

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
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>HARTZELL COMPANIES RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2015</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>01/01/2015</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>01/01/2015</u>					
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) <u>HARTZELL INDUSTRIES INC.</u> <u>1025 S. ROOSEVELT AVENUE</u> <u>PIQUA, OH 45356</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-0674874</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>937-773-6295</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>321210</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-0674874</u>	2c Plan Sponsor's telephone number <u>937-773-6295</u>	2d Business code (see instructions) <u>321210</u>	
2b Employer Identification Number (EIN) <u>31-0674874</u>					
2c Plan Sponsor's telephone number <u>937-773-6295</u>					
2d Business code (see instructions) <u>321210</u>					

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.	10/12/2020	CASEY WEBSTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2020	CASEY WEBSTER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 137
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 49 6a(2) 38 6b 29 6c 39 6d 106 6e 23 6f 129 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1B 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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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) ☒ **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) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>HARTZELL COMPANIES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HARTZELL INDUSTRIES INC.</u>	D Employer Identification Number (EIN) <u>31-0674874</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>	
2 Assets:	
a Market value	2a <u>4424365</u>
b Actuarial value	2b <u>4424365</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>54</u> <u>1652674</u> <u>1652674</u>
b For terminated vested participants.....	<u>34</u> <u>1170916</u> <u>1170916</u>
c For active participants	<u>49</u> <u>2215429</u> <u>2215429</u>
d Total.....	<u>137</u> <u>5039019</u> <u>5039019</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>5.54</u> %
6 Target normal cost.....	6 <u>110000</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>04/15/2020</u>
	Signature of actuary	Date
<u>MARK STRAKOWSKI</u>	Type or print name of actuary	<u>20-06521</u>
		Most recent enrollment number
<u>SMS RETIREMENT</u>	Firm name	<u>513-984-6100</u>
<u>4540 COOPER ROAD, SUITE 303</u> <u>CINCINNATI, OH 45242</u>	Address of the firm	Telephone number (including area code)

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2019
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>-7.19</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		184533
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.72</u> %		10555
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		195088
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	87.80 %
15 Adjusted funding target attainment percentage	15	87.80 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.59 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/26/2019	115000	0			
07/15/2019	115000	0			
10/15/2019	115000	0			
01/08/2020	115000	0			
Totals ▶			18(b)	460000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	443875

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions) ☒

Prescribed - combined

☐ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) **31a** 110000**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 614654 Installment 176948**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 286948**35** Balances elected for use to offset funding requirement Carryover balance 0 Prefunding balance 0 Total balance 0**36** Additional cash requirement (line 34 minus line 35) **36** 286948**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 443875**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 156998**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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 HARTZELL COMPANIES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 HARTZELL INDUSTRIES INC.	D Employer Identification Number (EIN) 31-0674874	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

BANK OF AMERICA

94-1687665

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	8053	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☐

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

BUCK GLOBAL

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	19418	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKROCK INVESTMENT MGMT LLC

20-5319476

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	41642	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)

RSM US LLP

42-0714325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	0	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan HARTZELL COMPANIES RETIREMENT PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 HARTZELL INDUSTRIES INC.	D Employer Identification Number (EIN) 31-0674874	

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	2089	1555
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	115000	115000
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	10041	8921
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	124305	212002
(2) U.S. Government securities	1c(2)	793013	674099
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	477339	343678
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	5420	7430
(B) Common.....	1c(4)(B)	2284283	2754886
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)	24758	
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	588362	1092264
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	4424610 5209835
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	7240
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	7240
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4417370 5209835

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	460000
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	460000
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3434
	(B) U.S. Government securities	2b(1)(B)	19671
	(C) Corporate debt instruments	2b(1)(C)	14081
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	37186
(2)	Dividends: (A) Preferred stock	2b(2)(A)	400
	(B) Common stock	2b(2)(B)	44519
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	20091
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	65010
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	4393084
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4209840
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	183244
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	573127
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	573127

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		20454
c Other income	2c		10142
d Total income. Add all income amounts in column (b) and enter total	2d		1349163

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	416320	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		416320
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	19418	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	46653	
(4) Other	2i(4)	74307	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		140378
j Total expenses. Add all expense amounts in column (b) and enter total	2j		556698

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		792465
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: RSM US LLP

(2) EIN: 42-0714325

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:

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.)

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.)

	Yes	No	Amount
4a		X	
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.)		X	
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.).....		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
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?		X	
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?.....		X	
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?.....		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4255912. (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.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>HARTZELL COMPANIES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HARTZELL INDUSTRIES INC.</u>	D Employer Identification Number (EIN) <u>31-0674874</u>

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	<u>0</u>
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): <u>31-0854433</u>		
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	<u>6</u>

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2019
v. 190130

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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 _____

Hartzell Companies Retirement Plan

Financial Report
December 31, 2019

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Independent Auditor's Report

To the Participants and Plan Trustees
Hartzell Companies Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Hartzell Companies Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2018, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by Bank of America N.A., the trustee of the Plan, except for comparing this 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 assets and executes transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2019 and 2018, and for the years then ended, that the information provided to the Plan Administrator by the trustee is complete and accurate to the best of its knowledge.

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 – Report on Supplementary Information

The supplemental schedules (Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year) and Schedule H, Part IV, Line 4(j) – Schedule of Reportable Transactions) as of or for the year ended December 31, 2019, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis and are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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 or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

RSM US LLP

Dayton, Ohio
October 14, 2020

Hartzell Companies Retirement Plan

Statements of Net Assets Available for Benefits December 31, 2019 and 2018

	2019	2018
Assets		
Investments, at fair value:		
Cash equivalents	\$ 212,002	\$ 124,305
Mutual funds	1,092,264	994,829
United States Government securities	674,099	793,013
Corporate bonds	343,678	477,339
Common stocks	2,754,886	1,902,574
Preferred stocks	7,430	5,420
	<u>5,084,359</u>	<u>4,297,480</u>
Receivables:		
Employer contribution	115,000	115,000
Accrued interest	8,921	10,041
	<u>123,921</u>	<u>125,041</u>
Cash	<u>1,555</u>	<u>2,089</u>
Total assets	5,209,835	4,424,610
Liabilities	<u>-</u>	<u>7,240</u>
Net assets available for benefits	<u>\$ 5,209,835</u>	<u>\$ 4,417,370</u>

See notes to financial statements.

Hartzell Companies Retirement Plan

Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2019 and 2018

	2019	2018
Investment income (loss):		
Interest and dividends	\$ 112,338	\$ 110,790
Net appreciation (depreciation) in fair value of investments	776,825	(295,075)
Total investment income (loss)	889,163	(184,285)
Employer contributions	460,000	368,876
Total additions	1,349,163	184,591
Deductions from net assets attributable to:		
Benefits paid to participants	416,320	426,725
Administrative expenses	140,378	163,474
Total deductions	556,698	590,199
Net increase (decrease)	792,465	(405,608)
Net assets available for benefits:		
Beginning	4,417,370	4,822,978
Ending	\$ 5,209,835	\$ 4,417,370

See notes to financial statements.

Hartzell Companies Retirement Plan

Statement of Accumulated Plan Benefits December 31, 2018

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving benefits

\$ 1,487,086

Other participants

2,914,533

4,401,619

Non-vested benefits

-

Total actuarial present value of accumulated plan benefits

\$ 4,401,619

Statement of Changes in Accumulated Plan Benefits Year Ended December 31, 2018

Actuarial present value of accumulated
plan benefits at beginning of year

\$ 5,063,486

Increase (decrease) during the year attributable to:

Interest and experience losses

426,725

Changes in assumptions

(661,867)

Benefits paid

(426,725)

Net decrease

(661,867)

**Actuarial present value of accumulated plan
benefits at end of year**

\$ 4,401,619

See notes to financial statements.

