

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <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 ☐ an amended return/report ☐ the final 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 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information —enter all requested information									
1a	Name of plan <u>RAIL PRODUCTS INTERNATIONAL, INC. UNION EMPLOYEES PENSION PLAN</u>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶</td> <td><u>001</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan</td> <td><u>11/01/1994</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶	<u>001</u>	1c	Effective date of plan	<u>11/01/1994</u>			
1b	Three-digit plan number (PN) ▶	<u>001</u>								
1c	Effective date of plan	<u>11/01/1994</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>NATIONAL ELECTRIC COIL, INC.</u> <u>800 KING AVENUE</u> <u>COLUMBUS, OH 43212</u>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN)</td> <td><u>31-1412512</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number</td> <td><u>614-488-1151</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions)</td> <td><u>335900</u></td> </tr> </table>	2b	Employer Identification Number (EIN)	<u>31-1412512</u>	2c	Plan Sponsor's telephone number	<u>614-488-1151</u>	2d	Business code (see instructions)	<u>335900</u>
2b	Employer Identification Number (EIN)	<u>31-1412512</u>								
2c	Plan Sponsor's telephone number	<u>614-488-1151</u>								
2d	Business code (see instructions)	<u>335900</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.	10/15/2020	ROBERT B. HODGE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	ROBERT B. HODGE
	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	5 270
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) 73 6a(2) 50 6b 102 6c 96 6d 248 6e 18 6f 266 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ 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
---	---

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
--	--	--

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>-4.44</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)		29196
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>5.74</u> %		1676
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		30872
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	98.01 %
15 Adjusted funding target attainment percentage	15	98.01 %
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	107.63 %
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
03/01/2019	7268				
06/07/2019	7531				
06/12/2020	169036				
Totals ▶			18(b)	183835	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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	170872

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 3
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	
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	140605	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	174966	28430	
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	169035	
	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	169035	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	170872	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1837	
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 RAIL PRODUCTS INTERNATIONAL, INC. UNION EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL ELECTRIC COIL, INC.	D Employer Identification Number (EIN) 31-1412512	

Part I	Service Provider Information (see instructions)
--------	---

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

THE HUNTINGTON NATIONAL BANK

31-1440974

(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 27 28 50	TRUSTEE	22409	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

(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 27 28 50	TRUSTEE	7152	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>		
A Name of plan <u>RAIL PRODUCTS INTERNATIONAL, INC. UNION EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL ELECTRIC COIL, INC.</u>	D Employer Identification Number (EIN) <u>31-1412512</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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 Total noninterest-bearing cash	1a		0	
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions.....	1b(1)		0	169036
(2) Participant contributions.....	1b(2)			
(3) Other.....	1b(3)		16982	
c General investments:				
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		197376	
(2) U.S. Government securities	1c(2)			
(3) Corporate debt instruments (other than employer securities):				
(A) Preferred	1c(3)(A)			
(B) All other.....	1c(3)(B)			
(4) Corporate stocks (other than employer securities):				
(A) Preferred	1c(4)(A)			
(B) Common.....	1c(4)(B)			
(5) Partnership/joint venture interests	1c(5)			
(6) Real estate (other than employer real property).....	1c(6)			
(7) Loans (other than to participants)	1c(7)			
(8) Participant loans.....	1c(8)			
(9) Value of interest in common/collective trusts	1c(9)			
(10) Value of interest in pooled separate accounts	1c(10)			
(11) Value of interest in master trust investment accounts	1c(11)			
(12) Value of interest in 103-12 investment entities.....	1c(12)			
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		8417510	9767092
(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	8631868 9936128
Liabilities			
g	Benefit claims payable	1g	10617 10617
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	10617 10617
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	8621251 9925511

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)	183835
	(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)	183835
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6706
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	6706
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	124617
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	124617
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	21119553
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	20112604
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	1006949
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		431407
c Other income	2c		4646
d Total income. Add all income amounts in column (b) and enter total	2d		1758160

