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
GUARDIAN ELECTRIC MANUFACTURING COMPANY EMPLOYEES SAVINGS AND RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1990

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)
GUARDIAN ELECTRIC MANUFACTURING COMPANY

CECILIA RAKIEWICZ

1425 LAKE AVENUE
WOODSTOCK, IL 60098

2b Employer Identification Number (EIN) 36-2886470

2c Plan Sponsor's telephone number 815-334-3695

2d Business code (see instructions) 326200

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.	10/14/2020	CECILIA RAKIEWICZ
	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**	251
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)**	197
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	185
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	43
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	229
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f	Total. Add lines **6d** and **6e**.	**6f**	231
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	205
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	20
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 2T 3D 3H

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 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
GUARDIAN ELECTRIC MANUFACTURING COMPANY EMPLOYEES SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-2886470

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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)

AMERICAN COMMUNITY WEALTH

74-3257476

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	29741	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	2100	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 [ ]

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
AF GRTH FUND AMER R4 - AMERICAN FU 95-2566717	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
AMCENT INFL-ADJBD IV - AMERICAN CE 44-0619208	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
BNYM INST S&P500 I - BNY MELLON TR	DREYFUS TRANSFER INC 200 PARK AVENUE NEW YORK, NY 10166	0.15%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
BNYM SMCP ST IDX INV - BNY MELLON DREYFUS TRANSFER INC 200 PARK AVENUE NEW YORK, NY 10166	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
BR ADV LG CAP GR A - BNY MELLON IN P.O. BOX 9793 PROVIDENCE, RI 02940	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
FKLN RISING DIVS ADV - FRANKLIN TE 94-3167260	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
FKLN SM CAP VALUE A - FRANKLIN TEM 94-3167260	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
FKLN STRAT INC ADV - FRANKLIN TEMP 94-3167260	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
I O DEVELOP MKT Y - INVESCO INVEST 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
TRP INTL EQUITY INDX - T. ROWE PRI 52-2269240	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
WA CORE BOND A - BNY MELLON INVEST	P.O. BOX 9793 PROVIDENCE, RI 02940	0.25%

(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
GUARDIAN ELECTRIC MANUFACTURING COMPANY EMPLOYEES SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
GUARDIAN ELECTRIC MANUFACTURING COMPANY

D Employer Identification Number (EIN)
36-2886470

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: FA STABLE VALUE I

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-026	C	984996

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

a Plan name	
b Name of plan sponsor	**c** EIN-PN

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
GUARDIAN ELECTRIC MANUFACTURING COMPANY EMPLOYEES SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-2886470

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	30266	33949
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	285866	297612
(9) Value of interest in common/collective trusts	1c(9)	1309737	984996
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6587445	7425236
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	8213314	8741793
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
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	8213314	8741793

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)	151813	
	(B) Participants	2a(1)(B)	434569	
	(C) Others (including rollovers)	2a(1)(C)	13154	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		599536
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	414	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	16620	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		17034
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	461047	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		461047
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(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)	0	
	(B) Other	2b(5)(B)	0	
	(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)		47909
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		989317
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		2114843
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1554523	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1554523
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	31841	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		31841
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1586364
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		528479
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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: EDER, CASELLA & COMPANY (2) EIN: 36-3614997

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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
GUARDIAN ELECTRIC MANUFACTURING COMPANY EMPLOYEES SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-2886470

Part I Distributions

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

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

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

EIN(s): 04-6568107

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_____

ec&co
815.344.1300 mchenry
847.382.3366 barrington
847.336.6455 gurnee
www.edercasella.com

eder, casella & co

GUARDIAN ELECTRIC
MANUFACTURING COMPANY
EMPLOYEES SAVINGS AND RETIREMENT PLAN

AUDITED FINANCIAL STATEMENTS

DECEMBER 31, 2019

GUARDIAN ELECTRIC
MANUFACTURING COMPANY
EMPLOYEES SAVINGS AND RETIREMENT PLAN

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DECEMBER 31, 2019

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INDEPENDENT AUDITOR'S REPORT

Plan Administrator of
The Guardian Electric Manufacturing Company
Employees Savings and Retirement Plan
Woodstock, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Guardian Electric Manufacturing Company Employees Savings and Retirement Plan (a defined contribution retirement plan), which comprise the Statements of Net Assets Available for Benefits as of December 31, 2019 and 2018, and the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2019, and the related Notes to the Financial Statements.