Hartzell Companies Retirement Plan

Notes to Financial Statements

Note 1. Description of Plan

The Plan is a defined benefit pension plan designed to provide retirement, death and disability benefits to eligible employees of Hartzell Industries, Inc., Hartzell Hardwoods, Inc., and Hartzell Fan, Inc. (sponsors). It is subject to the provisions of the Employee Retirement Income Security Act of 1974. For more complete information on the Plan, participants should refer to the plan document, which is available from the Plan Sponsors.

A summary of major Plan provisions follows:

Effective date: January 1, 1980

Plan eligibility and vesting: All employees are eligible on the January 1 or July 1 next following the completion of one year of service and attainment of age 21. No employees hired on or after January 1, 2005 shall become a participant in the Plan. Effective September 30, 2016, the Board of Directors of Hartzell Industries, Inc. adopted a resolution to cease benefit accruals for plan participants as of December 31, 2016. All benefits became 100% vested as of that date.

Normal retirement benefit:

Eligibility: Age 65

Amount: A monthly pension, payable for life equal to \$5.00 times the number of years of credited service for hourly employees. Salary employees are entitled to annual pension benefits equal to 0.6% of final average earnings plus 0.3% of final average earnings in excess of Social Security covered compensation, times each year of service with a maximum of 35 years used for the excess portion of the formula. The accrued benefit was frozen effective December 31, 2016.

Early retirement benefit:

Eligibility: Age 55 and at least 10 years of service.

Amount: A monthly pension, payable for life equal to the accrued normal retirement benefit reduced by 1/180 for each of the first 60 months before normal retirement and 1/360 for each additional month.

Termination benefit:

Eligibility: At least 5 years of credited service at date of termination.

Amount: A deferred monthly pension, payable for life with payments commencing at age 65 equal in amount to the accrued normal retirement benefit at date of termination.

Death benefit:

Eligibility: A participant who has completed 5 years of service at date of death.

Amount: A monthly benefit payable to the surviving spouse or beneficiary for life, in an amount determined under the assumption that the deceased had retired the day prior to his death, having selected the joint and 100% survivor method of benefit payment. If the participant had completed 10 years of service prior to his death, the benefit will commence on the later of age 55 or his date of death. If he had completed less than 10 years of service, the benefit will commence at age 65.

Hartzell Companies Retirement Plan

Notes to Financial Statements

Note 1. Description of Plan (Continued)

Disability benefit:

Eligibility: Totally and permanently disabled and at least 5 years of service.

Amount: Same as early retirement, with further actuarial reductions for benefits commencing prior to age 55.

Note 2. Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Plan:

Basis of presentation: The accompanying financial statements are prepared on the accrual basis in conformity with accounting principles generally accepted in the United States of America in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC).

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the amounts and disclosures reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Payment of benefits: Benefit payments to participants or beneficiaries are recorded upon distribution.

Contributions: Contributions are recognized annually upon completion of the actuarial valuation for the Plan year.

Investment valuation and income recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Capital gain distributions are included in interest and dividend income.

Actuarial present value of accumulated plan benefits: Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, which are attributable to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died and present employees or their beneficiaries. The accumulated Plan benefits for active employees are based on credited years of service. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated Plan benefits at December 31, 2018 was determined by SMS Retirement as of January 1, 2019 and is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money through discounts for interest and the probability of payment by means of decrements such as for death, disability, withdrawal, or retirement between the valuation date and the expected date of payment.

Hartzell Companies Retirement Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

The Plan has elected to present actuarial benefit information as of the beginning of the Plan year. These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The actuarial cost method used in the valuation is the unit credit cost method.

The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2019. Had the valuation been performed as of December 31, 2018, there would be no material differences.

The significant actuarial assumptions used to determine the Plan's actuarial present value of accumulated plan benefits are as follows:

Investment return:	7.00 % per annum
Mortality:	RP-2014 Mortality Table with Improvement Scale MP-2019
Assumed retirement age:	All participants are assumed to retire when the participant reaches the plan's normal retirement age of 65 with 5 years of participation
Rate of disability:	UAW disability rates for males and females.
Conversion rate for annuities to lump sum distributions:	Applicable 417(e) segment rates

The most significant changes in actuarial assumptions include the use of updated Improvement scale (MP-2019) and retirement rates.

Reclassifications: Certain amounts in prior year's financial statements have been reclassified to conform to current year presentation.

Note 3. Information Certified by the Plan's Trustee

The investment information included throughout the Plan's financial statements and supplemental schedules as of December 31, 2019 and 2018 and for the years then ended was prepared by or derived from information provided by the trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to these investments is complete and accurate to the best of its knowledge. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information in Note 4 and supplemental schedules related to the Plan's assets.

The trustee also certified to the completeness and accuracy of \$776,825 and (\$295,075) of net appreciation (depreciation) in fair value of investments and \$112,338 and \$110,790 of interest and dividends for the years ended December 31, 2019 and 2018, respectively.

Hartzell Companies Retirement Plan

Notes to Financial Statements

Note 4. Fair Value Measurements

The Plan has determined the fair value of certain assets through application of accounting guidance that establishes a framework for measuring fair values. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value.

The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under this standard are described below:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Cash equivalents, common stocks, mutual funds, and United States Government securities:

Valued at the closing price reported on the active market on which the individual securities are traded.

Corporate bonds and preferred stocks: Valued using quoted prices for identical or similar assets in both active and inactive markets.

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

Hartzell Companies Retirement Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

The following tables summarize assets measured at fair value on a recurring basis as of December 31, segregated by the level of the valuation inputs within the fair value hierarchy utilized to measure fair value.

	Level 1	Level 2	Level 3	Total
<u>At December 31, 2019</u>				
Cash equivalents	\$ 212,002	\$ -	\$ -	\$ 212,002
Common stocks	2,754,886	-	-	2,754,886
United States Government securities	674,099	-	-	674,099
Corporate bonds	-	343,678	-	343,678
Mutual funds	1,092,264	-	-	1,092,264
Preferred stocks	-	7,430	-	7,430
Total investments, at fair value	<u>\$ 4,733,251</u>	<u>\$ 351,108</u>	<u>\$ -</u>	<u>\$ 5,084,359</u>
	Level 1	Level 2	Level 3	Total
<u>At December 31, 2018</u>				
Cash equivalents	\$ 124,305	\$ -	\$ -	\$ 124,305
Common stocks	1,902,574	-	-	1,902,574
United States Government securities	793,013	-	-	793,013
Corporate bonds	-	477,339	-	477,339
Mutual funds	994,829	-	-	994,829
Preferred stocks	-	5,420	-	5,420
Total investments, at fair value	<u>\$ 3,814,721</u>	<u>\$ 482,759</u>	<u>\$ -</u>	<u>\$ 4,297,480</u>

Plan management evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits.

Note 5. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations and the Plan Document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination subject to a statutory ceiling on the amount of an individual's monthly benefits.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Hartzell Companies Retirement Plan

Notes to Financial Statements

Note 6. Funding Policy

The sponsors' funding policy is to make annual contributions to the Plan in amounts that are equal to the actuarially determined normal service cost plus a portion of the past service cost liability, so that all employees' benefits should be fully provided for by the time of retirement. The sponsors' contributions for the years ended December 31, 2019 and 2018 complies with the minimum funding requirements of ERISA. Although it has not expressed any intention to do so, the Company can discontinue contributions at any time and terminate the Plan subject to the provisions set forth in ERISA.

Note 7. Income Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated July 17, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan Administrator believes the Plan is designed and being operated in compliance with the applicable requirements of the IRC.