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	424337	
(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)		424337
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)	29563	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		29563
j Total expenses. Add all expense amounts in column (b) and enter total	2j		453900

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1304260
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ 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: **BHM CPA GROUP**

(2) EIN: **31-1413363**

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.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d		X	
e Was this plan covered by a fidelity bond?	X		1500000
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?.....			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	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 4264670. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan RAIL PRODUCTS INTERNATIONAL, INC. UNION EMPLOYEES PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL ELECTRIC COIL, INC.		D Employer Identification Number (EIN) 31-1412512
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 31-1440974		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☒ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
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 _____

RAIL PRODUCTS INTERNATIONAL, INC.
UNION EMPLOYEES PENSION PLAN

FINANCIAL STATEMENTS

December 31, 2019 and 2018

CONTENTS

Independent Auditor's Report	1
Financial Statements:	
Statements of Net Assets Available for Plan Benefits	3
Statements of Changes in Net Assets Available for Plan Benefits	4
Notes to Financial Statements.....	5
Supplemental Schedules:	
Schedule of Assets (Held at Year End).....	13
Schedule of Assets Acquired and Disposed of Within the Plan Year	14
Schedule of Reportable Transactions	15



bhm cpa group, inc.
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Pension Committee
Rail Products International, Inc.
Columbus, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Rail Products International, Inc. Union Employees Pension Plan (the Plan), which comprise the statements of net assets available for plan benefits as of December 31, 2019 and 2018, the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information which was certified by Huntington National Bank and John Hancock Life Insurance Company (U.S.A.), the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that John Hancock held the Plan's investment assets and executed investment transactions from July 12, 2019 through December 31, 2019 and that Huntington National Bank held the Plan's investment assets and executed investment transactions for the year ended December 31, 2018 and from January 1, 2019 through July 12, 2019. The Plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2019 and 2018, that the information provided to the Plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets (held at end of year), schedule of assets acquired and disposed of within the plan year, and schedule of reportable transactions as of December 31, 2019 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on 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 by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Columbus, Ohio
October 14, 2020

BHM CPA Group, Inc.

**RAIL PRODUCTS INTERNATIONAL, INC.
UNION EMPLOYEES PENSION PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
ASSETS		
Receivables		
Investment income receivable	\$ -	\$ 16,982
Employer	<u>169,036</u>	<u>-</u>
Total receivables	<u>169,036</u>	<u>16,982</u>
Investments, at fair value:		
Cash equivalents	-	197,376
Mutual funds	<u>9,767,092</u>	<u>8,417,510</u>
Total investments, at fair value	<u>9,767,092</u>	<u>8,614,886</u>
 Total Assets	 9,936,128	 8,631,868
LIABILITIES		
Benefit claims payable	<u>10,617</u>	<u>10,617</u>
 NET ASSETS AVAILABLE FOR PLAN BENEFITS	 <u>\$ 9,925,511</u>	 <u>\$ 8,621,251</u>

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

**RAIL PRODUCTS INTERNATIONAL, INC.
UNION EMPLOYEES PENSION PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

For the Years Ended December 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
ADDITIONS		
Employer contributions	\$ 183,835	\$ 30,251
Investment income (loss):		
Interest	6,706	3,808
Dividends	129,263	336,123
Net realized and unrealized appreciation (depreciation) in fair value of investments	<u>1,438,356</u>	<u>(748,737)</u>
Net investment income (loss)	<u>1,574,325</u>	<u>(408,806)</u>
TOTAL ADDITIONS AND INVESTMENT INCOME (LOSS)	<u>1,758,160</u>	<u>(378,555)</u>
DEDUCTIONS		
Pension benefit payments	424,337	366,389
Fees and expenses	<u>29,563</u>	<u>30,300</u>
TOTAL DEDUCTIONS	<u>453,900</u>	<u>396,689</u>
INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR PLAN BENEFITS	1,304,260	(775,244)
Net assets available for plan benefits at beginning of year	<u>8,621,251</u>	<u>9,396,495</u>
Net assets available for plan benefits at end of year	<u><u>\$ 9,925,511</u></u>	<u><u>\$ 8,621,251</u></u>

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

**RAIL PRODUCTS INTERNATIONAL, INC.
UNION EMPLOYEES PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2019 and 2018

DESCRIPTION OF THE PLAN

The following brief description of the Rail Products International, Inc. Union Employees Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more comprehensive description.

