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

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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. . . . . ▶ [ ]

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
TIME MANUFACTURING COMPANY 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1991

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)
TIME MANUFACTURING COMPANY

P.O. BOX 20368
WACO, TX 76702

2b Employer Identification Number (EIN)
74-1609717

2c Plan Sponsor's telephone number
254-399-2100

2d Business code (see instructions)
333310

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2020	BETTY CALDWELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

PENTEGRA SERVICES, INC

701 WESTCHESTER AVE, SUITE 320 E
WHITE PLAINS, NY 10604

3b Administrator's EIN: 37-3745616

3c Administrator's telephone number: 844-367-2848

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	732
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)**	535
a(2) Total number of active participants at the end of the plan year	**6a(2)**	588
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	248
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	836
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	836
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	713
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:

2E 2F 2G 2J 2K 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**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)	X	1	**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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
TIME MANUFACTURING COMPANY 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TIME MANUFACTURING COMPANY

D Employer Identification Number (EIN)
74-1609717

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
31-4156830	66869	436-80840	713	01/01/2019	12/31/2019

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
6581	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CONCORDE INVESTMENT SERVICES
1120 E. LONG LAKE ROAD, SUITE 207
TROY, MI 48085

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
4098			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

AMERIPRISE FINANCIAL SERVICES
50082 AMERIPRISE FINANCIAL CTR
MINNEAPOLIS, MN 55474

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
2483			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	1334504
c	Additions: (1) Contributions deposited during the year	7c(1)	22325		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	25256		
	(4) Transferred from separate account	7c(4)	55545		
	(5) Other (specify below)	7c(5)	67288		
	▶ TR FROM OUTSIDE NW				
	(6) Total additions			7c(6)	170414
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1504918
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	97234		
	(2) Administration charge made by carrier	7e(2)	6940		
	(3) Transferred to separate account	7e(3)	260		
	(4) Other (specify below)	7e(4)	360		
	▶ FORFEITURES				
	(5) Total deductions			7e(5)	104794
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1400124

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			**10b**	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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.**	**2019** **This Form is Open to Public Inspection.**

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
TIME MANUFACTURING COMPANY 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TIME MANUFACTURING COMPANY

D Employer Identification Number (EIN)
74-1609717

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

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

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

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

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

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

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

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

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

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

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

(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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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?
15	NONE	168899	Yes [X] No [ ]	Yes [X] No [ ]	1935	Yes [ ] No [X]

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

CONCORD INS AGENCY, INC.

1120 E LONG LAKE RD STE 207
TROY, MA 48085

(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?
26 27 28	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	47683	Yes [ ] No [X]

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

AMERIPRISE FINANCIAL SERVICES

50082 AMERIPRISE FINANCIAL CTR
MINNEAPOLIS, MN 55474

(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?
26 27 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	35711	Yes [ ] No [X]

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

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

A P S - PENTEGRA

6830 COMMERCE COURT DRIVE
BLACKLICK, OH 43004-9297

13-3892096

(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?
64	NONE	20591	Yes [X] No [ ]	Yes [ ] No [X]	6000	Yes [ ] No [X]

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

IRON-CO-FID-INDEX-COMPREHENSIVE

630 DUNDEE RD STE 200
NORTHBROOK, IL 60062

26-2409128

(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?
51	NONE	12873	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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
CONCORDE INS AGENCY, INC.	26 27 28	47683

(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	COMPENSATION

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERIPRISE FINANCIAL	26 27 52	35711

(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	COMPENSATION

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
A P S - PENTEGRA	64	6000

(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	FEES

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

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
TIME MANUFACTURING COMPANY 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TIME MANUFACTURING COMPANY

D Employer Identification Number (EIN)
74-1609717

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)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	11162086	20923215
(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	11162086	20923215
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	11162086	20923215

