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 11/01/2018 and ending 10/31/2019

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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MID-WEST FORGE CORPORATION BARGAINING UNIT PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1956

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)
MID-WEST FORGE CORPORATION

2778 SOM CENTER ROAD
SUITE 200
WILLOUGHBY HILLS, OH 44094

2b Employer Identification Number (EIN)
34-6510647

2c Plan Sponsor's telephone number
216-481-3030

2d Business code (see instructions)
332110

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.	08/04/2020	ROBERT O'MALLEY
	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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	161
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)**	50
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	43
b	Retired or separated participants receiving benefits	**6b**	47
c	Other retired or separated participants entitled to future benefits	**6c**	50
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	140
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	16
f	Total. Add lines **6d** and **6e**.	**6f**	156
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

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 11/01/2018 and ending 10/31/2019

▶ **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
MID-WEST FORGE CORPORATION BARGAINING UNIT PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MID-WEST FORGE CORPORATION

D Employer Identification Number (EIN)
34-6510647

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 11 Day 01 Year 2018

2 Assets:

a Market value	**2a**	16439556
b Actuarial value	**2b**	16439556

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	58	6166644	6166644
b For terminated vested participants	54	1557313	1557313
c For active participants	50	5874583	6832338
d Total	162	13598540	14556295

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**	5.74 %
6 Target normal cost	**6**	250522

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	Date: 07/30/2020
AUDREY CERVAS	17-06430
Type or print name of actuary	Most recent enrollment number
BUCK GLOBAL, LLC	216-682-7600
Firm name	Telephone number (including area code)
6000 FREEDOM SQUARE, SUITE 100 INDEPENDENCE, OH 44131	
Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1205454
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	1205454
10	Interest on line 9 using prior year's actual return of 0.41 %	0	4942
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		472712
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.94%		28079
	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		500791
	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	1210396

Part III Funding Percentages

14	Funding target attainment percentage	14	104.62%
15	Adjusted funding target attainment percentage	15	112.93%
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	109.94%
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
10/24/2019	500000	0			
06/18/2020	500000	0			
			Totals ► 18(b)	1000000	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	929954

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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**	250522
b Excess assets, if applicable, but not greater than line 31a	**31b**	250522

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

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**	0

	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**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	929954

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

a Total (excess, if any, of line 37 over line 36)	**38a**	929954
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 11/01/2018 and ending 10/31/2019

A Name of plan
MID-WEST FORGE CORPORATION BARGAINING UNIT PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MID-WEST FORGE CORPORATION

D Employer Identification Number (EIN)
34-6510647

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

PNC BANK

1900 EAST 9TH STREET
CLEVELAND, OH 44114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 52	TRUSTEE	78033	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 [ ]

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
PNC BANK	21 50 52	0

(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.
PNC BANK 1900 EAST 9TH STREET CLEVELAND, OH 44114	BASIS POINTS*PLAN ASSETS

(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 11/01/2018 and ending 10/31/2019

A Name of plan
MID-WEST FORGE CORPORATION BARGAINING UNIT PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MID-WEST FORGE CORPORATION

D Employer Identification Number (EIN)
34-6510647

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	6271	6964
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	743584	862005
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1174728	554854
(5) Partnership/joint venture interests	1c(5)	76890	83655
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	14438083	16364532
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	16439556	17872010
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	0	0
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	16439556	17872010

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	500000	
	(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)		500000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	12163	
	(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)		12163
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	28265	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	641157	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		669422
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	999740	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1035992	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-36252
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	1122897	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1122897

		(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)		-132703
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2135527
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	624939	
(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)		624939
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)	78033	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	101	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		78134
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		703073
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1432454
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: REA & ASSOCIATES, INC. **(2)** EIN: 34-1310124

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			
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 4203900. (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 11/01/2018 and ending 10/31/2019

A Name of plan
MID-WEST FORGE CORPORATION BARGAINING UNIT PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MID-WEST FORGE CORPORATION

D Employer Identification Number (EIN)
34-6510647

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): 25-1211909

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: 0.0% 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):

MID-WEST FORGE CORPORATION
BARGAINING UNIT PENSION PLAN

FINANCIAL STATEMENTS

WITH SUPPLEMENTARY INFORMATION

OCTOBER 31, 2019 AND 2018

Rea & associates

www.reacpa.com

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Rea & associates a brighter way

April 24, 2020

To the Plan Administrator and Plan Participants
Mid-West Forge Corporation
Bargaining Unit Pension Plan
Cleveland, Ohio

INDEPENDENT AUDITOR'S REPORT

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Mid-West Forge Corporation Bargaining Unit Pension Plan, which comprise the statements of net assets available for benefits (modified cash basis) and accumulated plan benefits (modified cash basis) as of October 31, 2019 and 2018, and the related statements of changes in net assets available for benefits (modified cash basis), and changes in accumulated plan benefits (modified cash basis) 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 the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for 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 of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by PNC Bank, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules (modified cash basis). 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 certification from the trustee, as of and for the years ended October 31, 2019 and 2018, 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.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Other Matter-Supplemental Schedules

The supplemental schedules of assets (held at end of year) and reportable transactions as of and for the year ended October 31, 2019, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, and are presented for the purpose of additional analysis, and are 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 these supplemental schedules.

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

The form and content of the information included in the financial statements (modified cash basis) and supplemental schedules, 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 of America, and in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Rea & Associates, Inc.

Certified Public Accountants

MID-WEST FORGE CORPORATION
BARGAINING UNIT PENSION PLAN

Statements of Net Assets Available for Benefits (Modified Cash Basis)

October 31, 2019 and 2018

	2019	2018
Assets		
Investments, at fair value:		
Money market fund	$ 862,005	$ 743,584
Registered investment companies	16,364,532	14,438,083
Limited partnership	83,655	76,890
Common stocks	554,854	1,174,728
Total investments	17,865,046	16,433,285
Receivables:		
Interest and dividends	6,964	6,271
Net Assets Available for Benefits	**$ 17,872,010**	**$ 16,439,556**

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

MID-WEST FORGE CORPORATION
BARGAINING UNIT PENSION PLAN

Statements of Changes in Net Assets Available for Benefits (Modified Cash Basis)