Management's Responsibility for the Financial Statements

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

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 (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 Fidelity Management Trust Company, the trustee of the plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2019 and 2018 and for the year ended December 31, 2019, that the information provided to the plan administrator by the trustee is complete and accurate.

eder, casella & co

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.

Other Matter

The supplemental schedules, Schedule of Assets (Held at End of Year) as of December 31, 2019, and Schedule of Delinquent Participant Contributions for the year ended December 31, 2019 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA 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 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Eder, Casella & Co.
EDER, CASELLA & CO.
Certified Public Accountants

McHenry, Illinois
October 7, 2020

Guardian Electric Manufacturing Company Employees Savings and Retirement Plan
Statement of Net Assets Available for Benefits
December 31, 2019 and 2018

	2019	2018
Assets		
Investments at fair value		
Mutual funds	$ 7,459,184	$ 6,617,711
Stable value fund	970,515	1,323,314
Total investments at fair value	$ 8,429,699	$ 7,941,025
Receivables (net of allowance of $0):		
Notes receivable from participants	$ 297,612	$ 285,866
Total Receivables	$ 297,612	$ 285,866
Total Assets	$ 8,727,311	$ 8,226,891
Total Liabilities	$ -	$ -
Net Assets Available for Benefits	$ 8,727,311	$ 8,226,891

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

Guardian Electric Manufacturing Company Employees Savings and Retirement Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2019

Additions	
Investment income:	
Interest and dividends	$ 461,461
Net appreciation in fair value of investments	1,009,166
	$ 1,470,627
Interest income on notes receivable from participants	$ 16,620
Contributions:	
Employer's	$ 151,813
Participants'	434,569
Rollovers	13,154
	$ 599,536
Total Additions	$ 2,086,783
Deductions	
Benefits paid to participants	$ 1,554,523
Administrative expenses	31,840
Total Deductions	$ 1,586,363
Net Increase/(Decrease) During Year	$ 500,420
Net Assets Available for Benefits, Beginning of Year	8,226,891
Net Assets Available for Benefits, End of Year	$ 8,727,311

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

GUARDIAN ELECTRIC MANUFACTURING COMPANY
EMPLOYEES SAVINGS AND RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the Guardian Electric Manufacturing Company Employees Savings and Retirement Plan (Plan), formerly known as Western Consolidated Technologies, Inc. Non-Union Employee Savings and Retirement Plan and Guardian Electric Manufacturing Company Non-Union Employee Savings and Retirement Plan, provides only general information. Reference should be made to the plan agreement and "Summary Plan Description" for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan sponsored by Guardian Electric Manufacturing Company (Sponsor). Western Technologies, Inc. was the former plan sponsor. Non-union employees of the Sponsor and related companies, Western Consolidated Technologies, Inc., Advanced Molding Technology, Inc., Flex-Weld, Inc., and Guardian Electric Manufacturing Company, are allowed to participate in the Plan. All of the companies named above (collectively referred to as the Company) are direct or indirect majority owned subsidiaries of Kelco Industries, Inc.

On October 4, 2004, the Western Consolidated Technologies Inc. Teamsters Local 7 Union Employees Savings and Retirement Plan was merged into the Plan. After that date, union employees of the Company were allowed to participate in the Plan. The union was dissolved in 2006.

Employees attaining the age of 18 become eligible to participate on the first day of the month following their completion of thirty days of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Once deferring, participants are immediately eligible to receive an employer matching contribution.

To be eligible for the non-elective contribution (if any is made), a participant must be employed on the last day of the Plan year and have 1,000 hours of service during the Plan year.

Contributions

The Plan was amended as of October 15, 2007 to allow for automatic enrollment contributions. Unless an eligible employee elects to opt out, automatic deferral of 3% will begin after thirty days of service, with a minimum increase of 1% per year in subsequent years. Plan participants may defer up to 70% of their annual compensation, as defined in the Plan's document, subject to certain limitations as specified in the Internal Revenue Code. The Plan also allows for catch-up contributions for participants who have attained age 50 before the close of the Plan year. The Company may elect to make matching and non-elective contributions to the Plan. All Company contributions are discretionary. The Company matching contribution for the year ended December 31, 2019 was 50% of the first 6% of deferred compensation. There was no non-elective contribution made to the Plan for the year ended December 31, 2019.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings, and charged with direct expenses incurred by each participant.