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)	220514	
	(B) Participants	2a(1)(B)	1975245	
	(C) Others (including rollovers)	2a(1)(C)	1395	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2197154
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	25256	
	(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)	4791	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		30047
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2841706
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		5068907
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1069041	
(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)		1069041
f Corrective distributions (see instructions)	2f		15459
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1084500
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3984407
l Transfers of assets:			
(1) To this plan	2l(1)		5776722
(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) ☐ Unmodified (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: JAYNES, REITMEIER, BOYD & THERELL (2) EIN: 74-2533381

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		58390
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (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

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan
TIME MANUFACTURING COMPANY 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TIME MANUFACTURING COMPANY

D Employer Identification Number (EIN)
74-1609717

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): 31-4156830

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

Time Manufacturing Company
401(k) Plan
Financial Statements and
Supplementary Information
December 31, 2019 and 2018
(With Independent Auditor's Report Thereon)

Time Manufacturing Company 401(k) Plan

Table of Contents

	Page
Independent Auditor's Report	1 - 2
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5 - 12
Supplementary Information:	
Schedule H, Line 4.i. - Schedule of Assets (Held at End of Year)	13 - 15

JAYNES REITMEIER BOYD & THERRELL, P.C.
Certified Public Accountants
5400 Bosque Blvd., Ste. 600 | Waco, TX 76710
P.O. Box 7616 | Waco, TX 76714
Main 254.776.4190 | Fax 254.776.8489 | jrbt.com

INDEPENDENT AUDITOR'S REPORT

The Plan Administrator
Time Manufacturing Company 401(k) Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Time Manufacturing Company 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), 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 Nationwide Trust Company, FSB, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investments and executes investment transactions. The plan administrator has obtained certifications from the custodian as of and for the years ended December 31, 2019 and 2018, that the information provided to the plan administrator by the custodian 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.

Report on Supplementary Information

The Schedule of Assets (Held at End of Year) as of December 31, 2019 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

October 8, 2020

Time Manufacturing Company 401(k) Plan

Statements of Net Assets Available for Benefits

December 31, 2019 and 2018

	2019	2018
Assets		
Investment contract with an insurance company	$ 20,839,061	11,161,841
Receivables:		
Employers' contributions	372,905	180,594
Notes receivable from participants	84,154	-
Net assets available for benefits	$ 21,296,120	11,342,435

See accompanying notes to financial statements.

Time Manufacturing Company 401(k) Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2019 and 2018

	2019	2018
Additions to net assets attributed to:		
Investment income:		
Net appreciation (depreciation) in fair value of investments	$ 2,529,586	(1,044,239)
Interest and dividends	554,723	348,166
	3,084,309	(696,073)
Interest income on notes receivable from participants	4,791	-
Contributions:		
Employers	378,929	251,051
Participants	1,975,245	1,326,241
Rollovers	1,395	44,830
	2,355,569	1,622,122
Total additions	5,444,669	926,049
Deductions from net assets attributed to:		
Benefits paid to participants	1,065,401	1,347,908
Administrative expenses	202,305	132,841
Total deductions	1,267,706	1,480,749
Net increase (decrease)	4,176,963	(554,700)
Transfers of assets from other plans	5,776,722	3,235,940
Change in net assets available for benefits	9,953,685	2,681,240
Net assets available for benefits, beginning of year	11,342,435	8,661,195
Net assets available for benefits, end of year	$ 21,296,120	11,342,435

See accompanying notes to financial statements.

Time Manufacturing Company 401(k) Plan

Notes to Financial Statements

December 31, 2019 and 2018

(1) Description of Plan

The following description of the Time Manufacturing Company 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined contribution plan covering all full-time employees of Time Manufacturing Company and its subsidiaries, and other affiliated companies (collectively, the "Company") who are age twenty-one or older, excluding union employees and non-resident aliens, and have completed six months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Company mergers and acquisitions, or other events may result in employee benefit plan mergers. According to the relevant plan merger documents, the effective date of a merger is often prior to the actual transfer date of the related plan assets. During 2019, the following plans were merged into the Plan:

Former Plan Name	Date of Transfer In	Amount
Aspen Aerials, Inc. 401(k) Plan	Feburary 8, 2019	$ 3,361,225
Cannon Engineering, Inc. 401(k) Plan	May 9, 2019	1,102,101
MAP, Inc. 401(k) Salary Savings Plan	July 12, 2019	863,575
O.G. Hughes & Sons, Inc. 401(k) Plan	July 12, 2019	449,821
		$ 5,776,722

In accordance with the Plan Document, during 2019, the Plan accepted rollovers of existing loan balances from the plans listed above in the amount of $118,267. Additionally, the transfer of assets from Aspen Aerials, Inc. 401(k) Plan was not fully completed during 2019 due to the twelve month notification period required for the liquidation of its guaranteed fund. During February 2020, the transfer for the guaranteed fund was completed when the Plan received assets of $509,814. Effective January 1, 2018, the Versalift East, LLC 401(k) Retirement Plan was merged into the Plan. During 2018, transfers in from this merger amounted to $3,235,940.

Time Manufacturing Company 401(k) Plan

Notes to Financial Statements
(Continued)

(1) Description of Plan (continued)

(b) Contributions

Each year, participants may contribute up to the maximum amount allowable as determined by the Internal Revenue Service. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. Participants may direct contributions in percentage increments to any one forty-two investment options. The Company contributes a matching contribution of 25% of participant contributions up to a maximum of 8% of compensation. Additional amounts may be contributed at the option of the Company's board of directors. Contributions are subject to certain limitations. Unallocated Company contributions were $372,905 and $180,594 at December 31, 2019 and 2018, respectively.

(c) Participant Accounts

Each participant's account is credited with the participant's contribution, the employer matching contribution, and an allocation of Plan earnings and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(d) Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100 percent vested after five years of credited service. Full vesting in employer contributions also occurs upon death, total disability or retirement at or after age sixty-five.

(e) Payment of Benefits

On termination of service due to death, disability or retirement, a participant receives the value of the participant's vested interest in his or her account as a lump-sum distribution. For termination of service for other reasons, a participant also receives the value of the vested interest in his or her account as a lump-sum distribution.

Time Manufacturing Company 401(k) Plan

Notes to Financial Statements
(Continued)

(2) Summary of Significant Accounting Policies and Practices

(a) Basis of Accounting

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

Investment contracts held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

(b) Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of the Plan's unallocated pooled separate accounts that are carried at net asset value ("NAV") as a practical expedient for fair value.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

(c) Payment of Benefits

Benefits are recorded when paid.

(d) Administrative Expenses

The Plan document allows for the expenses of maintaining the Plan to be satisfied directly out of the Plan's assets. A portion of the administrative expenses of the Plan is paid by the Company. Also, certain transaction charges are paid by the participants involved. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

(2) Summary of Significant Accounting Policies and Practices (continued)

(e) Income Taxes

The Plan recognizes the effect of income tax positions only if those positions are more likely than not of being sustained. Recognized income tax positions are measured at the largest amount that is greater than 50% likely of being realized. Changes in recognition or measurement are reflected in the period in which the change in judgement occurs.

(f) Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

(3) Investment Contract with an Insurance Company

The Plan maintains a group annuity investment contract with Nationwide Life Insurance Company ("Nationwide"). Nationwide maintains all assets of the group annuity investment contract in pooled separate accounts and an unallocated investment contract. The following table presents the reported values of the underlying investments, all of which are participant-directed.

	2019	2018
Investment contract with an insurance company:		
Group Annuity Investment Contract # 436-80840 with Nationwide Life Insurance Company:		
Unallocated pooled separate accounts	$ 19,438,937	9,827,337
Unallocated investment contract	1,400,124	1,334,504
	$ 20,839,061	11,161,841

The following methods and assumptions were used to report the values of the investment contract with an insurance company:

The pooled separate accounts are valued using the net asset value ("NAV") of the units as determined by Nationwide. The NAV is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that Nationwide would sell the underlying investment for an amount different than the reported

(3) Investment Contract with an Insurance Company (continued)

NAV. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the group annuity contract with Nationwide, Nationwide reserves the right to require 60 days notification in order to ensure that securities liquidations will be carried out in an orderly business manner. There are no unfunded commitments as of December 31, 2019.