For the Years Ended October 31, 2019 and 2018

	2019	2018
Investment Income		
Net appreciation (depreciation) in fair value of investments	$ 953,942	$ (373,174)
Interest and dividends	681,585	440,163
	1,635,527	66,989
Contributions		
Employer	500,000	500,000
Total Additions	2,135,527	566,989
Deductions		
Benefit payments	(624,939)	(562,961)
Adminstrative expenses	(78,134)	(76,347)
	(703,073)	(639,308)
Net Increase (Decrease)	1,432,454	(72,319)
Net Assets Available for Benefits - Beginning	16,439,556	16,511,875
Net Assets Available for Benefits - Ending	**$ 17,872,010**	**$ 16,439,556**

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

MID-WEST FORGE CORPORATION
BARGAINING UNIT PENSION PLAN

Statements of Accumulated Plan Benefits (Modified Cash Basis)

October 31, 2019 and 2018

	2019	2018
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits:		
Participants currently receiving payments	$ 7,194,607	$ 6,168,557
Other participants	6,750,266	7,581,488
	13,944,873	13,750,045
Nonvested benefits	930,556	982,583
Total Actuarial Present Value of Accumulated Plan Benefits	**$ 14,875,429**	**$ 14,732,628**

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

MID-WEST FORGE CORPORATION
BARGAINING UNIT PENSION PLAN

Statements of Changes In Accumulated Plan Benefits (Modified Cash Basis)

For the Years Ended October 31, 2019 and 2018

	2019	2018
Actuarial Present Value of Accumulated Plan Benefits - Beginning	$ 14,732,628	$ 14,545,838
Increase (Decrease) During the Year Attributable to:		
Benefits accumulated and other plan experience	(11,864)	13,986
Increase for interest due to the decrease in the discount period	793,339	784,747
Benefits paid	(624,939)	(562,961)
Change of assumptions	(13,735)	(48,982)
Net Increase	142,801	186,790
Actuarial Present Value of Accumulated Plan Benefits - Ending	**$ 14,875,429**	**$ 14,732,628**

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

MID-WEST FORGE CORPORATION
BARGAINING UNIT PENSION PLAN

Notes to Financial Statements (Modified Cash Basis)

October 31, 2019 and 2018

Note 1 - Description of the Plan

The following brief description of the Mid-West Forge Corporation Bargaining Unit Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a non-contributory defined benefit plan which covers employees of Mid-West Forge Corporation ("Corporation" and "plan administrator"), who are represented by Local No. 1073 of the International Brotherhood of Boiler Makers, Iron Ship Builders, Blacksmiths, Forgers, and Helpers, and provides for pension and disability benefits. The Corporation contributes such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan participants. The contributions by the Corporation are made in amounts sufficient to fund the Plan's current service cost on a current basis, and to fund the past service costs, plus interest thereon over periods up to 45 years. The Plan has met the minimum funding requirements of the Employee Retirement Income Security Act of 1974 (ERISA).

Administration of the Plan is the responsibility of the plan administrator. The Plan's investment committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the plan administrator.

Retirement Benefits

The Plan provides for normal retirement at age 65 with a monthly pension benefit equal to the appropriate benefit unit times years of service. The Plan allows for early retirement at age 60 with 15 years of credited service, which is calculated at a reduced rate. The Plan also allows for retirement after 30 years of service, which may be payable at a reduced rate if the retiree is less than age 58.

Participants become fully vested after five years of credited service. Benefits are determined on a life annuity basis. A participant that is married for one year prior to the annuity starting date shall normally receive payment with 50% of such amount payable to the spouse for life, after the death of the participant. The Plan is no longer accepting new participants, per the June 1, 2008 collective bargaining agreement.

Plan Amendment

The Plan was amended effective August 1, 2018, allowing for employees with ten years of credited service to be eligible for permanent and total disability under the Plan, if their condition renders the employee eligible for disability benefits under the Social Security Act.

Plan Termination

Should the Plan terminate at some future time, its net assets may not be available on a pro-rata basis to provide participants' 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 Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantees, while other benefits may not be provided for at all.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The financial statements and schedules of Mid-West Forge Corporation Bargaining Unit Pension Plan are prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Under this basis, the net appreciation (depreciation) in the fair value of investments is recognized on a current basis, and interest and dividend income is recorded on the accrual basis, whereas contributions are recognized when received rather than in the year to which the contributions apply.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is a 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. The investment committee determines the Plan's valuation policies utilizing information provided by its investment advisors and custodian. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date 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.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Plan Administrative Expenses

The Plan sponsor pays all significant costs except for administrative fees, which are paid by the Plan.

Use of Estimates

The preparation of financial statements requires Plan management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Actuarial Present Value of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits are those estimated future periodic payments that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated vested employees or their beneficiaries; and (b) present employees or their beneficiaries. The accumulated plan benefits for active employees are based on their number of credited service years multiplied by the normal pension benefit at the valuation date. 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.

Note 2 - Summary of Significant Accounting Policies (Continued)

The Plan's independent actuaries estimate the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The Plan's independent actuaries have completed an actuarial valuation as of November 1, 2019, using the following significant assumptions:

Actuarial Present Value of Accumulated Plan Benefits (Continued)

Interest discount rate	5.5%
Mortality basis	(2019) - Pri-2012 Total Employee and Retiree Mortality Tables with blue collar adjustment (base year 2012) and projected with Mortality Improvement Scale MP-2019 (2018) - RP-2014 mortality table with Blue Collar adjustment projected generationally with MP-2018 improvement scale
Disability basis	(2019) - Pri-2012 Disabled Retiree Mortality Table (base year 2012) and projected with Mortality Improvement Scale MP-2019 (2018) - Pri-2014 Disabled Retiree Mortality Table rolled back to 2006 and projected generationally with Mortality Improvement Scale MP-2018
Retirement	Age 58 with 30 years of service, or age 60 with 15 years of service, or age 65

Had the valuation been performed at October 31, there would be no significant differences. Changes in the actuarial assumptions decreased the benefit obligation by $13,735 in 2019 and $48,982 in 2018 due to changes in mortality tables. These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Subsequent Events

Plan management has evaluated subsequent events through April 24, 2020, the date the financial statements were available to be issued. Due to national and world-wide disruptions caused by COVID-19 in 2020, the Plan may be adversely impacted. At this time, any financial impact of potential COVID-19 related disruptions are not known.

Note 3 - Related Party Transactions

PNC Bank, the trustee, has physical and administrative control of certain Plan assets, and is responsible for the safekeeping of the Plan's assets, investment of funds, and other transactions as directed by the plan administrator. During the year, certain Plan investments were managed by the trustee and its affiliates. Fees paid to PNC Bank were $78,033 and $76,322 for 2019 and 2018, respectively.