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.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service as follows:

YEARS OF VESTING SERVICE	PERCENTAGE VESTED
1	20%
2	40%
3	60%
4	80%

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their vested account balance, whichever is less. The notes are secured by the balance in the participant's account and bear interest based on the prevailing interest rates charged by persons in the business of lending money under similar circumstances (5.75%-6.50% in 2019 and 5.50%-6.25% 2018). Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

Upon termination of service due to death, disability, or retirement, a participant will be 100% vested and may elect to have their benefits paid in a lump sum, installments, or annuity payments. A participant may request a distribution from the participant's salary deferral accounts to meet an immediate financial hardship, pursuant to guidelines established by the Internal Revenue Service, or at attainment of age 59 ½. For termination of services due to other reasons, a participant may elect to have their vested benefits paid in a lump sum, installment payments, or annuities.

Forfeited Accounts

Forfeitures are used to reduce employer contributions payable to the Plan. The Sponsor used forfeitures of $13,027 in 2019 and $9,639 in 2018 to offset the discretionary matching contribution. At December 31, 2019 and 2018, forfeited non-vested accounts totaled $11,777 and $5,958 respectively.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting.

Investments 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 that 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.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from these estimates.

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 fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balances plus any accrued, but unpaid, interest. Related fees are charged directly to the borrowing participant's account and are included in administrative expense when incurred. As of December 31, 2019 and 2018, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the Plan administrator considers the loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a distribution based upon the terms of the Plan document.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Administrative Expenses

Except for loan origination fees associated with notes receivable from participants, administrative expenses of maintaining the plan not paid by the Plan sponsor, are paid by the Plan.

NOTE 3 - FAIR VALUE MEASUREMENTS

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There are no plan assets requiring the use of Level 2 or Level 3 inputs for the periods presented.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares as reported by the fund. The mutual funds held by the Plan are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded. The fair values of common stocks are based on the closing price reported on the active market where the individual securities are traded.

Investments in common/collective trusts are valued using the net asset value of the shares held by the Plan at year-end, which is based on the value of the underlying investments using information reported by the investment advisor at year-end.

The following table sets forth by level, within the fair value hierarchy, the Plan's fair value measurements at December 31, 2019 and 2018:

	Assets at Fair Value	
	Level 1	Total
December 31, 2019		
Mutual Funds	$ 7,459,184	$ 7,459,184
Total assets in the fair value hierarchy	$ 7,459,184	$ 7,459,184
Investments measured at net asset value (a)	-	970,515
Investments at fair value	$ 7,459,184	$ 8,429,699
December 31, 2018		
Mutual Funds	$ 6,617,711	$ 6,617,711
Total assets in the fair value hierarchy	$ 6,617,711	$ 6,617,711
Investments measured at net asset value (a)	-	1,323,314
Investments at fair value	$ 6,617,711	$ 7,941,025

(a) Certain investments that were measured at net asset value per share have not been classified in the fair value hierarchy. Their fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

The following table summarizes the investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2019 and December 31, 2018, respectively. There are no participant redemption restrictions for eligible withdrawals from these investments; the redemption notice period is applicable only to the Plan.

	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Available)	Redemption Notice Period
December 31, 2019				
Fidelity Stable Value Fund	$ 970,515	None	Daily	12 months
December 31, 2018				
Fidelity Stable Value Fund	$ 1,323,314	None	Daily	12 months

NOTE 4 - INFORMATION PROVIDED OR CERTIFIED BY FIDELITY

The December 31, 2019 and 2018 Statements of Net Assets Available for Benefits, the investment activities included on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2019, and the accompanying Notes to the Financial Statements

were prepared in part or entirely from information certified by the Trustee in accordance with 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 information certified includes:

	2019	2018
Investments at fair value:		
Interest in registered investment companies (e.g. mutual funds)	$ 7,459,184	$ 6,617,712
Investments at contract value:		
Stable value collective trust fund	$ 970,515	$ 1,323,314
Investment income:		
Interest on notes receivable from participants	$ 16,620	$ 11,633
Interest and dividends	461,461	622,145
Net investment gain/(loss) from registered investment companies (e.g. mutual funds)	1,009,166	(1,060,846)

NOTE 5 - PLAN TERMINATION

Although it has not expressed any intent 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% vested in the company contribution portion of their accounts.