The unallocated investment contract under the group annuity contract with Nationwide (the Fixed Select Contract) meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. The Fixed Select Contract guarantees a credited rate of return that is adjusted quarterly based on current market conditions and performance of the fund's investments, but may not be less than 0.5%.

There are no reserves against the contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is set quarterly by the issuer and is effective on the first day of the quarter. The Plan must provide a 30-day advance notice of its intent to withdraw from the investment. If the Plan ends its participation in the trust, it will receive the Plan's fair value as surrender value. Certain events limit the Plan's ability to transact at contract value with the issuer. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs) that cause a significant withdrawal from the plan, or (c) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

(4) Information Certified by the Custodians

For 2019 and 2018, the financial information included in the Plan's financial statements, except for employers' contributions receivables, contributions, benefits paid to participants, administrative expenses, and transfers of assets from other plans have been derived from information certified as complete and accurate by the custodian of the Plan, in accordance with Section 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

(5) Components of Net Assets Available for Benefits

Net assets available for benefits may include certain vested and unvested amounts for former participants. At December 31, 2019 and 2018, forfeited nonvested accounts totaled $5,958 and $24,695, respectively. These amounts will be used to reduce employer contributions or to pay future Plan expenses, as defined in the Plan Document. In 2019, forfeitures of $33,264 were utilized to reduce employer contributions. In 2018, forfeitures of $8,785 were utilized for Plan expenses.

(6) Tax Status

The Plan is using a standardized volume submitter profit-sharing plan document. In a letter dated March 31, 2014, the Internal Revenue Service ("IRS") indicated the standardized form of the Plan is acceptable under Section 401 of the Internal Revenue Code (the "Code"). The opinion of the IRS regarding the acceptability of the form of the Plan is not a ruling or determination as to whether the Plan qualifies under Code Section 401(a). Although the Plan has been amended since receiving the acceptability letter, the plan administrator believes the Plan is currently designed and operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

(7) Plan Termination

Although it has not expressed any interest to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their employer contributions.

(8) Party-In-Interest Transactions

The Plan invests in pooled separate accounts and an unallocated investment contract with Nationwide Life Insurance Company, an affiliated company of Nationwide Trust Company FSB. Nationwide Trust Company, FSB is the custodian of the Plan, and therefore, these transactions qualify as party-in-interest transactions. Expenses paid to Nationwide during 2019 and 2018 amounted to $143,373 and $87,656, respectively.

The Plan has not considered Company contributions to the Plan or benefits paid by the Plan to participants as party-in-interest transactions.

(9) Risks and Uncertainties

The Plan's investments are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

(10) Reconciliation of Form 5500 to Financial Statements

A reconciliation of Form 5500 to the accompanying financial statements follows:

		Net Assets Available for Benefits	Change in Net Assets Available for Benefits
As of December 31, 2019			
As reported on Form 5500	$	20,923,215	9,761,129
Adjustment to record current year employers' contributions receivable		372,905	372,905
Adjustment to record prior year employers' contributions receivable		-	(180,349)
As reported on financial statements	$	21,296,120	9,953,685
As of December 31, 2018			
As reported on Form 5500	$	11,162,086	2,507,768
Adjustment to record current year employers' contributions receivable		180,349	180,349
Adjustment to record prior year employers' contributions receivable		-	(6,877)
As reported on financial statements	$	11,342,435	2,681,240

Time Manufacturing Company 401(k) Plan

Notes to Financial Statements
(Continued)

(11) Subsequent Events

As more fully described above in Note 1(a), during February 2020, the Plan received assets of $509,814 to complete the transfer in of the Aspen Aerials, Inc. 401(k) Plan.