The Plan Administrator evaluated the Plan's tax positions and concluded that there are no uncertain tax positions that require recognition or disclosure in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by tax authorities for years before 2016.

Note 8. Risks and Uncertainties

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

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

Note 9. Related-Party Transactions

Fees reported for actuarial, trustee, audit and other administrative services rendered by parties-in-interest totaled \$58,830 and \$98,377 for the years ended December 31, 2019 and 2018, respectively. Amounts due to parties-in-interest totaled \$7,240 as of December 31, 2018.

Certain Plan investments held during 2019 and 2018 are shares of mutual funds managed by Bank of America N.A. Bank of America N.A. is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Hartzell Companies Retirement Plan

Notes to Financial Statements

Note 10. Subsequent Event

Subsequent to year-end, on January 30, 2020, the World Health Organization declared the coronavirus outbreak a “Public Health Emergency of International Concern” and on March 11, 2020, declared it to be a pandemic. The pandemic in the United States and throughout the world has resulted in substantial volatility in financial markets. The full impact of the coronavirus outbreak continues to evolve as of the date of this report; therefore, the extent of any adverse impact to the Plan’s participants cannot be predicted at this time.

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was enacted to, amongst other provisions, provide emergency assistance for individuals, families, and businesses affected by the coronavirus pandemic. The CARES Act contains specific provisions impacting participant loans and distributions.

Effective July 1, 2020, the Plan was amended to allow for lump sum distributions for any eligible participant who terminated his or her employment before July 1, 2020. The election period for the lump sum option commenced July 1, 2020 and expired September 30, 2020. The lump sum payment is a single payment equal to the actuarial equivalent of the participant’s vested accrued benefit.

The Plan has evaluated subsequent events for potential recognition and/or disclosure through October 14, 2020, the date the financial statements were available to be issued.

Supplemental Schedules

Hartzell Companies Retirement Plan

Employer No. 31-0674874

Plan No. 003

Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)

December 31, 2019

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
Cash equivalents:				
	Blackrock Liquidity Funds	212,002 units	\$ 212,002	\$ 212,002
Mutual funds:				
	Blackrock Bond Allocation Series M	23,819 units	\$ 229,006	\$ 232,474
	Blackrock Allocation Series A	3,216 units	32,329	32,321
	Blackrock Strategic Income Opportunities Fund	23,030 units	228,148	229,606
	IShares Core S&P Mid Cap ETF	1,706 units	307,648	351,129
	IShares Core S&P Small Cap	2,086 units	152,051	174,911
	IShares Core MSCI Emerging Markets	1,336 units	69,745	71,823
			<u>\$ 1,018,927</u>	<u>\$ 1,092,264</u>
United States Government securities:				
	Federal Home Loan Mortgage Corp., 4.0%, due 2/1/2045	12,152 par	\$ 13,147	\$ 13,232
	Federal Home Loan Mortgage Corp., 3.0%, due 12/1/2046	25,517 par	25,247	26,150
	Federal Home Loan Mortgage Corp., 3.0%, due 4/1/2033	16,631 par	16,638	17,104
	Federal Home Loan Mortgage Corp., 3.5%, due 9/1/2046	22,269 par	23,673	23,475
	Federal National Mortgage Assoc., 4.00%, due 12/1/2041	9,590 par	10,281	10,278
	Federal National Mortgage Assoc., 3.50%, due 8/1/2043	26,923 par	26,736	28,380
	Federal National Mortgage Assoc., 3.00%, due 10/1/2046	38,924 par	40,339	39,867
	Federal National Mortgage Assoc., 3.50%, due 2/1/2047	16,053 par	16,481	16,667
	US Treasury Note, 2.250%, due 11/15/2024	45,000 par	44,191	46,180
	US Treasury Note, 0.625%, due 1/15/2026	15,162 par	14,328	15,626
	US Treasury Note, 1.625%, due 5/15/2026	88,000 par	87,578	87,110
	US Treasury Note, 1.250%, due 10/31/2021	33,000 par	32,782	32,801
	US Treasury Note, 1.500%, due 11/30/2021	51,000 par	50,962	50,932
	US Treasury Note, 2.625%, due 7/31/2020	31,000 par	30,945	31,176
	US Treasury Note, 1.500%, due 8/15/2020	38,000 par	37,492	37,970
	US Treasury Note, 2.250%, due 2/29/2020	13,000 par	12,997	13,012
	US Treasury Note, 2.625%, due 2/28/2023	15,000 par	14,931	15,464
	US Treasury Note, 0.875%, due 1/15/2029	13,248 par	13,000	14,069
	US Treasury Note, 2.500%, due 1/31/2021	13,000 par	13,003	13,119
	US Treasury Note, 2.625%, due 1/31/2026	54,000 par	55,669	56,643
	US Treasury Note, 2.625%, due 2/15/2029	80,000 par	81,550	84,844
			<u>\$ 661,970</u>	<u>\$ 674,099</u>
Corporate bonds:				
	Amazon.com Inc., 2.800%, due 8/22/2024	18,000 par	\$ 17,342	\$ 18,629
	American Express Credit Corp., 2.200%, due 3/3/2020	12,000 par	11,977	12,000
	Apple Inc., 2.400%, due 5/3/2023	13,000 par	12,574	13,222
	Bank of Montreal, 3.100%, due 4/13/2021	10,000 par	9,965	10,163
	BP Capital Markets America Inc., 3.410%, due 2/11/2026	12,000 par	12,014	12,786
	CVS Health Corp., 3.700%, due 3/9/2023	12,000 par	11,970	12,508
	Capital One Financial Corp., 3.800%, due 1/31/2028	8,000 par	7,784	8,603
	Citigroup Inc., 2.900%, due 12/8/2021	12,000 par	11,995	12,197

(Continued)

Hartzell Companies Retirement Plan

Employer No. 31-0674874

Plan No. 003

Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2019

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
Corporate bonds (continued):				
	ComCast Corp, 3.450%, due 10/1/2021	13,000 par	\$ 13,005	\$ 13,382
	DowDuPont Inc., 3.766%, due 11/15/2020	14,000 par	14,044	14,194
	Enterprise Products Operating LLC, 3.750%, due 2/15/2025	12,000 par	12,518	12,789
	Fiserv Inc., 3.500%, due 7/1/2029	13,000 par	13,015	13,664
	Goldman Sachs Group Inc., 5.250%, due 7/27/2021	17,000 par	18,120	17,840
	JPMorgan Chase & Co., 4.250%, due 10/15/2020	13,000 par	14,083	13,231
	JPMorgan Chase & Co., 3.540%, due 5/1/2028	9,000 par	9,087	9,563
	Kinder Morgan Energy Partners, 3.950%, due 9/1/2022	12,000 par	12,482	12,507
	Marsh & McLennan Companies Inc., 4.375%, due 3/15/2029	12,000 par	12,118	13,682
	Morgan Stanley, 4.431%, due 1/23/2030	21,000 par	22,992	23,753
	Northrop Grumman Corp., 2.550%, due 10/15/2022	12,000 par	12,017	12,182
	Oracle Corp., 2.800% due 7/8/2021	16,000 par	16,055	16,245
	United Technologies Corp., 3.650%, due 8/16/2023	16,000 par	16,065	16,871
	Verizon Communications, 4.600%, due 4/1/2021	11,000 par	12,393	11,370
	Walmart Inc., 3.400%, due 6/26/2023	12,000 par	12,059	12,618
	Wells Fargo & Company, 4.100%, due 6/3/2026	11,000 par	11,508	11,862
	Wells Fargo & Company, 3.300%, due 9/9/2024	17,000 par	17,054	17,817
			<u>\$ 334,236</u>	<u>\$ 343,678</u>
Common stocks:				
	Adobe Inc.	88 shares	\$ 16,883	\$ 29,023
	Alcon Inc.	337 shares	19,613	19,064
	Alibaba Group Holdings Ltd.	166 shares	28,392	35,209
	Align Technology Inc.	61 shares	12,980	17,021
	Alphabet Inc. (Class A)	28 shares	24,451	37,503
	Altria Group Inc.	418 shares	20,740	20,862
	Amazon.com Inc	45 shares	53,388	83,153
	American International Group Inc.	533 shares	22,775	27,359
	Anthem Inc.	101 shares	26,154	30,505
	Apple Inc.	74 shares	19,206	21,730
	ASML Holdings NV	123 shares	21,560	36,401
	Astrazeneca PLC	428 shares	16,672	21,340
	Autodesk Inc.	96 shares	12,570	17,612
	AXA SA	589 shares	15,271	16,602
	AXA Equitable Holdings Inc.	682 shares	14,006	16,900
	BAE Systems PLC	463 shares	12,004	13,857
	Baker Hughes Co.	491 shares	12,355	12,584
	Ball Corp.	200 shares	14,646	12,934
	Banco Bilbao Vizcaya Argentaria SA	2,314 shares	15,390	12,912
	Banco Do Brasil SA	774 shares	10,298	10,163
	Boeing Co.	35 shares	13,555	11,402
	Boston Scientific Corp.	313 shares	9,090	14,154
	BP PLC	672 shares	26,347	25,361