General

The Plan is a single employer, noncontributory defined benefit plan sponsored by National Electric Coil, Inc. (Plan Sponsor). The Plan covers all union employees who have completed 1,000 hours of service.

Benefits

Participants are eligible for normal monthly benefit payments upon reaching the age of 65. Reduced benefits are payable upon reaching the age of 60 with a minimum of ten years of service, or at the age of 55 with a minimum of thirty years of service. The Plan also provides for certain benefits in instances of disability, retirement, termination or death.

Participants may elect to receive pension benefits in the form of a single life annuity, joint and survivor annuity, or actuarial equivalent (including lump-sum distributions). Monthly benefits for all future retirees are calculated based on the years of service multiplied by the applicable monthly benefit level corresponding to the participant's retirement date outlined below:

<u>If an employee retires on or after</u>	<u>Benefit level per month per each service year is</u>
Nov. 1, 1994, but before Jan. 1, 1995	\$ 15.50
Jan. 1, 1995, but before Jan. 1, 1996	16.00
Jan. 1, 1996, but before Jan. 1, 1997	16.50
Jan. 1, 1997, but before Jan. 1, 1998	17.00
Jan. 1, 1998, but before Jan. 1, 1999	17.50
Jan. 1, 1999, but before Jan. 1, 2000	18.00
Jan. 1, 2000, but before Jan. 1, 2001	18.50
Jan. 1, 2001, but before Jan. 1, 2002	19.00
Jan. 1, 2002, but before Jan. 1, 2003	19.50
Jan. 1, 2003, but before Jan. 1, 2004	20.00
Jan. 1, 2004, but before Jan. 1, 2005	20.50
Jan. 1, 2005, but before Jan. 1, 2006	21.00
Jan. 1, 2006, but before Jan. 1, 2007	21.50
Jan. 1, 2007, but before Jan. 1, 2008	22.00
Jan. 1, 2008, but before Jan. 1, 2009	22.50
Jan. 1, 2009, but before Jan. 1, 2010	23.00
Jan. 1, 2010, but before Jan. 1, 2011	23.50
Jan. 1, 2011, but before Jan. 1, 2014	24.00
Jan. 1, 2014, but before Jan. 1, 2015	25.00
Jan. 1, 2015, but before Sept 11, 2018	26.00
Sept. 11, 2018	26.25

Any participant who dies with a vested benefit under the Plan shall have a survivor's benefit payable to the participant's eligible spouse. Any unmarried participant who dies before pension commencement date shall forfeit benefits under the Plan. In the event a participant over the age of 55 becomes disabled after the completion of ten years of service, that participant is entitled to disability retirement benefits equal to the accrued benefit at the time of disability, actuarially reduced if payments commence prior to age 65.

**RAIL PRODUCTS INTERNATIONAL, INC.
UNION EMPLOYEES PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2019 and 2018

DESCRIPTION OF THE PLAN – Continued

Vesting

The Plan provides for 100% vesting upon completion of five years of service. Employees terminating prior to completing 5 years of service forfeit the right to receive their accumulated plan benefits.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The accompanying financial statements have been prepared on the accrual basis of accounting, whereby income is recorded in the accounting period it is earned and expenses in the accounting period the expense is incurred regardless of when the cash is received or paid. The Plan's more significant accounting policies are as follows:

Investments

Investments are reported at their fair values based on quoted prices published on public security exchanges. Dividend and interest income is recorded when earned. Realized gains and losses on sales of investments are determined using the average cost method.

Contributions

Contributions are recognized when the expense is incurred by the Plan Sponsor. The Plan Sponsor makes contributions to the Plan within the minimum and maximum amounts allowed by law as determined by the Plan's actuary.

