 62.
- Terminates employment.

Normal Retirement Benefit

The normal retirement pension is payable monthly as long as the participant lives, with payments ceasing upon the participant's death.

Normal Retirement Pension Formula

A participant shall receive a monthly benefit payable at normal retirement age equal to:

$23.00 multiplied by years of benefit service from December 18, 2003 to October 10, 2005; plus

$24.00 multiplied by benefit service from October 10, 2005, to October 9, 2006; plus

$25.00 multiplied by benefit service from October 9, 2006, to October 8, 2007; plus

$26.00 multiplied by benefit service from October 5, 2007, to December 16, 2010; plus

$16.00 multiplied by benefit service after December 16, 2010.

"Year of benefit service" is explained under Service Rules. Years of benefit service are limited to the most recent 35 years.

Accrued Benefit

The accrued benefit on any date other than the normal retirement date is determined according to the normal retirement pension formula but based upon benefit service to date.

Retirement Payment Options

A participant may elect to receive his monthly pension in one of these optional forms of payment:

- **Lifetime Pension**
- **Lifetime Pension with Guaranteed Period** with guaranteed payments for 60, or 120.
- **Joint and Survivor Pension** with 100%, 75%, or 50% survivor pension.

If the present value of the vested benefit does not exceed $5,000, lump sum is the only payment option.

If the participant is married at the time payments are to begin, the automatic form of payment will be a Joint and 50% Survivor Pension with the spouse named as survivor annuitant. If the participant is not married at the time payments are to begin, the automatic form of payment will be a Lifetime Pension.

Employment after Retirement. If a participant in pay status returns to employment, retirement benefits will not be suspended.

Distributions under Qualified Domestic Relations Order. With respect to a participant, no distribution will be made before the date the participant could receive a distribution if he terminated employment.

OTHER RETIREMENT BENEFITS

Late Retirement

If a participant continues working after his normal retirement date, his pension will not commence until he actually retires. The late retirement benefit is the normal retirement benefit determined under the pension formula using current service.

Early Retirement

A participant is eligible for early retirement after attainment of age 55 and completion of 10 years of vesting service. The early retirement pension is the actuarial equivalent of the pension accrued to the date of early retirement.

DISABILITY BENEFIT

The participant is entitled to receive a disability benefit if he meets **all** of the following requirements:

- He is actively employed.
- Becomes disabled and remains so for six months.
- Not eligible for long-term disability through the employer.

The benefit will be payable in the form of a Lifetime Pension until the earliest of: recovery, death, or normal retirement date. The participant's monthly disability benefit will be equal to his normal retirement pension accrued as of the date the disability occurred.

If the participant is eligible for long term disability through the employer, the participant will continue to accrue as if the participant were an active participant until normal retirement age.

DEATH BENEFIT

If a participant dies after he has become vested under the Plan but before he begins to receive a retirement pension benefit, his spouse will receive a 50% survivor benefit if he has been married at least one year. Payment will begin on the date on which he first would have been eligible for retirement. The amount of his surviving spouse's benefit is equal to the 50% survivor benefit payable under the joint and 50% survivor pension option, based upon his accrued pension at the date of death and reduced for early commencement of benefits, if applicable. If the participant is not married or has not been married for a full year at the time of death, no benefit will be paid by the Plan.

TERMINATION OF EMPLOYMENT BENEFITS

Vesting in Accrued Pension

If employment terminates other than by retirement or disability, the amount payable from the Plan is based upon the following vesting schedule:

Years of Service	Vesting Percentage
0–4 Years	0%
5 or More Years	100%

Time of Payment

The participant may elect payment after his early retirement date, reduced to reflect the early commencement of benefits. No pension payment is available under the Plan prior to early retirement or death, with one exception. If the present value of the vested accrued benefit does not exceed $5,000, the lump sum value can be paid following termination of employment.

Forfeitures and Restoration

Forfeiture occurs when the participant terminates employment before being vested. The forfeited amount is used to reduce any employer contribution otherwise due under the Plan. If the participant returns to employment with the employer during the restoration period, the employer will restore the forfeited accrued pension upon completion of one year of service. The restoration period ends on the date the participant has breaks in service in accordance with the vesting service rules equaling the greater of 5 or his total years of vesting service. If a participant terminates employment after he is 100% vested and receives a distribution of his accrued pension, he cannot return his distribution to the Plan.

EMPLOYEE CONTRIBUTIONS

Voluntary Employee Contributions

Voluntary nondeductible employee contributions are not permitted.

Mandatory Employee Contributions

Mandatory employee contributions have never been required under the Plan.

Rollover Accounts

Rollover or transfer contributions are not permitted.

SERVICE RULES

Vesting Service Rules

Vesting service is determined using the elapsed time method. Fractional years of vesting service will be credited to the completed day.

Benefit Service Rules

A participant is credited with a year of benefit service for each 12 month period he is employed by the employer. Fractional years of benefits service will be credited to the completed day.

For the purpose of determining years of benefit service, the Plan will not count the following service:

- Service when you do not meet the job description requirements. See Eligibility to Participate.
- Service before you participated in the Plan.
- Service before December 18, 2003.

Service with Sensus Precision Die Casting, Inc. will be counted for benefit purposes, provided you were employed by that business as of October 31, 2014.

ACTUARIAL EQUIVALENCE

Actuarial equivalence is determined as set forth below.

Late Retirement – Increase factor of 1.06.

Early Retirement – The accrued benefit shall be reduced by 5/9 or 1% for each of the first 60 months and 5/18 of 1% for each additional month by which the early retirement date precedes the normal retirement date.

Monthly Pension – Actuarial equivalence will be determined based on the following mortality table and interest assumption:

Mortality table:	1983 Group Annuity Mortality
Interest rate:	7.5%

Lump Sum – Actuarial equivalence will be determined based on the following mortality and interest assumptions:

Mortality table:	The Code section 417 mortality table
Interest rate:	The Code section 417 interest rates

Code Section 417 Mortality Table

The Code section 417 mortality table is the Applicable Mortality Table released annually by the Internal Revenue Service.

Code Section 417 Interest Rates

The Code section 417 interest rates are the Segment Rates for the third month preceding the first day of the plan year that contains the annuity starting date.

CHANGES IN PLAN PROVISIONS SINCE THE LAST VALUATION

None

SIGNIFICANT EVENTS THAT OCCURRED DURING THE YEAR

None

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

Plan Name: Rane Precision Die Casting Union Retirement Plan
Employer I.D. #: 61-1154640
Plan Number: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value

Schedule of Assets (Held At End of Year) is contained in the attached audit report.

Schedule SB, line 32 - Schedule of Amortization Bases

Name of Plan: Rane Precision Die Casting Union Retirement Plan
EIN: 61-1154640
PN: 002
Plan Year: 7/1/2018 - 6/30/2019

Type of Base (shortfall or Waiver)	Initial Date	Amortization Base	Amortization Installment	Present Value of Remaining Amortization Installment	Remaining Amortization Years
shortfall	1/1/2012	(369,124)	(26,366)	(26,366)	6/12
shortfall	1/1/2013	451,374	64,482	95,507	1 6/12
shortfall	1/1/2014	(9,723)	(1,389)	(3,369)	2 6/12
shortfall	10/31/2014	(63,766)	(10,672)	(33,993)	3 4/12
shortfall	7/1/2015	125,315	20,840	78,761	4
shortfall	7/1/2016	194,133	32,075	148,723	5
shortfall	7/1/2017	246,503	40,479	218,634	6
shortfall	7/1/2018	219,749	35,874	219,749	7
		$ 794,461	$ 155,323	$ 697,646	