Note 4 - Certified Information

PNC Bank has physical and administrative control of certain assets of the Plan and is responsible for safekeeping, investing of funds, and executing transactions as directed by the plan administrator. Financial information relating to those assets, which comprises all of the Plan's assets and liabilities, is included in the accompanying financial statements based on information provided by the trustee. That information, which has not been audited by independent accountants, is summarized as follows:

Fair Value of Account as of October 31,	2019	2018
Money market fund	$ 862,005	$ 743,584
Registered investment companies	16,364,532	14,438,083
Limited partnership	83,655	76,890
Common stocks	554,854	1,174,728
Other	6,964	6,271
Total certified assets	**$ 17,872,010**	**$ 16,439,556**

Net Increase (Decrease) in the Account for the Year Ended October 31,	2019	2018
Employer contribution received	$ 500,000	$ 500,000
Interest and dividend income received and accrued	681,585	440,163
Net appreciation (depreciation) in fair value	953,942	(373,174)
Administrative expenses	(78,134)	(76,347)
Benefit payments	(624,939)	(562,961)
Total certified increase (decrease)	**$ 1,432,454**	**$ (72,319)**

Note 5 - Fair Value Disclosure and Measurement

Fair value is defined as 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.

Accounting standards have established a fair value hierarchy that prioritizes the inputs used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Note 5 - Fair Value Disclosure and Measurement (Continued)

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The following is a description of the valuation methodologies used for assets measured at fair value:

Money market funds: Valued at the net asset value of shares held by the Plan at year-end.

Registered investment companies: Valued at the daily closing price as reported by the registered investment company at year-end. These registered investments are actively traded and are required to publish their daily net asset value (NAV).

Common stocks and the limited partnership: Valued at the closing price reported on the active market on which the individual securities are traded.

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

Note 5 - Fair Value Disclosure and Measurement (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of October 31, 2019:

Assets at Fair Value as of October 31, 2019				
Description	(Level 1)	(Level 2)	(Level 3)	Total
Money market fund	$ 862,005	$ -	$ -	$ 862,005
Registered investment companies	16,364,532	-	-	16,364,532
Limited partnership	83,655	-	-	83,655
Common stocks	554,854	-	-	554,854
Total	**$ 17,865,046**	**$ -**	**$ -**	**$ 17,865,046**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of October 31, 2018:

Assets at Fair Value as of October 31, 2018				
Description	(Level 1)	(Level 2)	(Level 3)	Total
Money market fund	$ 743,584	$ -	$ -	$ 743,584
Registered investment companies	14,438,083	-	-	14,438,083
Limited partnership	76,890	-	-	76,890
Common stocks	1,174,728	-	-	1,174,728
Total	**$ 16,433,285**	**$ -**	**$ -**	**$ 16,433,285**

Note 6 - Tax Status

The Plan was restated effective November 1, 2012. The Plan has received a determination letter from the Internal Revenue Service dated May 7, 2015, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC, and therefore, the related trust is exempt from taxation.

Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of October 31, 2019 and 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and those changes could materially affect the amounts reported in the statements of net assets available for benefits (modified cash basis).

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

SCHEDULE I

MID-WEST FORGE CORPORATION
BARGAINING UNIT PENSION PLAN
EIN 34-6510647 PLAN: 001
FORM 5500 SCHEDULE H PART IV LINE 4(i)

Schedule of Assets (Held at End of Year)

as of October 31, 2019

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Money market fund:			
*	PNC Govt. Money Market Fund	862,005 shares	$ 862,005	$ 862,005
	Registered investment companies:			
*	PNC International Equity Fund R6	55,659.994 shares	922,830	1,325,265
	Dodge & Cox Income Fund	234,446.935 shares	3,222,095	3,317,424
	Seafarer Overseas Growth and Income Fund	19,252.089 shares	232,608	229,292
	Vanguard Small Cap Fund	3,517.000 shares	473,339	550,164
	Vanguard Inflation Protected Securities Fund	29,476.222 shares	767,491	766,971
	Harding Loevner Emerging Markets Port Fund	4,650.736 shares	232,120	258,813
	Metropolitan West Unconstrained Bond Fund	159,167.071 shares	1,893,354	1,897,272
	Ishares Core S&P 500 Fund	11,965.000 shares	2,996,907	3,648,966
	Ishares Short-Term Corporate Bond Fund	61,313.000 shares	3,230,790	3,297,413
	Ishares Russell Mid-Cap Value Fund	5,903.000 shares	299,960	532,451
	Ishares Russell Mid-Cap Growth Fund	3,754.000 shares	138,357	540,501
	Total Registered investment companies		14,409,851	16,364,532
	Limited partnership:			
	Cedar Fair LP	1,500 units	34,566	83,655
	Common stocks:			
	Helen of Troy Limited	31 shares	4,884	4,642
	Globant SA	37 shares	3,419	3,451
	Wright Medical Group	258 shares	5,414	5,366
	AAR Corp.	160 shares	7,030	6,680
	Alamo Group Inc.	65 shares	7,749	6,959
	Allegiant Travel Co.	55 shares	8,283	9,203
	Amerisafe Inc.	118 shares	7,912	7,497
	Ameris Bancorp	209 shares	8,255	8,956
	Atricure Inc.	176 shares	4,476	4,680
	Balchem Corp. CL B	68 shares	6,650	6,882
	Cantel Medical Corp.	107 shares	8,642	7,799
	Catalent Inc.	249 shares	12,880	12,114
	Cathay General Bancorp	263 shares	9,312	9,355
	Central Garden & Pet Co.	105 shares	2,930	3,152
	Central Garden and Pet Co Cl A	247 shares	6,517	6,985
	Churchill Downs Inc.	63 shares	7,776	8,189
	Chuy's Holdings Inc.	116 shares	2,863	2,827
	Cohen & Steers Inc.	132 shares	7,156	8,638
	Compass Minerals Intl. Inc.	81 shares	4,687	4,575
	Drill-Quip Inc.	55 shares	3,074	2,256

- Continued -

SCHEDULE I

MID-WEST FORGE CORPORATION
BARGAINING UNIT PENSION PLAN
EIN 34-6510647 PLAN: 001
FORM 5500 SCHEDULE H PART IV LINE 4(i)