(Continued)

Hartzell Companies Retirement Plan
Employer No. 31-0674874
Plan No. 003
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) (Continued)
December 31, 2019

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	Common stocks (continued):			
	Bristol Myers Squibb Co.	269 shares	\$ 12,564	\$ 17,267
	Burberry Group PLC	392 shares	9,835	11,451
	Burlington Stores Inc.	56 shares	8,650	12,770
	Cisco Systems Inc.	334 shares	15,936	16,019
	Citigroup Inc.	690 shares	38,902	55,124
	CME Group Inc.	81 shares	14,133	16,258
	Cognizant Technology Solutions	352 shares	22,952	21,831
	Comcast Corp.	562 shares	18,496	25,273
	Conagra Foods Inc.	252 shares	6,177	8,628
	ConocoPhillips	109 shares	6,338	7,088
	Corteva Inc.	264 shares	7,010	7,804
	Constellation Brands Inc.	112 shares	20,867	21,252
	Costar Group Inc.	40 shares	15,268	23,932
	Coupa Software Inc.	45 shares	6,385	6,581
	CRH PLC	251 shares	6,508	10,123
	CVS Health Corp.	211 shares	14,146	15,675
	Dollar General Corp.	120 shares	13,813	18,718
	Dominos Pizza Inc.	20 shares	4,664	5,876
	DuPont de Nemours Inc.	99 shares	9,908	6,356
	Equinix Inc.	19 shares	9,057	11,090
	Equinor ASA	370 shares	6,175	7,367
	Facebook Inc.	190 shares	30,799	38,998
	Fedex Corp.	79 shares	12,611	11,946
	Ferrari NV	27 shares	3,900	4,470
	Firstenergy Corp.	434 shares	15,025	21,092
	Fox Corp.	391 shares	14,007	14,494
	Gallagher Arthur J & Co.	156 shares	11,939	14,856
	General Electric Co.	577 shares	6,449	6,439
	General Motors Co.	490 shares	18,424	17,934
	Glencore PLC	1,655 shares	13,047	10,321
	GoDaddy Inc.	112 shares	7,986	7,607
	Grupo Financiero Banorte SAB	314 shares	9,228	8,776
	Hexagon AB	233 shares	11,852	13,068
	Honeywell Intl Inc.	27 shares	3,861	4,779
	Humana Inc.	75 shares	18,721	27,489
	Illumina Inc.	21 shares	4,778	6,967
	Infineon Technologies	290 shares	6,242	6,611
	InterActiveCorp (IAC)	102 shares	22,175	25,409
	Intesa Sanpaolo	889 shares	14,279	14,061
	Intuit Inc.	88 shares	19,019	23,050
	Intuitive Surgical Inc.	37 shares	19,134	21,873
	IQVIA Holdings Inc.	103 shares	14,679	15,915
	J P Morgan Chase and Co.	504 shares	37,804	70,258
	Johnson Controls International PLC	126 shares	4,196	5,129

(Continued)

Hartzell Companies Retirement Plan
Employer No. 31-0674874
Plan No. 003
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) (Continued)
December 31, 2019

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	Common stocks (continued):			
	Kellogg Co.	139 shares	\$ 8,473	\$ 9,613
	Keysight Technologies Inc.	108 shares	9,323	11,084
	Knorr-Bremse AG	701 shares	17,691	17,852
	Koninklijke Phillips NV	595 shares	22,547	29,036
	Lockheed Martin Corp.	35 shares	10,417	13,628
	Lowe's Companies Inc.	244 shares	24,872	29,221
	Marathon Oil Corp.	618 shares	9,464	8,392
	Marathon Pete Corp.	360 shares	19,587	21,690
	Marsh & McLennan Companies Inc.	47 shares	4,067	5,236
	Mastercard Inc.	163 shares	33,190	48,670
	McKesson Corp.	46 shares	5,266	6,363
	Medtronic PLC	307 shares	28,787	34,829
	Mercadolibre Inc.	32 shares	12,015	18,302
	MetLife Inc.	576 shares	23,599	29,359
	Microsoft Corp.	601 shares	53,345	94,778
	Mondelez International Inc.	425 shares	20,984	23,409
	Morgan Stanley	628 shares	27,751	32,103
	Morphosys AG	317 shares	9,556	11,307
	Motorola Solutions Inc.	74 shares	9,532	11,924
	Nestle SA	182 shares	17,688	19,693
	Netflix Inc.	88 shares	20,630	28,474
	Newell Rubbermaid Inc.	357 shares	6,722	6,862
	Nextera Energy Inc.	48 shares	8,627	11,624
	Nike Inc.	177 shares	13,234	17,932
	Northrop Grumman Corp.	25 shares	6,648	8,599
	Novartis AG	166 shares	14,755	15,719
	Nvidia Corp.	47 shares	7,860	11,059
	NXP Semiconductors NV	91 shares	9,286	11,581
	ON Semiconductor Corp.	814 shares	15,194	19,845
	ONEOK Inc.	182 shares	11,489	13,772
	Oracle Corp.	242 shares	11,634	12,821
	PayPal Holdings Inc.	166 shares	14,716	17,956
	Pentair PLC	177 shares	6,513	8,119
	Pepsico Inc.	91 shares	10,395	12,437
	Pfizer Inc.	580 shares	21,685	22,724
	Philip Morris International Inc.	50 shares	4,162	4,255
	Ping An Insurance Group Co. China Ltd.	322 shares	6,375	7,612
	Prologis Inc.	68 shares	5,886	6,062
	PT Bank Mandiri Persero TBK	1,063 shares	11,745	11,754
	PTC Inc.	107 shares	9,468	8,013
	Public Service Enterprise Group	118 shares	5,728	6,968
	Qantas Airways Ltd.	396 shares	8,633	9,896
	Qualcomm Inc.	67 shares	3,971	5,911
	Quest Diagnostics Inc.	73 shares	7,083	7,796

(Continued)