NOTE 6 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of Net Assets Available for Benefits per the financial statements at December 31, 2019 and 2018 to Schedule H of Form 5500:

	2019	2018
Net Assets Available for Benefits per the financial statements	$ 8,727,311	$ 8,226,891
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	14,482	(13,577)
Net Assets Available for Benefits per the Form 5500	$ 8,741,793	$ 8,213,314

The following is a reconciliation of net change according to the financial statements to the Form 5500 for the year ended December 31, 2019:

Net change per the financial statements	$ 500,420
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	28,059
Net change per Form 5500	$ 528,479

NOTE 7 - RELATED PARTY TRANSACTIONS

Certain Plan investments are managed by Fidelity, the trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Administrative fees paid to Fidelity were $2,100 in 2019. These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 8 - TAX STATUS

The Internal Revenue Service (IRS) has determined and informed Fidelity Management & Research Company, the Plan's 401(k) Service Provider/Record Keeper, by a letter dated March 31, 2014, that the volume submitter profit sharing plan, which the Plan adopted, is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2016.

N**OTE 9 - RISKS AND UNCERTAINTIES**

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

NOTE 10 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 7, 2020 the date on which the financial statements were available to be issued, and noted the following:

On October 22, 2019 the Plan has been amended and the following changes were made, effective January 1, 2020:

- Nonelective employer contributions will require a 3 months of eligibility service requirement for nonunion employees. Nonelective employer contributions will require at least one year, including at least 1,000 hours of service during the eligibility computation period for union employees.

- Automatic enrollment will be subject to an initial pre-tax deferral contribution of 6% for newly eligible employees 35 days after the date of hire and active participants if they are without a deferral election on file and were hired on or after 10/15/2007. Employees having a reemployment commencement date will not be automatically enrolled.

- Participants with a deferral rate greater than zero will have their deferral increased annually by 1% as a pretax deferral contribution. This applies to participants automatically enrolled as noted above, and it will occur each year on January 1st, except for the first annual increase which will not apply within the first six months following the date of the automatic enrollment.

On October 22, 2019 the plan has been amended to include an updated Appendix A – Permissible Investment Options, effective January 1, 2020. The following have been revised: the investments options permissible to participants; investment of forfeiture accounts; Fidelity Advisor Freedom Fund default service; registered investment advisor service; and participant disclosure service.

Prior to the date of this report, the COVID-19 outbreak in the United States has created disruptions in various businesses and will continue to impact these entities. While the disruption is currently expected to be temporary, there is considerable uncertainty around the duration of time. The extent of the impact on the Plan is uncertain and cannot be reasonably estimated at this time.

SUPPLEMENTAL INFORMATION

Guardian Electric Manufacturing Company Employees Savings and Retirement Plan
EIN#36-2886470, Plan #001
Schedule H, line 4i—Schedule of Assets (Held At End of Year)
December 31, 2019

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	2019 (e) Current value
	Mutual Funds:			
	BNY Mellon	BNY Mellon Small Cap Stock Index Fund Investor Shares	**	$ 16,827
	Oppenheimer	Oppenheimer Developing Markets Fund Class Y	**	13,787
	BNY Mellon	BNY Mellon Institutional S&P500 Stock Index Fund Class I	**	288,404
	Franklin Templeton	Franklin Small Cap Value Fund Class A	**	144,270
	American Funds	American Funds Growth Fund of America R4	**	34,989
	BNY Mellon	Blackrock Advisor Large Cap Gr. A	**	13,146
	American Century	American Century Investments Inflation Adjusted Bond Fund	**	370
	Western Asset Management	Western Asset Core Bond Fund: Class A	**	83,418
	Franklin Templeton	Franklin Rising Dividends Fund Advisor Class	**	91,058
	Franklin Templeton	Franklin Strategic Income Fund Class Advisor	**	142,047
	T. Rowe Price	T. Rowe Price International Equity Index Fund	**	412
*	Fidelity Management Trust Company	Fidelity Government Money Market Fund - Daily Money Class	**	33,949
*	Fidelity Management Trust Company	Fidelity Advisor Equity Income Fund: Class I	**	38,847
*	Fidelity Management Trust Company	Fidelity Advisor Equity Growth Fund: Class I	**	159,301
*	Fidelity Management Trust Company	Fidelity Advisor Leveraged Company Stock Fund: Class I	**	109,206
*	Fidelity Management Trust Company	Fidelity Advisor High Income Advantage Fund: Class A	**	120,002
*	Fidelity Management Trust Company	Fidelity Advisor Small Cap Fund: Class I	**	102,170
*	Fidelity Management Trust Company	Fidelity Advisor Dividend Growth Fund: Class I	**	305,087
*	Fidelity Management Trust Company	Fidelity Advisor Diversified International Fund: Class I	**	96,909
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2010 Fund: Class I	**	26,233
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2020 Fund: Class I	**	1,477,357
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2030 Fund: Class I	**	1,260,540
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2040 Fund: Class I	**	578,585
*	Fidelity Management Trust Company	Fidelity Advisor Freedom Income Fund: Class I	**	169,283
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2005 Fund: Class I	**	3,195
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2015 Fund: Class I	**	65,741
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2025 Fund: Class I	**	855,003
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2035 Fund: Class I	**	588,014
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2045 Fund: Class I	**	242,338
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2050 Fund: Class I	**	71,052
*	Fidelity Management Trust Company	Fidelity US Bond Index	**	425
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2055 Fund Inst	**	85,439
*	Fidelity Management Trust Company	Fidelity Mid Cap index	**	62,048
*	Fidelity Management Trust Company	Fidelity Small Cap Index	**	84,477
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2060 Fund Inst	**	33,724
*	Fidelity Management Trust Company	Fidelity Large Cap Growth Index	**	61,014
*	Fidelity Management Trust Company	Fidelity Large Cap Value Index	**	518
				$ 7,459,185
	Common Collective Trust:			
*	Fidelity Management Trust Company	Fidelity Advisor Stable Value Fund - at Fair Value	**	984,996
*	Participant Loans	Rate of Interest 5.75% - 6.50%	-	297,612
				$ 8,741,793