As a result of the spread of the COVID-19 coronavirus, certain economic uncertainties have arisen which have resulted in significant volatility in the investment markets, resulting in a decline in the value of the Plan's investments. The duration of these uncertainties and the ultimate financial statement effects cannot be reasonably estimated at this time. Further, the extent of the impact of COVID-19 on the Plan's or the Company's future financial position and results of operations is uncertain and cannot be predicted at this time.

The Plan has evaluated subsequent events from the date of the statement of net assets available for benefits through October 8, 2020, the date at which the financial statements were available to be issued, and determined that there are no other items to disclose.

Supplementary Information

Time Manufacturing Company 401(k) Plan

Schedule H, Line 4.i. – Schedule of Assets (Held at End of Year)

December 31, 2019

Employer identification number: 74-1609717
Plan Number: 001

(a)	(b) Identity of Party	(c) Description of Investment			(e) Current Value
*	Nationwide Life Insurance Company Group Annuity Contract # 436-80840: Pooled separate accounts:				
*	Nationwide Life Insurance Company	American Beacon International Equity	25,128.549	units $	463,873
*	Nationwide Life Insurance Company	Blackrock High Yield Bond Port K	38,850.484	units	302,257
*	Nationwide Life Insurance Company	Blackrock Strategic Income Opportunities I	23,567.271	units	234,966
*	Nationwide Life Insurance Company	Blackrock Total Return K	17,372.671	units	207,256
*	Nationwide Life Insurance Company	Columbia Select Large Cap Growth Institutional 2	23,748.714	units	326,782
*	Nationwide Life Insurance Company	DFA Emerging Markets Core Equity	17,985.323	units	391,540
*	Nationwide Life Insurance Company	DFA Global Real Estate Sec Inst	20,283.157	units	239,138
*	Nationwide Life Insurance Company	DFA Inflation-Protected Securities	186.456	units	2,247
*	Nationwide Life Insurance Company	DFA U.S. Large Cap Value Portfolio Institutional Class	11,000.150	units	425,486
*	Nationwide Life Insurance Company	DFA US Targeted Value Portfolio Inst	10,317.146	units	239,151
*	Nationwide Life Insurance Company	Federal Government Obligations Fund	53,436.629	units	54,354
*	Nationwide Life Insurance Company	Federated Institutional High Yield Bond Fund	26,875.015	units	266,869
*	Nationwide Life Insurance Company	Fidelity S&P 500 Index	26,875.015	units	1,721,049
*	Nationwide Life Insurance Company	Fidelity Four In One Index	26,875.015	units	185,574
*	Nationwide Life Insurance Company	Fidelity International Index	26,875.015	units	396,634
*	Nationwide Life Insurance Company	Fidelity U.S. Bond Index	57,707.484	units	687,296
*	Nationwide Life Insurance Company	Franklin Templeton Global Bond R6	1.373	units	15
*	Nationwide Life Insurance Company	Harbor International Growth Fund Institutional	27,917.534	units	474,319
*	Nationwide Life Insurance Company	Ivy Pictet Emerging Markets Local Current Debt Fund	21,700.917	units	197,695
*	Nationwide Life Insurance Company	JPMorgan Equity Income R5	19,618.308	units	381,772
*	Nationwide Life Insurance Company	Loomis All Capital Growth Fund R6	28,349.963	units	369,967

Time Manufacturing Company 401(k) Plan

Schedule H, Line 4.i. – Schedule of Assets (Held at End of Year) (continued)