Schedule of Assets (Held at End of Year) (Continued)

as of October 31, 2019

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Common stocks (continued):			
	Entegris Inc.	196 shares	9,475	9,408
	Exlservice Holdings Inc.	91 shares	5,967	6,336
	Five Below	75 shares	9,689	9,383
	Forum Energy Technologies Inc.	194 shares	347	225
	Glacier Bancorp Inc.	207 shares	8,487	8,760
	Globus Medical Inc.	296 shares	15,500	15,502
	Grand Canyon Education Inc.	133 shares	14,924	12,231
	Heartland Express Inc.	278 shares	5,916	5,810
	Helios Technologies Inc.	108 shares	4,609	4,280
	Houlihan Lokey Inc.	129 shares	5,929	6,097
	Hubspot Inc.	70 shares	11,251	10,857
	ICF International Inc.	98 shares	7,718	8,398
	ICU Med Inc.	37 shares	5,903	5,980
	Iberibank Corp.	78 shares	5,965	5,724
	Idacorp Inc.	71 shares	7,853	7,641
	John Bean Technology	51 shares	5,155	5,241
	LHC Group Inc.	70 shares	8,276	7,768
	Lithia Motors Inc.	75 shares	9,883	11,811
	Macom Technology Solutions	186 shares	4,124	4,230
	Matador Resources Co.	464 shares	8,077	6,454
	Meridian Bancorp Inc.	204 shares	3,834	3,990
	Mobile Mini Inc.	176 shares	5,931	6,621
	National Health Invs. Inc.	83 shares	6,949	7,121
	Northwestern Corporation	128 shares	9,559	9,283
	Novanta Inc.	76 shares	6,576	6,768
	Ollie's Bargain Outlet Holdings	93 shares	5,921	5,941
	Oxford Industries Inc.	68 shares	4,781	4,682
	PRA Group Inc.	135 shares	4,789	4,581
	Pacific Premier Bancorp Inc.	211 shares	6,763	7,122
	Patrick Industries Inc.	124 shares	5,256	6,127
	Paylocity Holding Corp.	101 shares	10,124	10,362
	Pebblebrook Hotel Trust	173 shares	4,878	4,448
	Performance Food Group Co.	285 shares	13,272	12,144
	Polyone Corporation	258 shares	8,351	8,269
	Power Integrations Inc.	47 shares	4,359	4,282
	Primoris Services Corp.	316 shares	6,252	6,459
	Proofpoint Inc.	58 shares	7,439	6,691
	QTS Realty Trust Inc. - CL A	174 shares	8,828	9,325
	RBC Bearings Inc.	69 shares	11,595	11,070
	Ritchie Bros Auctioneers Inc.	249 shares	9,567	10,239
	Rogers Corp.	44 shares	6,167	5,961

- Continued -

SCHEDULE I

MID-WEST FORGE CORPORATION
BARGAINING UNIT PENSION PLAN
EIN 34-6510647 PLAN: 001
FORM 5500 SCHEDULE H PART IV LINE 4(i)

Schedule of Assets (Held at End of Year) (Continued)

as of October 31, 2019

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Common stocks (continued):			
	Silicon Laboratories Inc.	77 shares	8,859	8,181
	Silgan Holdings Inc.	275 shares	8,199	8,462
	Siteone Landscape Supply Inc.	114 shares	8,398	10,039
	Skyline Champion Corp.	254 shares	7,712	7,170
	Stag Industries Inc.	288 shares	8,737	8,940
	Stifel Financial Corp.	129 shares	7,434	7,221
	Syneos Health Inc.	220 shares	12,113	11,033
	Texas Roadhouse Inc.	186 shares	9,747	10,509
	United Bankshares Inc. W. Virginia	123 shares	4,767	4,863
	Universal Forest Products Inc.	206 shares	8,191	10,374
	US Ecology Inc.	116 shares	7,342	7,219
	Virtusa Corp.	194 shares	7,399	7,232
	WD 40 Co.	29 shares	5,332	5,435
	Webster Financial Corp.	153 shares	7,405	6,747
	Wolverine World Wide Inc.	168 shares	4,793	4,986
	WPX Energy Inc.	262 shares	2,913	2,615
	Total common stocks		555,489	554,854
	Total		**$ 15,861,911**	**$ 17,865,046**

* Party-in interest as defined by ERISA

MID-WEST FORGE CORPORATION
BARGAINING UNIT PENSION PLAN
EIN 34-6510647 PLAN: 001
FORM 5500 SCHEDULE H PART IV LINE 4(j)

Schedule of Reportable Transactions

For the Year Ended October 31, 2019

Category (1) - A single transaction within the Plan year in excess of 5% of the current value of the Plan assets.

(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Ishares Core S&P 500 Fund	$1,339,798	-	$1,339,798	$1,339,798	-

-Continued-

MID-WEST FORGE CORPORATION
BARGAINING UNIT PENSION PLAN
EIN 34-6510647 PLAN: 001
FORM 5500 SCHEDULE H PART IV LINE 4(j)

Schedule of Reportable Transactions (Continued)

For the Year Ended October 31, 2019

Category (3) - Any transaction within the plan year involving securities of the same issue if within the plan year any series of transactions with respect to such securities amount in the aggregate to more than 5% of current value of the plan assets.

(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
PNC Govt. Money Market Fund					
24 Purchases	$556,430	-	$556,430	$556,430	-
14 Sales	-	$443,781	$443,781	$443,781	-
Ishares Core S&P 500 Fund					
1 Purchase	$1,339,798	-	$1,339,798	$1,339,798	-
1 Sale	-	$265,751	$212,131	$265,751	53,620

- Continued -

MID-WEST FORGE CORPORATION
BARGAINING UNIT PENSION PLAN
EIN 34-6510647 PLAN: 001
FORM 5500 SCHEDULE H PART IV LINE 4(j)

Schedule of Reportable Transactions (Continued)

For the Year Ended October 31, 2019

Category (4)- Any transaction within the plan year with respect to securities with, or in conjunction with, a person if any prior or subsequent single transaction within the plan year with such person, with respect to securities, exceeds 5% of the current value of the plan assets.