* Denotes party-in-interest
** Investment is participant directed, therefore historical cost is not required.

See Accompanying Independent Auditor's Report

Guardian Electric Manufacturing Company Employees Savings and Retirement Plan
EIN#36-2886470, Plan #001
Schedule H Line 4a - Schedule of Delinquent Participant Contributions
December 31, 2019

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	$ -	$ 190,219	$ -	

See Accompanying Independent Auditor's Report

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GUARDIAN ELECTRIC
MANUFACTURING COMPANY
EMPLOYEES SAVINGS AND RETIREMENT PLAN

AUDITED FINANCIAL STATEMENTS

DECEMBER 31, 2019

GUARDIAN ELECTRIC
MANUFACTURING COMPANY
EMPLOYEES SAVINGS AND RETIREMENT PLAN

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DECEMBER 31, 2019

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INDEPENDENT AUDITOR'S REPORT

Plan Administrator of
The Guardian Electric Manufacturing Company
Employees Savings and Retirement Plan
Woodstock, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Guardian Electric Manufacturing Company Employees Savings and Retirement Plan (a defined contribution retirement plan), which comprise the Statements of Net Assets Available for Benefits as of December 31, 2019 and 2018, and the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2019, and the related Notes to the Financial Statements.

Management's Responsibility for the Financial Statements

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

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 (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 Fidelity Management Trust Company, the trustee of the plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2019 and 2018 and for the year ended December 31, 2019, that the information provided to the plan administrator by the trustee is complete and accurate.

eder, casella & co

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.

Other Matter

The supplemental schedules, Schedule of Assets (Held at End of Year) as of December 31, 2019, and Schedule of Delinquent Participant Contributions for the year ended December 31, 2019 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA 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 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Eder, Casella & Co.
EDER, CASELLA & CO.
Certified Public Accountants

McHenry, Illinois
October 7, 2020

Guardian Electric Manufacturing Company Employees Savings and Retirement Plan
Statement of Net Assets Available for Benefits
December 31, 2019 and 2018

	2019	2018
Assets		
Investments at fair value		
Mutual funds	$ 7,459,184	$ 6,617,711
Stable value fund	970,515	1,323,314
Total investments at fair value	$ 8,429,699	$ 7,941,025
Receivables (net of allowance of $0):		
Notes receivable from participants	$ 297,612	$ 285,866
Total Receivables	$ 297,612	$ 285,866
Total Assets	$ 8,727,311	$ 8,226,891
Total Liabilities	$ -	$ -
Net Assets Available for Benefits	$ 8,727,311	$ 8,226,891

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

Guardian Electric Manufacturing Company Employees Savings and Retirement Plan
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2019

Additions	
Investment income:	
Interest and dividends	$ 461,461
Net appreciation in fair value of investments	1,009,166
	$ 1,470,627
Interest income on notes receivable from participants	$ 16,620
Contributions:	
Employer's	$ 151,813
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Deductions	
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Total Deductions	$ 1,586,363
Net Increase/(Decrease) During Year	$ 500,420
Net Assets Available for Benefits, Beginning of Year	8,226,891
Net Assets Available for Benefits, End of Year	$ 8,727,311