Benefit Payments

Benefit payments are recognized when paid to the participants.

Fees and Expenses

Fees and expenses are recognized when incurred. A portion of the fees and expenses connected with providing administrative services to the Plan are absorbed by the Plan Sponsor.

Federal Income Tax Status

The Internal Revenue Service (IRS) issued its latest determination letter on January 31, 2008, which stated that the Plan and its underlying trust qualify under the applicable provisions of the Internal Revenue Code and, therefore, are exempt from federal income taxes. The Plan Sponsor and trustees are not aware of any provision, action or event that has occurred that might affect the Plan's qualified status.

The Plan complies with Accounting Standards Codification (ASC) 740-10 related to uncertain tax positions. This standard prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken on a tax return. Plan administration is not aware of any tax positions taken by the Plan that it considers to be uncertain. The Plan is no longer subject to examination by federal and state taxing authorities prior to 2016.

Risks and Uncertainties

The Plan invests in a variety of investment securities. These investment securities are exposed to various risks, such as interest rate and 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 would materially affect the amounts reported in the statement of net assets available for plan benefits.

**RAIL PRODUCTS INTERNATIONAL, INC.
UNION EMPLOYEES PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2019 and 2018

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

New Accounting Standards

In August 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2018-13, *Fair Value Measurement – Disclosure Framework*. The updated guidance improves disclosure requirements on fair value measurements. The ASU is effective for fiscal years beginning after December 15, 2019. Early adoption is permitted for any removed or modified disclosures. Management is currently assessing the timing and impact of adopting the updated provisions.

Other accounting standards that have been issued or proposed by the FASB or other standard-setting bodies are not expected to have a material impact on the Plan's significant accounting policies, net assets available for benefits, or changes in net assets available for benefits.

INFORMATION CERTIFIED BY THE CUSTODIAN

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Huntington National Bank acted as custodian and held the Plan's investments and executed all investment transactions for the year ended December 31, 2018 and for the period January 1, 2019 through July 12, 2019 when John Hancock Life Insurance Company (U.S.A.) assumed those responsibilities on July 12, 2019 through December 31, 2019. Accordingly, Huntington National Bank and John Hancock Life Insurance Company (U.S.A.), the custodians of the Plan, has certified to the completeness and accuracy of:

Investments reflected on the accompanying statements of net assets available for plan benefits.

Net appreciation/depreciation in fair value of investments, dividends, and interest, reflected on the accompanying statements of changes in net assets available for plan benefits for the years ended.

Investments reflected on the schedule of assets (held at end of year).

PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are provided by or managed by the Plan's investment advisor, as is customary in retirement plans. Jacob, Haxton & Bood serves as the Plan's actuary and BHM CPA Group, Inc. serves as the Plan's auditor. As a result, transactions with these parties qualify as party-in-interest transactions.

Certain administrative functions are performed by officers or employees of the Plan Sponsor. No such officer or employee received compensation from the Plan. Certain administrative expenses of the Plan are paid directly by the Plan Sponsor and are not charged to the Plan.

**RAIL PRODUCTS INTERNATIONAL, INC.
UNION EMPLOYEES PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2019 and 2018

RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

No reconciliation was necessary for 2019 and 2018.

OBLIGATION FOR PENSION BENEFITS

The Plan Sponsor's contributions are designed to fund the Plan's annual service costs on a current basis and to fund prior service costs and recognize the actuarial gains and losses over a twenty-year period.