(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Sidco/ITG Inc.					
4 Purchases	$1,593,735	-	$1,593,735	$1,593,735	-
3 Sales	-	$533,243	$441,683	$533,243	$91,560

MID-WEST FORGE CORPORATION BARGAINING UNIT PENSION PLAN

EIN/PN: 34-6510647/001

PLAN YEAR: NOVEMBER 1, 2018 TO OCTOBER 31, 2019

SCHEDULE SB, LINE 26 – DISTRIBUTION OF ACTIVE PARTICIPANTS AS OF NOVEMBER 1, 2018

Distribution of Active Participants as of November 1, 2018 – Age by Service

Attained Age		Years of Credited Service									
		Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	*Number*	0	0	0	0	0	0	0	0	0	0
	Avg. Comp.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
25 to 29	*Number*	0	0	0	0	0	0	0	0	0	0
	Avg. Comp.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
30 to 34	*Number*	0	0	0	0	0	0	0	0	0	0
	Avg. Comp.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
35 to 39	*Number*	0	0	0	0	1	0	0	0	0	0
	Avg. Comp.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
40 to 44	*Number*	0	0	0	0	2	0	0	0	0	0
	Avg. Comp.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
45 to 49	*Number*	0	1	1	0	1	0	5	0	0	0
	Avg. Comp.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
50 to 54	*Number*	0	0	0	0	0	1	9	0	0	0
	Avg. Comp.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
55 to 59	*Number*	0	1	0	0	1	5	3	2	0	1
	Avg. Comp.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
60 to 64	*Number*	0	1	0	1	0	3	4	2	0	1
	Avg. Comp.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
65 to 69	*Number*	0	1	0	1	0	1	0	0	0	1
	Avg. Comp.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
70 & up	*Number*	0	0	0	0	0	0	0	0	0	0
	Avg. Comp.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total	*Number*	0	4	1	2	5	10	21	4	0	3

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

MID-WEST FORGE CORPORATION BARGAINING UNIT PENSION PLAN

EIN/PN: 34-6510647/001

PLAN YEAR: NOVEMBER 1, 2018 TO OCTOBER 31, 2019

SCHEDULE SB, PART V — STATEMENT OF ASSUMPTIONS AND METHODS

Prescribed Funding/PBGC Assumptions and Methods

The following assumptions and methods are prescribed by ERISA.

Funding interest rates

For 2018 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	2.14%	3.92%
Second Segment Rate	3.73%	5.52%
Third Segment Rate	4.44%	6.29%
Effective Rate	3.99%	5.74%

For 2017 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.72%	4.16%
Second Segment Rate	3.80%	5.72%
Third Segment Rate	4.72%	6.48%
Effective Rate	4.14%	5.94%

Used for maximum tax deduction purposes

** Used for minimum funding and benefit restriction purposes.

PBGC Premium Funding Target

For 2018 Plan Year:	First Segment Rate	3.33%
	Second Segment Rate	4.39%
	Third Segment Rate	4.72%
For 2017 Plan Year:	First Segment	1.72%
	Second Segment Rate	3.80%
	Third Segment Rate	4.72%

The Alternative Premium Funding Target was not used.

The effective rates for PBGC premium purposes are 4.50% for 2018 and 4.17% for 2017.

Mortality

Mortality tables for non-disabled participants mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants.

MID-WEST FORGE CORPORATION BARGAINING UNIT PENSION PLAN

EIN/PN: 34-6510647/001

PLAN YEAR: NOVEMBER 1, 2018 TO OCTOBER 31, 2019

SCHEDULE SB, PART V — STATEMENT OF ASSUMPTIONS AND METHODS

Prescribed Funding/PBGC Assumptions and Methods

Actuarial cost method

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

MID-WEST FORGE CORPORATION BARGAINING UNIT PENSION PLAN

EIN/PN: 34-6510647/001

PLAN YEAR: NOVEMBER 1, 2018 TO OCTOBER 31, 2019

SCHEDULE SB, PART V — STATEMENT OF ASSUMPTIONS AND METHODS (CONTINUED)

Non-Prescribed Funding Assumptions and Methods (continued)

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor and is an acceptable method under PPA.

Salary increases

Not applicable.

Cost-of-living

Not applicable.

Social Security

Not applicable.

Expenses

Expected plan administrative and investment-related expenses of $79,000 were added to the Target Normal Cost.

Form of payment

Participants are assumed to elect the 50% joint and survivor option for those married and the single life form of payment for those not married.

Marital percentage

85% of males; 50% of females. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement. Husbands are assumed to be 3 years older than their wives.

Retirement rates

Employees with 30 years of service are assumed to retire at age 60. All other eligible employees were assumed to retire in accordance with the following schedule:

Age	Assumption
62	50%
63	50%
64	50%
65	100%

Non-Prescribed Funding Assumptions and Methods (continued)

Termination Rates

Rates varying by age and gender:

Attained Age	Percentage Leaving During the Year	
	Males	Females
20	14.95%	24.96%
25	9.94%	14.95%
30	6.91%	9.94%
35	4.88%	6.91%
40	2.82%	4.88%
45	1.67%	2.82%
50	0.40%	1.67%
55	0.00%	0.40%
60 and over	0.00%	0.00%

Disability rates

Sample rates as follows:

Age	Sex	
	Male	Female
20	0.064%	0.055%
25	0.093%	0.096%
30	0.134%	0.165%
35	0.199%	0.252%
40	0.314%	0.357%
45	0.505%	0.522%
50	0.830%	0.854%
55	1.502%	1.490%

Asset valuation method

Market value, including the discounted value of accrued contributions.

Future actuarial measurements

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

MID-WEST FORGE CORPORATION BARGAINING UNIT PENSION PLAN

EIN/PN: 34-6510647/001

PLAN YEAR: NOVEMBER 1, 2018 TO OCTOBER 31, 2019

SCHEDULE SB, PART V — STATEMENT OF ASSUMPTIONS AND METHODS (CONTINUED)

Summary of Changes from the November 1, 2017 Valuation

- The interest rates and mortality tables were updated to those applicable to the current year in accordance with the requirements of the Internal Revenue Code and associated regulations. These changes increased the Target Liability by $628,732.

Assumptions Rationale – Significant Non-Prescribed Assumptions

Mortality Table for Plan Accounting

The mortality assumption for non-annuitants and healthy annuitants was updated to the RP-2014 Healthy Fully Generational Mortality Table (base year 2006) reflecting improvement Scale MP-2017. This table reflects the most recent published study by the Society of Actuaries, and since the plan's experience is too small to form the basis of a reliable assumption represents the actuary's best estimate of future experience.

Withdrawal Rates

The plan's experience is too small to form the basis of a reliable assumption; however, the assumption remains appropriate given historic gain and loss experience of the plan, as well as general expectations.

Retirement Rates

The retirement assumes retirement at age 60 with 30 years of service. Due to a lack of postretirement health care, this has been the experience of the plan sponsor and reflects the availability of the early retirement subsidy. 100% of all employees are assumed to retire by age 65.

Disability Rates

The plan's experience is too small to form the basis of a reliable assumption. Thus the current rates represents the actuary's best estimate of future experience.

Form of Payment

Participants are assumed to elect the single life form if single and the 50% J&S form if married. This reflects the actual retirement experience of the plan.