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

GUARDIAN ELECTRIC MANUFACTURING COMPANY
EMPLOYEES SAVINGS AND RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2019

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the Guardian Electric Manufacturing Company Employees Savings and Retirement Plan (Plan), formerly known as Western Consolidated Technologies, Inc. Non-Union Employee Savings and Retirement Plan and Guardian Electric Manufacturing Company Non-Union Employee Savings and Retirement Plan, provides only general information. Reference should be made to the plan agreement and "Summary Plan Description" for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan sponsored by Guardian Electric Manufacturing Company (Sponsor). Western Technologies, Inc. was the former plan sponsor. Non-union employees of the Sponsor and related companies, Western Consolidated Technologies, Inc., Advanced Molding Technology, Inc., Flex-Weld, Inc., and Guardian Electric Manufacturing Company, are allowed to participate in the Plan. All of the companies named above (collectively referred to as the Company) are direct or indirect majority owned subsidiaries of Kelco Industries, Inc.

On October 4, 2004, the Western Consolidated Technologies Inc. Teamsters Local 7 Union Employees Savings and Retirement Plan was merged into the Plan. After that date, union employees of the Company were allowed to participate in the Plan. The union was dissolved in 2006.

Employees attaining the age of 18 become eligible to participate on the first day of the month following their completion of thirty days of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Once deferring, participants are immediately eligible to receive an employer matching contribution.

To be eligible for the non-elective contribution (if any is made), a participant must be employed on the last day of the Plan year and have 1,000 hours of service during the Plan year.

Contributions

The Plan was amended as of October 15, 2007 to allow for automatic enrollment contributions. Unless an eligible employee elects to opt out, automatic deferral of 3% will begin after thirty days of service, with a minimum increase of 1% per year in subsequent years. Plan participants may defer up to 70% of their annual compensation, as defined in the Plan's document, subject to certain limitations as specified in the Internal Revenue Code. The Plan also allows for catch-up contributions for participants who have attained age 50 before the close of the Plan year. The Company may elect to make matching and non-elective contributions to the Plan. All Company contributions are discretionary. The Company matching contribution for the year ended December 31, 2019 was 50% of the first 6% of deferred compensation. There was no non-elective contribution made to the Plan for the year ended December 31, 2019.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings, and charged with direct expenses incurred by each participant.

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.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of continuous service as follows:

YEARS OF VESTING SERVICE	PERCENTAGE VESTED
1	20%
2	40%
3	60%
4	80%

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50% of their vested account balance, whichever is less. The notes are secured by the balance in the participant's account and bear interest based on the prevailing interest rates charged by persons in the business of lending money under similar circumstances (5.75%-6.50% in 2019 and 5.50%-6.25% 2018). Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

Upon termination of service due to death, disability, or retirement, a participant will be 100% vested and may elect to have their benefits paid in a lump sum, installments, or annuity payments. A participant may request a distribution from the participant's salary deferral accounts to meet an immediate financial hardship, pursuant to guidelines established by the Internal Revenue Service, or at attainment of age 59 ½. For termination of services due to other reasons, a participant may elect to have their vested benefits paid in a lump sum, installment payments, or annuities.

Forfeited Accounts

Forfeitures are used to reduce employer contributions payable to the Plan. The Sponsor used forfeitures of $13,027 in 2019 and $9,639 in 2018 to offset the discretionary matching contribution. At December 31, 2019 and 2018, forfeited non-vested accounts totaled $11,777 and $5,958 respectively.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting.

Investments 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 that 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.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from these estimates.

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 fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balances plus any accrued, but unpaid, interest. Related fees are charged directly to the borrowing participant's account and are included in administrative expense when incurred. As of December 31, 2019 and 2018, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the Plan administrator considers the loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a distribution based upon the terms of the Plan document.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Administrative Expenses

Except for loan origination fees associated with notes receivable from participants, administrative expenses of maintaining the plan not paid by the Plan sponsor, are paid by the Plan.

NOTE 3 - FAIR VALUE MEASUREMENTS

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. There are no plan assets requiring the use of Level 2 or Level 3 inputs for the periods presented.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares as reported by the fund. The mutual funds held by the Plan are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded. The fair values of common stocks are based on the closing price reported on the active market where the individual securities are traded.

Investments in common/collective trusts are valued using the net asset value of the shares held by the Plan at year-end, which is based on the value of the underlying investments using information reported by the investment advisor at year-end.