Employer identification number: 74-1609717
Plan Number: 001

(a)	(b) Identity of Party	(c) Description of Investment			(e) Current Value
	Group Annuity Contract # 436-80840 (continued): Pooled separate accounts (continued):				
*	Nationwide Life Insurance Company	Nuveen Symphony Credit Opportunity I	0.729	units	$ 15
*	Nationwide Life Insurance Company	PGIM Total Return Bond R6	31,274.314	units	450,976
*	Nationwide Life Insurance Company	Pimco Real Return Institutional Class	26,476.732	units	297,598
*	Nationwide Life Insurance Company	Principal Real Estate Securities Inst Fund	60.350	units	1,677
*	Nationwide Life Insurance Company	TIAA-CREF Lifecycle Index 2010	10,622.877	units	170,072
*	Nationwide Life Insurance Company	TIAA-CREF Lifecycle Index 2015	31,758.045	units	533,218
*	Nationwide Life Insurance Company	TIAA-CREF Lifecycle Index 2020	32,730.805	units	585,881
*	Nationwide Life Insurance Company	TIAA-CREF Lifecycle Index 2025	71,434.597	units	1,356,543
*	Nationwide Life Insurance Company	TIAA-CREF Lifecycle Index 2030	44,684.944	units	898,614
*	Nationwide Life Insurance Company	TIAA-CREF Lifecycle Index 2035	13,662.585	units	289,374
*	Nationwide Life Insurance Company	TIAA-CREF Lifecycle Index 2040	13,838.240	units	303,888
*	Nationwide Life Insurance Company	TIAA-CREF Lifecycle Index 2045	2,187.656	units	48,522
*	Nationwide Life Insurance Company	TIAA-CREF Lifecycle Index 2050	647.993	units	14,444
*	Nationwide Life Insurance Company	TIAA-CREF Lifecycle Index 2055	3,764.758	units	67,276
*	Nationwide Life Insurance Company	TIAA-CREF Lifecycle Index 2060	10,442.951	units	143,591
*	Nationwide Life Insurance Company	TIAA-CREF Lifecycle Institutional	2,034.223	units	30,880
*	Nationwide Life Insurance Company	Vanguard Balanced Index Fund Admiral	80,326.079	units	3,151,192
*	Nationwide Life Insurance Company	Vanguard Developed Markets Index Funds Admiral	25,298.612	units	357,722
*	Nationwide Life Insurance Company	Vanguard Emerging Markets Stock Index Fund Admiral	5,916.229	units	218,605
*	Nationwide Life Insurance Company	Vanguard Explorer Fund Admiral	2,070.399	units	201,264
*	Nationwide Life Insurance Company	Vanguard Growth Index Admiral	4,324.323	units	405,793
*	Nationwide Life Insurance Company	Vanguard Health Care Admiral	57.798	units	5,075
*	Nationwide Life Insurance Company	Vanguard Intermediate Admiral	648.246	units	14,430

Time Manufacturing Company 401(k) Plan

Schedule H, Line 4.i. – Schedule of Assets (Held at End of Year) (continued)

Employer identification number: 74-1609717
Plan Number: 001

(a)	(b) Identity of Party	(c) Description of Investment			(e) Current Value
	Group Annuity Contract # 436-80840 (continued): Pooled separate accounts (continued):				
*	Nationwide Life Insurance Company	Vanguard Mid-Cap Index Fund Investor	3,218.154	units	$ 710,118
*	Nationwide Life Insurance Company	Vanguard Real Estate Index Admiral Fund	1,386.605	units	182,450
*	Nationwide Life Insurance Company	Vanguard Short-Term Bond Index Admiral Fund	30.586	units	323
*	Nationwide Life Insurance Company	Vanguard Short-Term Corporate Bond Index Fund Admiral	8,809.502	units	194,073
*	Nationwide Life Insurance Company	Vanguard Small Cap Index Fund Admiral	6,129.114	units	486,467
*	Nationwide Life Insurance Company	Vanguard Total International Bond Index Admiral	7,677.591	units	173,667
*	Nationwide Life Insurance Company	Vanguard Total International Stock Index Admiral	4.130	units	123
*	Nationwide Life Insurance Company	Vanguard Total Stockmarket Index Admiral	760.948	units	60,640
*	Nationwide Life Insurance Company	Vanguard Value Index Admiral	11,032.667	units	515,998
*	Nationwide Life Insurance Company	Vanguard Wellesley Income Admiral	2.840	units	188
					19,438,937
		Unallocated investment contract:			
*	Nationwide Life Insurance Company	Fixed Select Contract	1,343,964.914	units	1,400,124
		Notes Receivable from Participants:			
*	Participant notes	Interest rates ranging from 3.25% to 6.25%			84,154
					$ 20,923,215