Percent Married

The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age.

Spouse Age

The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.

MID-WEST FORGE CORPORATION
BARGAINING UNIT PENSION PLAN
EIN 34-6510647 PLAN: 001
FORM 5500 SCHEDULE H PART IV LINE 4(j)

Schedule of Reportable Transactions

For the Year Ended October 31, 2019

Category (1) - A single transaction within the Plan year in excess of 5% of the current value of the Plan assets.

(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Ishares Core S&P 500 Fund	$1,339,798	-	$1,339,798	$1,339,798	-

-Continued-

MID-WEST FORGE CORPORATION
BARGAINING UNIT PENSION PLAN
EIN 34-6510647 PLAN: 001
FORM 5500 SCHEDULE H PART IV LINE 4(j)

Schedule of Reportable Transactions (Continued)

For the Year Ended October 31, 2019

Category (3) - Any transaction within the plan year involving securities of the same issue if within the plan year any series of transactions with respect to such securities amount in the aggregate to more than 5% of current value of the plan assets.

(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
PNC Govt. Money Market Fund					
24 Purchases	$556,430	-	$556,430	$556,430	-
14 Sales	-	$443,781	$443,781	$443,781	-
Ishares Core S&P 500 Fund					
1 Purchase	$1,339,798	-	$1,339,798	$1,339,798	-
1 Sale	-	$265,751	$212,131	$265,751	53,620

- Continued -

MID-WEST FORGE CORPORATION
BARGAINING UNIT PENSION PLAN
EIN 34-6510647 PLAN: 001
FORM 5500 SCHEDULE H PART IV LINE 4(j)

Schedule of Reportable Transactions (Continued)

For the Year Ended October 31, 2019

Category (4)- Any transaction within the plan year with respect to securities with, or in conjunction with, a person if any prior or subsequent single transaction within the plan year with such person, with respect to securities, exceeds 5% of the current value of the plan assets.

(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Sidco/ITG Inc.					
4 Purchases	$1,593,735	-	$1,593,735	$1,593,735	-
3 Sales	-	$533,243	$441,683	$533,243	$91,560

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 11/01/2018 and ending 10/31/2019

▶ **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
MID-WEST FORGE CORPORATION BARGAINING UNIT PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MID-WEST FORGE CORPORATION

D Employer Identification Number (EIN)
34-6510647

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 11 Day 01 Year 2018

2 Assets:

a Market value	**2a**	16,439,556
b Actuarial value	**2b**	16,439,556

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	58	6,166,644	6,166,644
b For terminated vested participants	54	1,557,313	1,557,313
c For active participants	50	5,874,583	6,832,338
d Total	162	13,598,540	14,556,295

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**	5.74%
6 Target normal cost	**6**	250,522

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 Audrey Cervas — 07/30/2020

Signature of actuary — Date

AUDREY CERVAS — 1706430

Type or print name of actuary — Most recent enrollment number

Buck Global, LLC — 216-682-7600

Firm name — Telephone number (including area code)

6000 Freedom Square, Suite 100

Independence OH 44131

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1,205,454
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	1,205,454
10	Interest on line 9 using prior year's actual return of 0.41%	0	4,942
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		472,712
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.94%		28,079
	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		500,791
	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	1,210,396

Part III Funding Percentages

14	Funding target attainment percentage	**14**	104.62%
15	Adjusted funding target attainment percentage	**15**	112.93%
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**	109.94%
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
10/24/2019	500,000	0			
06/18/2020	500,000	0			
		Totals ► 18(b)	1,000,000	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**	929,954

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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**	250,522
b Excess assets, if applicable, but not greater than line 31a	**31b**	250,522

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment		

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**	0

	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**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	929,954

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

a Total (excess, if any, of line 37 over line 36)	**38a**	929,954
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

MID-WEST FORGE CORPORATION BARGAINING UNIT PENSION PLAN

EIN/PN: 34-6510647/001

PLAN YEAR: NOVEMBER 1, 2018 TO OCTOBER 31, 2019

SCHEDULE SB, LINE 22 – DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

Employees with 30 years of service are assumed to retire at age 60. All other eligible employees were assumed to retire in accordance with the following schedule:

Age	Assumption
62	50%
63	50%
64	50%
65	100%

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

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
60	30.0758	0.6318	19.0013	1,140.0760
61	15.8236	0.2408	3.8099	232.4054
62	12.7244	0.4609	5.8645	363.6006
63	10.6212	0.4054	4.3056	271.2535
64	7.086	0.5025	3.5613	227.9257
65	4.4011	0.7853	3.4562	224.6505
66	2.9164	1.0000	2.9167	192.4800
67	0.0000	1.0000	0.0000	0.0000
68	0.0000	1.0000	0.0000	0.0000
69	1.0000	1.0000	1.0000	69.0000
70	1.0000	1.0000	1.0000	70.0000
Total			**44.9152**	**2,791.3917**
Weighted Average Retirement Age = 3,175.6551/51.0733				**62.15**
Rounded Weighted Average Retirement Age				**62**

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

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

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

MID-WEST FORGE CORPORATION BARGAINING UNIT PENSION PLAN

EIN/PN: 34-6510647/001

PLAN YEAR: NOVEMBER 1, 2018 TO OCTOBER 31, 2019

SCHEDULE SB - STATEMENT BY ENROLLED ACTUARY

Enrolled Actuary: Audrey Cervas

Enrollment Number 17-06430

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

MID-WEST FORGE CORPORATION BARGAINING UNIT PENSION PLAN

EIN/PN: 34-6510647/001

PLAN YEAR: NOVEMBER 1, 2018 TO OCTOBER 31, 2019

SCHEDULE SB, PART V — STATEMENT OF PRINCIPAL PLAN PROVISIONS

Plan Sponsor

Mid-West Forge Corporation

Plan

Mid-West Forge Corporation Bargaining Unit Pension Plan

Effective Date and Most Recent Amendment

November 1, 1956; as most recently amended by union negotiations effective June 1, 2016.

Plan Year

The twelve-month period ending October 31, 2019.

Coverage and Participation

Any employee who is a member of the collective bargaining unit represented by Local No. 1073 of the International Brotherhood of Boiler Makers, Iron Ship Builders, Blacksmiths, Forgers and Helpers (AFL-CIO) hired prior to June 1, 2008.

Credited Service

One year is credited for each Plan Year beginning November 1, 1989 in which at least 1,670 hours of service are worked, with proportionate service granted to the nearest 1/10 for less than 1,670 hours; service prior to November 1, 1989 is based on the Plan provisions then in effect.