Hartzell Companies Retirement Plan

Employer No. 31-0674874

Plan No. 003

Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2019

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	Common stocks (continued):			
	Recruit Holdings Co. Ltd.	1,991 shares	\$ 12,251	\$ 15,020
	Roche Holding LTD	428 shares	13,772	17,348
	Rogers Communications Inc.	415 shares	21,425	20,613
	Roper Technologies Inc.	30 shares	7,907	10,627
	Royal DSM NV	412 shares	10,628	13,423
	Salesforce.com Inc.	177 shares	24,211	28,787
	Sanofi	293 shares	14,193	14,709
	SBA Communications Corp.	73 shares	12,553	17,592
	Schwab Charles Corp.	333 shares	13,876	15,837
	Sea Ltd.	166 shares	2,624	6,677
	ServiceNow Inc.	90 shares	17,794	25,409
	Sherwin Williams Co.	34 shares	13,171	19,840
	Shopify Inc.	19 shares	6,204	7,554
	Sony Corp.	644 shares	32,151	43,792
	State STR Corp.	190 shares	12,108	15,029
	S&P Global Inc.	92 shares	17,841	25,121
	Tiffany & Co.	51 shares	4,608	6,816
	The 3M Company	41 shares	8,001	7,233
	Total SA	156 shares	8,145	8,627
	TransUnion	158 shares	10,922	13,526
	Travelers Companies Inc.	85 shares	10,542	11,641
	Ubisoft Entertainment SA	1,045 shares	15,184	14,447
	Unilever	370 shares	21,012	21,260
	Union Pacific Corp.	93 shares	12,905	16,813
	UnitedHealth Group Inc.	93 shares	17,577	27,340
	Verizon Communications Inc.	955 shares	53,291	58,637
	Vertex Pharmaceuticals Inc.	63 shares	9,807	13,794
	Viavi Solutions Inc.	929 shares	12,626	13,935
	Visa Inc.	284 shares	33,067	53,364
	Volkswagen	788 shares	15,227	15,589
	Waste Management Inc.	73 shares	8,425	8,319
	Wells Fargo & Co.	1,026 shares	48,670	55,199
	Williams Companies Inc.	1,093 shares	25,610	25,926
	Willis Towers Watson Public Ltd. Co.	104 shares	18,174	21,002
	Wuxi Biologics Cayman Inc.	475 shares	9,280	12,028
	Xilinx Inc.	123 shares	11,620	12,026
	Zoetis Inc.	106 shares	8,745	14,030
			<u>\$ 2,233,025</u>	<u>\$ 2,754,886</u>
	Preferred stocks:			
	Itau Unibanco Hldg	812 shares	\$ 5,930	\$ 7,430
			<u>\$ 4,466,090</u>	<u>\$ 5,084,359</u>

The above information has been certified as complete and accurate to the best of its knowledge by Bank of America, the trustee of the Plan.

Hartzell Companies Retirement Plan

Employer No. 31-0674874

Plan No. 003

Schedule H, Part IV, Line 4(j) - Schedule of Reportable Transactions

Year Ended December 31, 2019

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset Sold	Fair Value of Asset on Transaction Date	Net Gain (Loss)

Category (iii) - Series of transactions in excess of 5% of plan assets:

Bank of America	Blackrock Liquidity Funds	\$ -	\$ 2,048,472	\$ 2,048,472	\$ 2,048,472	\$ -
Bank of America	Blackrock Liquidity Funds	2,136,169	-	2,136,169	2,136,169	-

There were no category (i), (ii), or (iv) transactions for the year ended December 31, 2019.

There were no lease rental activities or expenses incurred with the Plan.
Therefore, columns (e) and (f) were eliminated for presentation purposes.

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
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Part I Annual Report Identification Information	
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
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.)
B This return/report is:	☒ a single-employer plan; ☐ a DFE (specify) _____ ☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here	▶ ☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information --- enter all requested information							
1a Name of plan Hartzell Companies Retirement Plan	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; padding: 2px; text-align: center;">003</td> </tr> <tr> <td colspan="2" style="padding: 2px;">1c Effective date of plan 01/01/1980</td> </tr> </table>	1b Three-digit plan number (PN) ▶	003	1c Effective date of plan 01/01/1980			
1b Three-digit plan number (PN) ▶	003						
1c Effective date of plan 01/01/1980							
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) Hartzell Industries Inc. 1025 S. Roosevelt Avenue US Piqua OH 45356	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">2b Employer Identification Number (EIN) 31-0674874</td> <td style="width: 20%;"></td> </tr> <tr> <td style="padding: 2px;">2c Plan Sponsor's telephone number (937) 773-6295</td> <td></td> </tr> <tr> <td style="padding: 2px;">2d Business code (see instructions) 321210</td> <td></td> </tr> </table>	2b Employer Identification Number (EIN) 31-0674874		2c Plan Sponsor's telephone number (937) 773-6295		2d Business code (see instructions) 321210	
2b Employer Identification Number (EIN) 31-0674874							
2c Plan Sponsor's telephone number (937) 773-6295							
2d Business code (see instructions) 321210							

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		✓	10/12/20	Casey Webster
	Signature of plan administrator		Date	Enter name of individual signing as plan administrator
SIGN HERE				
	Signature of employer/plan sponsor		Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE				
	Signature of DFE		Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	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 and the plan name and the plan number from the last return/report: a Sponsor's name c Plan name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 137
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) 49
a(2) Total number of active participants at the end of the plan year	6a(2) 38
b Retired or separated participants receiving benefits	6b 29
c Other retired or separated participants entitled to future benefits	6c 39
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 106
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e 23
f Total. Add lines 6d and 6e	6f 129
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1B 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 (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

Hartzell Companies**Retirement Plan**

Shortfall Amortization

Plan Year: 1/1/2019 to 12/31/2019

Valuation Date: 1/1/2019

If the plan has a funded status below 100%, the plan may require additional payments in the form of shortfall amortization payments. A plan's amortization payments are calculated to pay down the plan's underfunding over a seven year period (unless a plan sponsor has elected to use allowable relief, in which case the payment period will be longer).

<u>Valuation Date</u>	<u>Amortization Method</u>	<u>Number of Future Installments</u>	<u>Installment</u>	<u>Value of Future Installments</u>
01/01/2013	7-year	1	\$(341)	\$(341)
01/01/2014	7-year	2	\$33,825	\$66,431
01/01/2015	7-year	3	\$65,828	\$190,450
01/01/2016	7-year	4	\$52,426	\$198,634
01/01/2017	7-year	5	\$24,901	\$115,846
01/01/2018	7-year	6	\$(57,056)	\$(309,406)
01/01/2019	7-year	7	<u>\$57,365</u>	<u>\$353,040</u>
Total			\$176,948	\$614,654
Shortfall Amortization Charge (sum of installments, no less than zero):			\$176,948	

Hartzell Companies
Retirement Plan

Summary of Plan Provisions
Plan Year: 1/1/2019 to 12/31/2019
Valuation Date: 1/1/2019

Plan Effective Date	January 1, 1980
Plan Year	From January 1, 2019 to December 31, 2019
Eligibility	All employees not excluded by class are eligible to enter on the January 1 or July 1 coincident with or following the completion of the following requirements: 1 year of service Minimum age 21 Participation frozen January 1, 2005. Benefit accruals frozen December 31, 2016.
Normal Retirement Age	All participants are eligible to retire with their full retirement benefit on the later of the following: Attainment of age 65 Completion of 5 years of participation from hire date
Normal Retirement Benefit	Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following: Hourly Employees: \$5.00 times Years of Service (YOS); Salaried Employees: 0.6% times Final Average Compensation (FAP) times YOS, plus 0.3% times FAP in excess of Covered Comp times YOS (Max 35). The maximum monthly benefit is the lesser of \$18,750 and 100% of the highest 3-year average salary, subject to service requirements.
Early Retirement Age	Attainment of age 55 Completion of 10 years of participation from hire date
Early Retirement Benefit	1/15th, 1/30th
Normal Form of Benefit	A benefit payable for the life of the participant
Accrued Benefit	The normal retirement benefit described above calculated based on service on the calculation date, and payable on the normal retirement date. Credited years are plan years from the first day of the plan year containing date of entry excluding the following: Years before the effective date Years with less than 1,000 hours
Termination Benefit	Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Hartzell Companies