* *Represents a party-in-interest to the Plan*

Time Manufacturing Company 401(k) Plan

Schedule H, Line 4.i. – Schedule of Assets (Held at End of Year)

December 31, 2019

Employer identification number: 74-1609717
Plan Number: 001

(a)	(b) Identity of Party	(c) Description of Investment			(e) Current Value
*	Nationwide Life Insurance Company Group Annuity Contract # 436-80840: Pooled separate accounts:				
*	Nationwide Life Insurance Company	American Beacon International Equity	25,128.549	units $	463,873
*	Nationwide Life Insurance Company	Blackrock High Yield Bond Port K	38,850.484	units	302,257
*	Nationwide Life Insurance Company	Blackrock Strategic Income Opportunities I	23,567.271	units	234,966
*	Nationwide Life Insurance Company	Blackrock Total Return K	17,372.671	units	207,256
*	Nationwide Life Insurance Company	Columbia Select Large Cap Growth Institutional 2	23,748.714	units	326,782
*	Nationwide Life Insurance Company	DFA Emerging Markets Core Equity	17,985.323	units	391,540
*	Nationwide Life Insurance Company	DFA Global Real Estate Sec Inst	20,283.157	units	239,138
*	Nationwide Life Insurance Company	DFA Inflation-Protected Securities	186.456	units	2,247
*	Nationwide Life Insurance Company	DFA U.S. Large Cap Value Portfolio Institutional Class	11,000.150	units	425,486
*	Nationwide Life Insurance Company	DFA US Targeted Value Portfolio Inst	10,317.146	units	239,151
*	Nationwide Life Insurance Company	Federal Government Obligations Fund	53,436.629	units	54,354
*	Nationwide Life Insurance Company	Federated Institutional High Yield Bond Fund	26,875.015	units	266,869
*	Nationwide Life Insurance Company	Fidelity S&P 500 Index	26,875.015	units	1,721,049
*	Nationwide Life Insurance Company	Fidelity Four In One Index	26,875.015	units	185,574
*	Nationwide Life Insurance Company	Fidelity International Index	26,875.015	units	396,634
*	Nationwide Life Insurance Company	Fidelity U.S. Bond Index	57,707.484	units	687,296
*	Nationwide Life Insurance Company	Franklin Templeton Global Bond R6	1.373	units	15
*	Nationwide Life Insurance Company	Harbor International Growth Fund Institutional	27,917.534	units	474,319
*	Nationwide Life Insurance Company	Ivy Pictet Emerging Markets Local Current Debt Fund	21,700.917	units	197,695
*	Nationwide Life Insurance Company	JPMorgan Equity Income R5	19,618.308	units	381,772
*	Nationwide Life Insurance Company	Loomis All Capital Growth Fund R6	28,349.963	units	369,967

Time Manufacturing Company 401(k) Plan

Schedule H, Line 4.i. – Schedule of Assets (Held at End of Year) (continued)