Vesting Service

One year is credited for each Plan Year beginning November 1, 1989 in which at least 1,000 hours of service are worked; service prior to November 1, 1989 is based on the Plan provisions then in effect.

MID-WEST FORGE CORPORATION BARGAINING UNIT PENSION PLAN

EIN/PN: 34-6510647/001

PLAN YEAR: NOVEMBER 1, 2018 TO OCTOBER 31, 2019

SCHEDULE SB, PART V — STATEMENT OF PRINCIPAL PLAN PROVISIONS

Normal Retirement Benefit

Normal Retirement Eligibility: Age 65.

Benefit Formula: The monthly pension benefit equals the indicated benefit unit time years of Credited Service (to a maximum of 45 years):

Date of Determination	Monthly Benefit Unit
6/1/1992 – 5/31/1993	18.25
6/1/1993 – 5/31/1994	19.00
6/1/1994 – 5/31/1995	19.50
6/1/1995 – 5/31/1998	22.00
6/1/1998 – 5/31/1999	26.00
6/1/1999 – 5/31/2000	29.00
6/1/2000 – 5/31/2001	31.00
6/1/2001 – 5/31/2002	34.00
6/1/2002 – 5/31/2003	37.00
6/1/2003 – 5/31/2004	39.50
6/1/2004 – 5/31/2005	40.75
6/1/2005 – 5/31/2006	42.00
6/1/2006 – 5/31/2007	43.25
6/1/2007 – 5/31/2008	44.50
6/1/2008 – 5/31/2009	45.50
6/1/2009 – 5/31/2010	46.25
6/1/2010 – 5/31/2011	47.00
6/1/2011 – 7/29/2012	47.75
7/30/2012 – 5/31/2013	48.75
6/1/2013 – 5/31/2014	49.25
6/1/2014 – 5/31/2015	49.50
6/1/2015 and later	49.75

For periods 6/1/2016 and later, benefits will accrue prospectively based on the following schedule:

For Actively Working Employees	Benefit per Month per Year of Service
Years of credited service thru 6/1/16	$49.75
Year of credited service 6/1/16-5/31/17	$50.25
Year of credited service 6/1/17-5/31/18	$50.75
Year of credited service 6/1/18-5/31/19	$51.25
Year of credited service 6/1/19-5/31/20	$51.75

MID-WEST FORGE CORPORATION BARGAINING UNIT PENSION PLAN

EIN/PN: 34-6510647/001

PLAN YEAR: NOVEMBER 1, 2018 TO OCTOBER 31, 2019

SCHEDULE SB, PART V — STATEMENT OF PRINCIPAL PLAN PROVISIONS

Postretirement Benefit Increases

Eligible for pensioners as of the increase date who were not deferred vested terminations.

The monthly benefit is increased by the following benefit units times years of Credited Service (subject to applicable maximum):

Increase Date	Monthly Benefit Unit Increase
6/1/1992	0.50
6/1/1995	0.50
6/1/1998	1.00
6/1/2001	1.00
6/1/2004	1.00
6/1/2008	1.00
7/30/2012	0.50

Early retirement benefit

Eligibility: Age 60 with 15 or more years of Credited Service.

Benefit: The accrued normal retirement benefit is available unreduced at age 62 or, alternatively, payable as early as age 60 but reduced by 0.1% for each month that commencement precedes age 62.

Special Early Retirement

Eligibility: 30 years of Credited Service.

Benefit: The accrued normal retirement benefit is available unreduced after age 58 or reduced by 0.1% for each month that commencement precedes age 58.

Disability Benefit

Eligibility: Total and permanent disability after 10 years of Credited Service.

A monthly pension of $430 for 10 to 15 years of Credited Service, $505 for 15 to 20 years of Credited Service and $605 for 20 or more years of Credited Service. This is subject to re-determination by the regular benefit formula at age 62. The benefit is reduced by certain other disability benefits (but not by any Social Security disability benefit payable).

Vested Termination

Eligibility: Termination of employment after 5 or more years of Vesting Service.

Benefit: The accrued normal retirement benefit is payable at age 65, or as early as age 60 with 15 years of Credited Service. For early commencement, the accrued normal benefit is reduced 6/10 of 1% for each month that early commencement precedes age 65.

Pre-retirement Surviving Spouse Benefit

Eligibility: Vested and married a year at the time of death.

Benefit: The benefit would be the participant's accrued benefit available had he retired the day before his death and elected a 50% joint and survivor option commencing at the earliest commencement date. The benefit is reduced for early retirement, joint and survivor option (for terminations prior to 6/1/2004) and the 50% adjustment for the survivor.

MID-WEST FORGE CORPORATION BARGAINING UNIT PENSION PLAN

EIN/PN: 34-6510647/001

PLAN YEAR: NOVEMBER 1, 2018 TO OCTOBER 31, 2019

SCHEDULE SB, PART V — STATEMENT OF PRINCIPAL PLAN PROVISIONS

Form of Payment

The benefit is determined on a life annuity basis. A participant terminating after June 1, 2004, who has been married for one year prior to his annuity starting date, shall normally receive payment on an unreduced basis with 50% of such amount payable to his spouse for life, after his death.

A participant terminating prior to June 1, 2004, who has been married for one year prior to his annuity starting date, shall normally receive payment on a reduced basis with 50% of such reduced amount payable to his spouse for life, after his death.

Other forms of payment include an actuarial equivalent 75% Joint and Survivor benefit (as compared to the single life option).

Summary of Changes from the November 1, 2017 Valuation

None.