Retirement Plan

Summary of Plan Provisions
Plan Year: 1/1/2019 to 12/31/2019
Valuation Date: 1/1/2019

<u>Credited Years</u>	<u>Vested Percent</u>
1	20
2	40
3	60
4	80
5	100

Credited years are 12-month periods from date of hire to the anniversaries of date of hire excluding the following:

Years with less than 1,000 hours

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death

Disability

Equal to accrued benefit payable immediately

Hartzell Companies Retirement Plan

EIN: 31-0674874

PN: 003

Schedule SB, Line 19 - Discounted Employer Contributions

<u>Date</u>	<u>Amount</u>	<u>Plan Year</u>	<u>Days Discounted at Effective Rate of 5.54%</u>	<u>Days Discounted at Penalty Rate of 10.54%</u>	<u>Discounted Value</u>
Line 19c - Contributions Allocated Toward Minimum Required Contribution for Current Year					
4/15/2019	115,000	2019	104	0	113,247
7/15/2019	115,000	2019	195	0	111,735
10/15/2019	115,000	2019	287	0	110,226
1/15/2020	115,000	2019	379	0	108,738
Total	460,000				443,946

Hartzell Companies
Retirement Plan

Weighted Average Retirement Age

Plan Year: 1/1/2019 to 12/31/2019

Valuation Date: 1/1/2019

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 65

Completion of 5 years of participation from hire date

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 65

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning **01/01/2019** and ending **12/31/2019**

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Hartzell Companies Retirement Plan	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Hartzell Industries Inc.	D Employer Identification Number (EIN) 31-0674874	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u> 01 </u> Day <u> 01 </u> Year <u> 2019 </u>
2	Assets:
a Market value	2a 4,424,365
b Actuarial value	2b 4,424,365
3	Funding target/participant count breakdown:
a For retired participants and beneficiaries receiving payment	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
b For terminated vested participants	54 1,652,674 1,652,674
c For active participants	34 1,170,916 1,170,916
d Total	49 2,215,429 2,215,429
	137 5,039,019 5,039,019
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5	Effective interest rate
	5 5.54 %
6	Target normal cost
	6 110,000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	 Signature of actuary Mark Strakowski Type or print name of actuary SMS Retirement Firm name 4540 Cooper Road, Suite 303 US Cincinnati OH 45242 Address of the firm	04/15/2020 Date 20-06521 Most recent enrollment number (513) 984-6100 Telephone number (including area code)
------------------	---	--

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>-7.19%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		184,533
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.72 %</u>		10,555
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance .		195,088
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	87.80 %
15 Adjusted funding target attainment percentage	15	87.80 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.59 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2019	115,000				
07/15/2019	115,000				
10/15/2019	115,000				
01/15/2020	115,000				
Totals ▶			18(b)	460,000	18(c) 0

19 Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..	19c	443,946

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used To Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions)☒ Prescribed - combined☐ Prescribed - separate☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) **31a** 110,000**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment

Outstanding Balance

Installment

614,654

176,948

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 286,948

	Carryover balance	Prefunding Balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35) **36** 286,948**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 443,946**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 156,998**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Hartzell Companies Retirement Plan

Summary of Actuarial Assumptions and Method

Plan Year: 1/1/2019 to 12/31/2019

Valuation Date: 1/1/2019

	For Funding					
		<u>Min</u>	<u>Max</u>	<u>For 417(e)</u>	<u>For Actuarial Equiv.</u>	
Interest Rates	Seg 1:	3.74%	2.28%	Seg 1:	3.33%	Pre-Retirement: 7.00%
	Seg 2:	5.35%	3.81%	Seg 2:	4.39%	Post-Retirement: 7.00%
	Seg 3:	6.11%	4.46%	Seg 3:	4.72%	
Applicable Date	09/2018	09/2018		10/2018		
Pre-Retirement						
Turnover	None			None		None
Mortality	2019 Applicable Mortality Table from Notice 2018-02			2019 Applicable Mortality Table from Notice 2018-02		2019 Applicable Mortality Table from Notice 2018-02
Assumed Ret Age	Normal retirement age 65 and 5 years of participation			Normal retirement age 65 and 5 years of participation		Normal retirement age 65 and 5 years of participation
Pln-reltd expenses	\$110,000.00					
Post-Retirement						
Mortality	2019 Applicable Mortality Table from Notice 2018-02			2019 Applicable Mortality Table from Notice 2018-02		2019 Applicable Mortality Table from Notice 2018-02
Assumed Benefit Form For Funding				Lump Sum		
Assumed Spouse's Age	Wives assumed to be 3 years younger than husbands					Wives assumed to be 3 years younger than husbands
	Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known					Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known
Calculated Effective Interest Rate				5.54%		
Actuarial Cost Method				The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.		

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

Hartzell Companies
Retirement Plan

Schedule of Active Participant Data

Plan Year: 1/1/2019 to 12/31/2019

Valuation Date: 1/1/2019

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	0	0	0	0	0	0	0	0	0	0	0
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
25-29	0	0	0	0	0	0	0	0	0	0	0
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
30-34	0	0	0	0	0	0	0	0	0	0	0
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
35-39	0	0	0	0	0	1	0	0	0	0	1
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
40-44	0	0	0	0	2	5	0	0	0	0	7
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
45-49	0	0	0	0	1	2	1	0	0	0	4
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
50-54	0	0	0	0	1	0	2	1	0	0	4
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
55-59	0	0	0	0	2	1	1	3	4	0	11
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
60-64	0	0	0	0	1	2	1	2	14	0	20
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0
65-69	0	0	0	0	0	0	0	1	1	0	2
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
70+	0	0	0	0	0	0	0	0	0	0	0
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total	0	0	0	0	7	11	5	7	19	0	49
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0

* Employees who have not met the minimum eligibility requirements are excluded

Average Age: 56.0

Average Service: 30

Hartzell Companies Retirement Plan

Employer No. 31-0674874

Plan No. 003

Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)