Employer identification number: 74-1609717
Plan Number: 001

(a)	(b) Identity of Party	(c) Description of Investment			(e) Current Value
	Group Annuity Contract # 436-80840 (continued): Pooled separate accounts (continued):				
*	Nationwide Life Insurance Company	Nuveen Symphony Credit Opportunity I	0.729	units	$ 15
*	Nationwide Life Insurance Company	PGIM Total Return Bond R6	31,274.314	units	450,976
*	Nationwide Life Insurance Company	Pimco Real Return Institutional Class	26,476.732	units	297,598
*	Nationwide Life Insurance Company	Principal Real Estate Securities Inst Fund	60.350	units	1,677
*	Nationwide Life Insurance Company	TIAA-CREF Lifecycle Index 2010	10,622.877	units	170,072
*	Nationwide Life Insurance Company	TIAA-CREF Lifecycle Index 2015	31,758.045	units	533,218
*	Nationwide Life Insurance Company	TIAA-CREF Lifecycle Index 2020	32,730.805	units	585,881
*	Nationwide Life Insurance Company	TIAA-CREF Lifecycle Index 2025	71,434.597	units	1,356,543
*	Nationwide Life Insurance Company	TIAA-CREF Lifecycle Index 2030	44,684.944	units	898,614
*	Nationwide Life Insurance Company	TIAA-CREF Lifecycle Index 2035	13,662.585	units	289,374
*	Nationwide Life Insurance Company	TIAA-CREF Lifecycle Index 2040	13,838.240	units	303,888
*	Nationwide Life Insurance Company	TIAA-CREF Lifecycle Index 2045	2,187.656	units	48,522
*	Nationwide Life Insurance Company	TIAA-CREF Lifecycle Index 2050	647.993	units	14,444
*	Nationwide Life Insurance Company	TIAA-CREF Lifecycle Index 2055	3,764.758	units	67,276
*	Nationwide Life Insurance Company	TIAA-CREF Lifecycle Index 2060	10,442.951	units	143,591
*	Nationwide Life Insurance Company	TIAA-CREF Lifecycle Institutional	2,034.223	units	30,880
*	Nationwide Life Insurance Company	Vanguard Balanced Index Fund Admiral	80,326.079	units	3,151,192
*	Nationwide Life Insurance Company	Vanguard Developed Markets Index Funds Admiral	25,298.612	units	357,722
*	Nationwide Life Insurance Company	Vanguard Emerging Markets Stock Index Fund Admiral	5,916.229	units	218,605
*	Nationwide Life Insurance Company	Vanguard Explorer Fund Admiral	2,070.399	units	201,264
*	Nationwide Life Insurance Company	Vanguard Growth Index Admiral	4,324.323	units	405,793
*	Nationwide Life Insurance Company	Vanguard Health Care Admiral	57.798	units	5,075
*	Nationwide Life Insurance Company	Vanguard Intermediate Admiral	648.246	units	14,430

Time Manufacturing Company 401(k) Plan

Schedule H, Line 4.i. – Schedule of Assets (Held at End of Year) (continued)

Employer identification number: 74-1609717
Plan Number: 001

(a)	(b) Identity of Party	(c) Description of Investment			(e) Current Value
	Group Annuity Contract # 436-80840 (continued): Pooled separate accounts (continued):				
*	Nationwide Life Insurance Company	Vanguard Mid-Cap Index Fund Investor	3,218.154	units	$ 710,118
*	Nationwide Life Insurance Company	Vanguard Real Estate Index Admiral Fund	1,386.605	units	182,450
*	Nationwide Life Insurance Company	Vanguard Short-Term Bond Index Admiral Fund	30.586	units	323
*	Nationwide Life Insurance Company	Vanguard Short-Term Corporate Bond Index Fund Admiral	8,809.502	units	194,073
*	Nationwide Life Insurance Company	Vanguard Small Cap Index Fund Admiral	6,129.114	units	486,467
*	Nationwide Life Insurance Company	Vanguard Total International Bond Index Admiral	7,677.591	units	173,667
*	Nationwide Life Insurance Company	Vanguard Total International Stock Index Admiral	4.130	units	123
*	Nationwide Life Insurance Company	Vanguard Total Stockmarket Index Admiral	760.948	units	60,640
*	Nationwide Life Insurance Company	Vanguard Value Index Admiral	11,032.667	units	515,998
*	Nationwide Life Insurance Company	Vanguard Wellesley Income Admiral	2.840	units	188
					19,438,937
		Unallocated investment contract:			
*	Nationwide Life Insurance Company	Fixed Select Contract	1,343,964.914	units	1,400,124
		Notes Receivable from Participants:			
*	Participant notes	Interest rates ranging from 3.25% to 6.25%			84,154
					$ 20,923,215

* *Represents a party-in-interest to the Plan*