The following table sets forth by level, within the fair value hierarchy, the Plan's fair value measurements at December 31, 2019 and 2018:

	Assets at Fair Value	
	Level 1	Total
December 31, 2019		
Mutual Funds	$ 7,459,184	$ 7,459,184
Total assets in the fair value hierarchy	$ 7,459,184	$ 7,459,184
Investments measured at net asset value (a)	-	970,515
Investments at fair value	$ 7,459,184	$ 8,429,699
December 31, 2018		
Mutual Funds	$ 6,617,711	$ 6,617,711
Total assets in the fair value hierarchy	$ 6,617,711	$ 6,617,711
Investments measured at net asset value (a)	-	1,323,314
Investments at fair value	$ 6,617,711	$ 7,941,025

(a) Certain investments that were measured at net asset value per share have not been classified in the fair value hierarchy. Their fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

The following table summarizes the investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2019 and December 31, 2018, respectively. There are no participant redemption restrictions for eligible withdrawals from these investments; the redemption notice period is applicable only to the Plan.

	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Available)	Redemption Notice Period
December 31, 2019				
Fidelity Stable Value Fund	$ 970,515	None	Daily	12 months
December 31, 2018				
Fidelity Stable Value Fund	$ 1,323,314	None	Daily	12 months

NOTE 4 - INFORMATION PROVIDED OR CERTIFIED BY FIDELITY

The December 31, 2019 and 2018 Statements of Net Assets Available for Benefits, the investment activities included on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2019, and the accompanying Notes to the Financial Statements

were prepared in part or entirely from information certified by the Trustee in accordance with 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 information certified includes:

	2019	2018
Investments at fair value:		
Interest in registered investment companies (e.g. mutual funds)	$ 7,459,184	$ 6,617,712
Investments at contract value:		
Stable value collective trust fund	$ 970,515	$ 1,323,314
Investment income:		
Interest on notes receivable from participants	$ 16,620	$ 11,633
Interest and dividends	461,461	622,145
Net investment gain/(loss) from registered investment companies (e.g. mutual funds)	1,009,166	(1,060,846)

NOTE 5 - PLAN TERMINATION

Although it has not expressed any intent 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% vested in the company contribution portion of their accounts.

NOTE 6 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of Net Assets Available for Benefits per the financial statements at December 31, 2019 and 2018 to Schedule H of Form 5500:

	2019	2018
Net Assets Available for Benefits per the financial statements	$ 8,727,311	$ 8,226,891
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	14,482	(13,577)
Net Assets Available for Benefits per the Form 5500	$ 8,741,793	$ 8,213,314

The following is a reconciliation of net change according to the financial statements to the Form 5500 for the year ended December 31, 2019:

Net change per the financial statements	$ 500,420
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	28,059
Net change per Form 5500	$ 528,479

NOTE 7 - RELATED PARTY TRANSACTIONS

Certain Plan investments are managed by Fidelity, the trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Administrative fees paid to Fidelity were $2,100 in 2019. These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 8 - TAX STATUS

The Internal Revenue Service (IRS) has determined and informed Fidelity Management & Research Company, the Plan's 401(k) Service Provider/Record Keeper, by a letter dated March 31, 2014, that the volume submitter profit sharing plan, which the Plan adopted, is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2016.

N**OTE 9 - RISKS AND UNCERTAINTIES**

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

NOTE 10 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 7, 2020 the date on which the financial statements were available to be issued, and noted the following:

On October 22, 2019 the Plan has been amended and the following changes were made, effective January 1, 2020:

- Nonelective employer contributions will require a 3 months of eligibility service requirement for nonunion employees. Nonelective employer contributions will require at least one year, including at least 1,000 hours of service during the eligibility computation period for union employees.

- Automatic enrollment will be subject to an initial pre-tax deferral contribution of 6% for newly eligible employees 35 days after the date of hire and active participants if they are without a deferral election on file and were hired on or after 10/15/2007. Employees having a reemployment commencement date will not be automatically enrolled.

- Participants with a deferral rate greater than zero will have their deferral increased annually by 1% as a pretax deferral contribution. This applies to participants automatically enrolled as noted above, and it will occur each year on January 1st, except for the first annual increase which will not apply within the first six months following the date of the automatic enrollment.

On October 22, 2019 the plan has been amended to include an updated Appendix A – Permissible Investment Options, effective January 1, 2020. The following have been revised: the investments options permissible to participants; investment of forfeiture accounts; Fidelity Advisor Freedom Fund default service; registered investment advisor service; and participant disclosure service.