SCHEDULE I

MID-WEST FORGE CORPORATION
BARGAINING UNIT PENSION PLAN
EIN 34-6510647 PLAN: 001
FORM 5500 SCHEDULE H PART IV LINE 4(i)

Schedule of Assets (Held at End of Year)

as of October 31, 2019

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Money market fund:			
*	PNC Govt. Money Market Fund	862,005 shares	$ 862,005	$ 862,005
	Registered investment companies:			
*	PNC International Equity Fund R6	55,659.994 shares	922,830	1,325,265
	Dodge & Cox Income Fund	234,446.935 shares	3,222,095	3,317,424
	Seafarer Overseas Growth and Income Fund	19,252.089 shares	232,608	229,292
	Vanguard Small Cap Fund	3,517.000 shares	473,339	550,164
	Vanguard Inflation Protected Securities Fund	29,476.222 shares	767,491	766,971
	Harding Loevner Emerging Markets Port Fund	4,650.736 shares	232,120	258,813
	Metropolitan West Unconstrained Bond Fund	159,167.071 shares	1,893,354	1,897,272
	Ishares Core S&P 500 Fund	11,965.000 shares	2,996,907	3,648,966
	Ishares Short-Term Corporate Bond Fund	61,313.000 shares	3,230,790	3,297,413
	Ishares Russell Mid-Cap Value Fund	5,903.000 shares	299,960	532,451
	Ishares Russell Mid-Cap Growth Fund	3,754.000 shares	138,357	540,501
	Total Registered investment companies		14,409,851	16,364,532
	Limited partnership:			
	Cedar Fair LP	1,500 units	34,566	83,655
	Common stocks:			
	Helen of Troy Limited	31 shares	4,884	4,642
	Globant SA	37 shares	3,419	3,451
	Wright Medical Group	258 shares	5,414	5,366
	AAR Corp.	160 shares	7,030	6,680
	Alamo Group Inc.	65 shares	7,749	6,959
	Allegiant Travel Co.	55 shares	8,283	9,203
	Amerisafe Inc.	118 shares	7,912	7,497
	Ameris Bancorp	209 shares	8,255	8,956
	Atricure Inc.	176 shares	4,476	4,680
	Balchem Corp. CL B	68 shares	6,650	6,882
	Cantel Medical Corp.	107 shares	8,642	7,799
	Catalent Inc.	249 shares	12,880	12,114
	Cathay General Bancorp	263 shares	9,312	9,355
	Central Garden & Pet Co.	105 shares	2,930	3,152
	Central Garden and Pet Co Cl A	247 shares	6,517	6,985
	Churchill Downs Inc.	63 shares	7,776	8,189
	Chuy's Holdings Inc.	116 shares	2,863	2,827
	Cohen & Steers Inc.	132 shares	7,156	8,638
	Compass Minerals Intl. Inc.	81 shares	4,687	4,575
	Drill-Quip Inc.	55 shares	3,074	2,256

- Continued -

SCHEDULE I

MID-WEST FORGE CORPORATION
BARGAINING UNIT PENSION PLAN
EIN 34-6510647 PLAN: 001
FORM 5500 SCHEDULE H PART IV LINE 4(i)

Schedule of Assets (Held at End of Year) (Continued)

as of October 31, 2019

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Common stocks (continued):			
	Entegris Inc.	196 shares	9,475	9,408
	Exlservice Holdings Inc.	91 shares	5,967	6,336
	Five Below	75 shares	9,689	9,383
	Forum Energy Technologies Inc.	194 shares	347	225
	Glacier Bancorp Inc.	207 shares	8,487	8,760
	Globus Medical Inc.	296 shares	15,500	15,502
	Grand Canyon Education Inc.	133 shares	14,924	12,231
	Heartland Express Inc.	278 shares	5,916	5,810
	Helios Technologies Inc.	108 shares	4,609	4,280
	Houlihan Lokey Inc.	129 shares	5,929	6,097
	Hubspot Inc.	70 shares	11,251	10,857
	ICF International Inc.	98 shares	7,718	8,398
	ICU Med Inc.	37 shares	5,903	5,980
	Iberibank Corp.	78 shares	5,965	5,724
	Idacorp Inc.	71 shares	7,853	7,641
	John Bean Technology	51 shares	5,155	5,241
	LHC Group Inc.	70 shares	8,276	7,768
	Lithia Motors Inc.	75 shares	9,883	11,811
	Macom Technology Solutions	186 shares	4,124	4,230
	Matador Resources Co.	464 shares	8,077	6,454
	Meridian Bancorp Inc.	204 shares	3,834	3,990
	Mobile Mini Inc.	176 shares	5,931	6,621
	National Health Invs. Inc.	83 shares	6,949	7,121
	Northwestern Corporation	128 shares	9,559	9,283
	Novanta Inc.	76 shares	6,576	6,768
	Ollie's Bargain Outlet Holdings	93 shares	5,921	5,941
	Oxford Industries Inc.	68 shares	4,781	4,682
	PRA Group Inc.	135 shares	4,789	4,581
	Pacific Premier Bancorp Inc.	211 shares	6,763	7,122
	Patrick Industries Inc.	124 shares	5,256	6,127
	Paylocity Holding Corp.	101 shares	10,124	10,362
	Pebblebrook Hotel Trust	173 shares	4,878	4,448
	Performance Food Group Co.	285 shares	13,272	12,144
	Polyone Corporation	258 shares	8,351	8,269
	Power Integrations Inc.	47 shares	4,359	4,282
	Primoris Services Corp.	316 shares	6,252	6,459
	Proofpoint Inc.	58 shares	7,439	6,691
	QTS Realty Trust Inc. - CL A	174 shares	8,828	9,325
	RBC Bearings Inc.	69 shares	11,595	11,070
	Ritchie Bros Auctioneers Inc.	249 shares	9,567	10,239
	Rogers Corp.	44 shares	6,167	5,961

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SCHEDULE I

MID-WEST FORGE CORPORATION
BARGAINING UNIT PENSION PLAN
EIN 34-6510647 PLAN: 001
FORM 5500 SCHEDULE H PART IV LINE 4(i)

Schedule of Assets (Held at End of Year) (Continued)

as of October 31, 2019

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Common stocks (continued):			
	Silicon Laboratories Inc.	77 shares	8,859	8,181
	Silgan Holdings Inc.	275 shares	8,199	8,462
	Siteone Landscape Supply Inc.	114 shares	8,398	10,039
	Skyline Champion Corp.	254 shares	7,712	7,170
	Stag Industries Inc.	288 shares	8,737	8,940
	Stifel Financial Corp.	129 shares	7,434	7,221
	Syneos Health Inc.	220 shares	12,113	11,033
	Texas Roadhouse Inc.	186 shares	9,747	10,509
	United Bankshares Inc. W. Virginia	123 shares	4,767	4,863
	Universal Forest Products Inc.	206 shares	8,191	10,374
	US Ecology Inc.	116 shares	7,342	7,219
	Virtusa Corp.	194 shares	7,399	7,232
	WD 40 Co.	29 shares	5,332	5,435
	Webster Financial Corp.	153 shares	7,405	6,747
	Wolverine World Wide Inc.	168 shares	4,793	4,986
	WPX Energy Inc.	262 shares	2,913	2,615
	Total common stocks		555,489	554,854
	Total		**$ 15,861,911**	**$ 17,865,046**

* Party-in interest as defined by ERISA