December 31, 2019

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
Cash equivalents:				
	Blackrock Liquidity Funds	212,002 units	\$ 212,002	\$ 212,002
Mutual funds:				
	Blackrock Bond Allocation Series M	23,819 units	\$ 229,006	\$ 232,474
	Blackrock Allocation Series A	3,216 units	32,329	32,321
	Blackrock Strategic Income Opportunities Fund	23,030 units	228,148	229,606
	IShares Core S&P Mid Cap ETF	1,706 units	307,648	351,129
	IShares Core S&P Small Cap	2,086 units	152,051	174,911
	IShares Core MSCI Emerging Markets	1,336 units	69,745	71,823
			<u>\$ 1,018,927</u>	<u>\$ 1,092,264</u>
United States Government securities:				
	Federal Home Loan Mortgage Corp., 4.0%, due 2/1/2045	12,152 par	\$ 13,147	\$ 13,232
	Federal Home Loan Mortgage Corp., 3.0%, due 12/1/2046	25,517 par	25,247	26,150
	Federal Home Loan Mortgage Corp., 3.0%, due 4/1/2033	16,631 par	16,638	17,104
	Federal Home Loan Mortgage Corp., 3.5%, due 9/1/2046	22,269 par	23,673	23,475
	Federal National Mortgage Assoc., 4.00%, due 12/1/2041	9,590 par	10,281	10,278
	Federal National Mortgage Assoc., 3.50%, due 8/1/2043	26,923 par	26,736	28,380
	Federal National Mortgage Assoc., 3.00%, due 10/1/2046	38,924 par	40,339	39,867
	Federal National Mortgage Assoc., 3.50%, due 2/1/2047	16,053 par	16,481	16,667
	US Treasury Note, 2.250%, due 11/15/2024	45,000 par	44,191	46,180
	US Treasury Note, 0.625%, due 1/15/2026	15,162 par	14,328	15,626
	US Treasury Note, 1.625%, due 5/15/2026	88,000 par	87,578	87,110
	US Treasury Note, 1.250%, due 10/31/2021	33,000 par	32,782	32,801
	US Treasury Note, 1.500%, due 11/30/2021	51,000 par	50,962	50,932
	US Treasury Note, 2.625%, due 7/31/2020	31,000 par	30,945	31,176
	US Treasury Note, 1.500%, due 8/15/2020	38,000 par	37,492	37,970
	US Treasury Note, 2.250%, due 2/29/2020	13,000 par	12,997	13,012
	US Treasury Note, 2.625%, due 2/28/2023	15,000 par	14,931	15,464
	US Treasury Note, 0.875%, due 1/15/2029	13,248 par	13,000	14,069
	US Treasury Note, 2.500%, due 1/31/2021	13,000 par	13,003	13,119
	US Treasury Note, 2.625%, due 1/31/2026	54,000 par	55,669	56,643
	US Treasury Note, 2.625%, due 2/15/2029	80,000 par	81,550	84,844
			<u>\$ 661,970</u>	<u>\$ 674,099</u>
Corporate bonds:				
	Amazon.com Inc., 2.800%, due 8/22/2024	18,000 par	\$ 17,342	\$ 18,629
	American Express Credit Corp., 2.200%, due 3/3/2020	12,000 par	11,977	12,000
	Apple Inc., 2.400%, due 5/3/2023	13,000 par	12,574	13,222
	Bank of Montreal, 3.100%, due 4/13/2021	10,000 par	9,965	10,163
	BP Capital Markets America Inc., 3.410%, due 2/11/2026	12,000 par	12,014	12,786
	CVS Health Corp., 3.700%, due 3/9/2023	12,000 par	11,970	12,508
	Capital One Financial Corp., 3.800%, due 1/31/2028	8,000 par	7,784	8,603
	Citigroup Inc., 2.900%, due 12/8/2021	12,000 par	11,995	12,197

(Continued)

Hartzell Companies Retirement Plan

Employer No. 31-0674874

Plan No. 003

Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2019

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
Corporate bonds (continued):				
	ComCast Corp, 3.450%, due 10/1/2021	13,000 par	\$ 13,005	\$ 13,382
	DowDuPont Inc., 3.766%, due 11/15/2020	14,000 par	14,044	14,194
	Enterprise Products Operating LLC, 3.750%, due 2/15/2025	12,000 par	12,518	12,789
	Fiserv Inc., 3.500%, due 7/1/2029	13,000 par	13,015	13,664
	Goldman Sachs Group Inc., 5.250%, due 7/27/2021	17,000 par	18,120	17,840
	JPMorgan Chase & Co., 4.250%, due 10/15/2020	13,000 par	14,083	13,231
	JPMorgan Chase & Co., 3.540%, due 5/1/2028	9,000 par	9,087	9,563
	Kinder Morgan Energy Partners, 3.950%, due 9/1/2022	12,000 par	12,482	12,507
	Marsh & McLennan Companies Inc., 4.375%, due 3/15/2029	12,000 par	12,118	13,682
	Morgan Stanley, 4.431%, due 1/23/2030	21,000 par	22,992	23,753
	Northrop Grumman Corp., 2.550%, due 10/15/2022	12,000 par	12,017	12,182
	Oracle Corp., 2.800% due 7/8/2021	16,000 par	16,055	16,245
	United Technologies Corp., 3.650%, due 8/16/2023	16,000 par	16,065	16,871
	Verizon Communications, 4.600%, due 4/1/2021	11,000 par	12,393	11,370
	Walmart Inc., 3.400%, due 6/26/2023	12,000 par	12,059	12,618
	Wells Fargo & Company, 4.100%, due 6/3/2026	11,000 par	11,508	11,862
	Wells Fargo & Company, 3.300%, due 9/9/2024	17,000 par	17,054	17,817
			<u>\$ 334,236</u>	<u>\$ 343,678</u>
Common stocks:				
	Adobe Inc.	88 shares	\$ 16,883	\$ 29,023
	Alcon Inc.	337 shares	19,613	19,064
	Alibaba Group Holdings Ltd.	166 shares	28,392	35,209
	Align Technology Inc.	61 shares	12,980	17,021
	Alphabet Inc. (Class A)	28 shares	24,451	37,503
	Altria Group Inc.	418 shares	20,740	20,862
	Amazon.com Inc	45 shares	53,388	83,153
	American International Group Inc.	533 shares	22,775	27,359
	Anthem Inc.	101 shares	26,154	30,505
	Apple Inc.	74 shares	19,206	21,730
	ASML Holdings NV	123 shares	21,560	36,401
	Astrazeneca PLC	428 shares	16,672	21,340
	Autodesk Inc.	96 shares	12,570	17,612
	AXA SA	589 shares	15,271	16,602
	AXA Equitable Holdings Inc.	682 shares	14,006	16,900
	BAE Systems PLC	463 shares	12,004	13,857
	Baker Hughes Co.	491 shares	12,355	12,584
	Ball Corp.	200 shares	14,646	12,934
	Banco Bilbao Vizcaya Argentaria SA	2,314 shares	15,390	12,912
	Banco Do Brasil SA	774 shares	10,298	10,163
	Boeing Co.	35 shares	13,555	11,402
	Boston Scientific Corp.	313 shares	9,090	14,154
	BP PLC	672 shares	26,347	25,361

(Continued)

Hartzell Companies Retirement Plan

Employer No. 31-0674874

Plan No. 003

Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2019

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	Common stocks (continued):			
	Bristol Myers Squibb Co.	269 shares	\$ 12,564	\$ 17,267
	Burberry Group PLC	392 shares	9,835	11,451
	Burlington Stores Inc.	56 shares	8,650	12,770
	Cisco Systems Inc.	334 shares	15,936	16,019
	Citigroup Inc.	690 shares	38,902	55,124
	CME Group Inc.	81 shares	14,133	16,258
	Cognizant Technology Solutions	352 shares	22,952	21,831
	Comcast Corp.	562 shares	18,496	25,273
	Conagra Foods Inc.	252 shares	6,177	8,628
	ConocoPhillips	109 shares	6,338	7,088
	Corteva Inc.	264 shares	7,010	7,804
	Constellation Brands Inc.	112 shares	20,867	21,252
	Costar Group Inc.	40 shares	15,268	23,932
	Coupa Software Inc.	45 shares	6,385	6,581
	CRH PLC	251 shares	6,508	10,123
	CVS Health Corp.	211 shares	14,146	15,675
	Dollar General Corp.	120 shares	13,813	18,718
	Dominos Pizza Inc.	20 shares	4,664	5,876
	DuPont de Nemours Inc.	99 shares	9,908	6,356
	Equinix Inc.	19 shares	9,057	11,090
	Equinor ASA	370 shares	6,175	7,367
	Facebook Inc.	190 shares	30,799	38,998
	Fedex Corp.	79 shares	12,611	11,946
	Ferrari NV	27 shares	3,900	4,470
	Firstenergy Corp.	434 shares	15,025	21,092
	Fox Corp.	391 shares	14,007	14,494
	Gallagher Arthur J & Co.	156 shares	11,939	14,856
	General Electric Co.	577 shares	6,449	6,439
	General Motors Co.	490 shares	18,424	17,934
	Glencore PLC	1,655 shares	13,047	10,321
	GoDaddy Inc.	112 shares	7,986	7,607
	Grupo Financiero Banorte SAB	314 shares	9,228	8,776
	Hexagon AB	233 shares	11,852	13,068
	Honeywell Intl Inc.	27 shares	3,861	4,779
	Humana Inc.	75 shares	18,721	27,489
	Illumina Inc.	21 shares	4,778	6,967
	Infineon Technologies	290 shares	6,242	6,611
	InterActiveCorp (IAC)	102 shares	22,175	25,409
	Intesa Sanpaolo	889 shares	14,279	14,061
	Intuit Inc.	88 shares	19,019	23,050
	Intuitive Surgical Inc.	37 shares	19,134	21,873
	IQVIA Holdings Inc.	103 shares	14,679	15,915
	J P Morgan Chase and Co.	504 shares	37,804	70,258
	Johnson Controls International PLC	126 shares	4,196	5,129