Prior to the date of this report, the COVID-19 outbreak in the United States has created disruptions in various businesses and will continue to impact these entities. While the disruption is currently expected to be temporary, there is considerable uncertainty around the duration of time. The extent of the impact on the Plan is uncertain and cannot be reasonably estimated at this time.

SUPPLEMENTAL INFORMATION

Guardian Electric Manufacturing Company Employees Savings and Retirement Plan
EIN#36-2886470, Plan #001
Schedule H, line 4i—Schedule of Assets (Held At End of Year)
December 31, 2019

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	2019 (e) Current value
	Mutual Funds:			
	BNY Mellon	BNY Mellon Small Cap Stock Index Fund Investor Shares	**	$ 16,827
	Oppenheimer	Oppenheimer Developing Markets Fund Class Y	**	13,787
	BNY Mellon	BNY Mellon Institutional S&P500 Stock Index Fund Class I	**	288,404
	Franklin Templeton	Franklin Small Cap Value Fund Class A	**	144,270
	American Funds	American Funds Growth Fund of America R4	**	34,989
	BNY Mellon	Blackrock Advisor Large Cap Gr. A	**	13,146
	American Century	American Century Investments Inflation Adjusted Bond Fund	**	370
	Western Asset Management	Western Asset Core Bond Fund: Class A	**	83,418
	Franklin Templeton	Franklin Rising Dividends Fund Advisor Class	**	91,058
	Franklin Templeton	Franklin Strategic Income Fund Class Advisor	**	142,047
	T. Rowe Price	T. Rowe Price International Equity Index Fund	**	412
*	Fidelity Management Trust Company	Fidelity Government Money Market Fund - Daily Money Class	**	33,949
*	Fidelity Management Trust Company	Fidelity Advisor Equity Income Fund: Class I	**	38,847
*	Fidelity Management Trust Company	Fidelity Advisor Equity Growth Fund: Class I	**	159,301
*	Fidelity Management Trust Company	Fidelity Advisor Leveraged Company Stock Fund: Class I	**	109,206
*	Fidelity Management Trust Company	Fidelity Advisor High Income Advantage Fund: Class A	**	120,002
*	Fidelity Management Trust Company	Fidelity Advisor Small Cap Fund: Class I	**	102,170
*	Fidelity Management Trust Company	Fidelity Advisor Dividend Growth Fund: Class I	**	305,087
*	Fidelity Management Trust Company	Fidelity Advisor Diversified International Fund: Class I	**	96,909
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2010 Fund: Class I	**	26,233
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2020 Fund: Class I	**	1,477,357
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2030 Fund: Class I	**	1,260,540
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2040 Fund: Class I	**	578,585
*	Fidelity Management Trust Company	Fidelity Advisor Freedom Income Fund: Class I	**	169,283
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2005 Fund: Class I	**	3,195
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2015 Fund: Class I	**	65,741
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2025 Fund: Class I	**	855,003
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2035 Fund: Class I	**	588,014
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2045 Fund: Class I	**	242,338
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2050 Fund: Class I	**	71,052
*	Fidelity Management Trust Company	Fidelity US Bond Index	**	425
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2055 Fund Inst	**	85,439
*	Fidelity Management Trust Company	Fidelity Mid Cap index	**	62,048
*	Fidelity Management Trust Company	Fidelity Small Cap Index	**	84,477
*	Fidelity Management Trust Company	Fidelity Advisor Freedom 2060 Fund Inst	**	33,724
*	Fidelity Management Trust Company	Fidelity Large Cap Growth Index	**	61,014
*	Fidelity Management Trust Company	Fidelity Large Cap Value Index	**	518
				$ 7,459,185
	Common Collective Trust:			
*	Fidelity Management Trust Company	Fidelity Advisor Stable Value Fund - at Fair Value	**	984,996
*	Participant Loans	Rate of Interest 5.75% - 6.50%	-	297,612
				$ 8,741,793

* Denotes party-in-interest
** Investment is participant directed, therefore historical cost is not required.

See Accompanying Independent Auditor's Report

Guardian Electric Manufacturing Company Employees Savings and Retirement Plan
EIN#36-2886470, Plan #001
Schedule H Line 4a - Schedule of Delinquent Participant Contributions
December 31, 2019

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	$ -	$ 190,219	$ -	

See Accompanying Independent Auditor's Report