(Continued)

Hartzell Companies Retirement Plan
Employer No. 31-0674874
Plan No. 003
Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) (Continued)
December 31, 2019

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	Common stocks (continued):			
	Kellogg Co.	139 shares	\$ 8,473	\$ 9,613
	Keysight Technologies Inc.	108 shares	9,323	11,084
	Knorr-Bremse AG	701 shares	17,691	17,852
	Koninklijke Phillips NV	595 shares	22,547	29,036
	Lockheed Martin Corp.	35 shares	10,417	13,628
	Lowe's Companies Inc.	244 shares	24,872	29,221
	Marathon Oil Corp.	618 shares	9,464	8,392
	Marathon Pete Corp.	360 shares	19,587	21,690
	Marsh & McLennan Companies Inc.	47 shares	4,067	5,236
	Mastercard Inc.	163 shares	33,190	48,670
	McKesson Corp.	46 shares	5,266	6,363
	Medtronic PLC	307 shares	28,787	34,829
	Mercadolibre Inc.	32 shares	12,015	18,302
	MetLife Inc.	576 shares	23,599	29,359
	Microsoft Corp.	601 shares	53,345	94,778
	Mondelez International Inc.	425 shares	20,984	23,409
	Morgan Stanley	628 shares	27,751	32,103
	Morphosys AG	317 shares	9,556	11,307
	Motorola Solutions Inc.	74 shares	9,532	11,924
	Nestle SA	182 shares	17,688	19,693
	Netflix Inc.	88 shares	20,630	28,474
	Newell Rubbermaid Inc.	357 shares	6,722	6,862
	Nextera Energy Inc.	48 shares	8,627	11,624
	Nike Inc.	177 shares	13,234	17,932
	Northrop Grumman Corp.	25 shares	6,648	8,599
	Novartis AG	166 shares	14,755	15,719
	Nvidia Corp.	47 shares	7,860	11,059
	NXP Semiconductors NV	91 shares	9,286	11,581
	ON Semiconductor Corp.	814 shares	15,194	19,845
	ONEOK Inc.	182 shares	11,489	13,772
	Oracle Corp.	242 shares	11,634	12,821
	PayPal Holdings Inc.	166 shares	14,716	17,956
	Pentair PLC	177 shares	6,513	8,119
	Pepsico Inc.	91 shares	10,395	12,437
	Pfizer Inc.	580 shares	21,685	22,724
	Philip Morris International Inc.	50 shares	4,162	4,255
	Ping An Insurance Group Co. China Ltd.	322 shares	6,375	7,612
	Prologis Inc.	68 shares	5,886	6,062
	PT Bank Mandiri Persero TBK	1,063 shares	11,745	11,754
	PTC Inc.	107 shares	9,468	8,013
	Public Service Enterprise Group	118 shares	5,728	6,968
	Qantas Airways Ltd.	396 shares	8,633	9,896
	Qualcomm Inc.	67 shares	3,971	5,911
	Quest Diagnostics Inc.	73 shares	7,083	7,796

(Continued)

Hartzell Companies Retirement Plan

Employer No. 31-0674874

Plan No. 003

Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year) (Continued)

December 31, 2019

(a)	(b)	(c)	(d)	(e)
	Identity of Issue	Description of Investment	Cost	Current Value
	Common stocks (continued):			
	Recruit Holdings Co. Ltd.	1,991 shares	\$ 12,251	\$ 15,020
	Roche Holding LTD	428 shares	13,772	17,348
	Rogers Communications Inc.	415 shares	21,425	20,613
	Roper Technologies Inc.	30 shares	7,907	10,627
	Royal DSM NV	412 shares	10,628	13,423
	Salesforce.com Inc.	177 shares	24,211	28,787
	Sanofi	293 shares	14,193	14,709
	SBA Communications Corp.	73 shares	12,553	17,592
	Schwab Charles Corp.	333 shares	13,876	15,837
	Sea Ltd.	166 shares	2,624	6,677
	ServiceNow Inc.	90 shares	17,794	25,409
	Sherwin Williams Co.	34 shares	13,171	19,840
	Shopify Inc.	19 shares	6,204	7,554
	Sony Corp.	644 shares	32,151	43,792
	State STR Corp.	190 shares	12,108	15,029
	S&P Global Inc.	92 shares	17,841	25,121
	Tiffany & Co.	51 shares	4,608	6,816
	The 3M Company	41 shares	8,001	7,233
	Total SA	156 shares	8,145	8,627
	TransUnion	158 shares	10,922	13,526
	Travelers Companies Inc.	85 shares	10,542	11,641
	Ubisoft Entertainment SA	1,045 shares	15,184	14,447
	Unilever	370 shares	21,012	21,260
	Union Pacific Corp.	93 shares	12,905	16,813
	UnitedHealth Group Inc.	93 shares	17,577	27,340
	Verizon Communications Inc.	955 shares	53,291	58,637
	Vertex Pharmaceuticals Inc.	63 shares	9,807	13,794
	Viavi Solutions Inc.	929 shares	12,626	13,935
	Visa Inc.	284 shares	33,067	53,364
	Volkswagen	788 shares	15,227	15,589
	Waste Management Inc.	73 shares	8,425	8,319
	Wells Fargo & Co.	1,026 shares	48,670	55,199
	Williams Companies Inc.	1,093 shares	25,610	25,926
	Willis Towers Watson Public Ltd. Co.	104 shares	18,174	21,002
	Wuxi Biologics Cayman Inc.	475 shares	9,280	12,028
	Xilinx Inc.	123 shares	11,620	12,026
	Zoetis Inc.	106 shares	8,745	14,030
			<u>\$ 2,233,025</u>	<u>\$ 2,754,886</u>
	Preferred stocks:			
	Itau Unibanco Hldg	812 shares	\$ 5,930	\$ 7,430
			<u>\$ 4,466,090</u>	<u>\$ 5,084,359</u>

The above information has been certified as complete and accurate to the best of its knowledge by Bank of America, the trustee of the Plan.

Hartzell Companies Retirement Plan

Employer No. 31-0674874

Plan No. 003

Schedule H, Part IV, Line 4(j) - Schedule of Reportable Transactions

Year Ended December 31, 2019

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset Sold	Fair Value of Asset on Transaction Date	Net Gain (Loss)

Category (iii) - Series of transactions in excess of 5% of plan assets:

Bank of America	Blackrock Liquidity Funds	\$ -	\$ 2,048,472	\$ 2,048,472	\$ 2,048,472	\$ -
Bank of America	Blackrock Liquidity Funds	2,136,169	-	2,136,169	2,136,169	-

There were no category (i), (ii), or (iv) transactions for the year ended December 31, 2019.

There were no lease rental activities or expenses incurred with the Plan.
Therefore, columns (e) and (f) were eliminated for presentation purposes.