Accumulated plan benefits are those future benefit payments attributable under the Plan's provisions to service that employees have rendered to date. The actuarial present value of accumulated plan benefits has been determined by an independent actuary, and is that amount which 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 benefit information date and the expected payment dates. The effect of Plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

The actuarial present value of accumulated plan benefits as of the beginning of the Plan year, January 1, 2019, was as follows:

Vested:	
Retired employees receiving benefits	\$ 3,225,127
Active and terminated employees not presently receiving benefits	<u>5,171,559</u>
	8,396,686
Nonvested	<u>12,136</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 8,408,822</u>

The following presents the changes in the actuarial present value of accumulated plan benefits as of the beginning of the Plan year, January 1, 2019, was as follows:

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 8,484,123</u>
Change in assumptions	(37,418)
Benefits accumulated/decrease in discount period	498,056
Benefits paid	(366,389)
Plan amendments	30,831
Additional benefits earned/experience (gains) losses	<u>(200,381)</u>
Net decrease	<u>(75,301)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 8,408,822</u>

**RAIL PRODUCTS INTERNATIONAL, INC.
UNION EMPLOYEES PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2019 and 2018

OBLIGATION FOR PENSION BENEFITS – Continued

The more significant assumptions and methods underlying the actuarial valuations are as follows:

<u>Actuarial method</u>	<u>Unit Credit funding method</u>
Interest rate for funding purposes	Minimum funding segment rates 3.74% to 6.11%; maximum funding segment rates 2.35% to 4.47%
Discount rate for determining liability	6%
Mortality rate	SOA RP-2014 Total Dataset Mortality with Scale MP-2018
Retirement age	Normal retirement age (65)
Salary increase	N/A
Employee turnover	T-2

The Plan Sponsor may terminate the Plan or discontinue contributions at any time, subject to the provisions set forth in ERISA and the collective bargaining agreement. Should the Plan be terminated at some future time, all participants become 100% vested in benefits earned as of the termination date. If the termination is the result of bankruptcy or near bankruptcy of the Plan Sponsor and the Plan's assets are not adequate to pay all benefits vested prior to the termination, the Pension Benefit Guaranty Corporation (PBGC) will take over the Plan and will apply those benefits which it guarantees. In this case, some participants may receive a smaller benefit than if the Plan had continued. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits (as described in the Plan) and the level of benefits guaranteed by the PBGC at that time.

If, however, the Plan is terminated for any reason other than the bankruptcy or near bankruptcy of the Plan Sponsor and the Plan has insufficient assets, the Plan Sponsor will be required to pay to the Plan an amount which, together with Plan assets, will satisfy all benefits accumulated to the date of the Plan termination.

FAIR VALUE MEASUREMENTS

The Plan complies with ASC 820, *Fair Value Measurements and Disclosures*, to account for and report fair value. ASC 820 provides a single definition of fair value, a framework for measuring fair value and expanded disclosures concerning fair value. The standard defines fair value as the price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date.

Fair values of certain assets are determined based on the fair value hierarchy established in this standard, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. Observable inputs are inputs that reflect assumptions market participants would use in pricing the asset or liability based on the best information available in the circumstances. The standard describes three levels within its hierarchy that may be used to measure fair value which are:

Level 1

Values are based on unadjusted quoted prices in active markets for identical assets or liabilities.

**RAIL PRODUCTS INTERNATIONAL, INC.
UNION EMPLOYEES PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2019 and 2018

FAIR VALUE MEASUREMENTS – Continued

Level 2

Values are based on quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3

Values are generated from unobservable inputs that are supported by little or no market activity and that are a significant component of the fair value of the assets or liabilities. These unobservable inputs would reflect management's estimates of assumptions that market participants would use in pricing related assets or liabilities. Valuation techniques might include the use of pricing models, discounted cash flow models or similar techniques.

A financial asset or liability's classification within the hierarchy is determined based on the lowest level input that is significant to the fair value measurement. The assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the classification of fair value assets and liabilities within the fair value hierarchy levels.

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.

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

		Fair Value Measurements Using:		
	Fair Value	Level (1)	Level (2)	Level (3)
<u>December 31, 2019</u>				
Mutual funds	<u>\$ 9,767,092</u>	<u>\$ 9,767,092</u>	<u>\$ -</u>	<u>\$ -</u>
<u>December 31, 2018</u>				
Cash equivalents	\$ 197,376	\$ -	\$197,376	\$ -
Mutual funds	<u>8,417,510</u>	<u>8,417,510</u>	<u>-</u>	<u>-</u>
Total	<u>\$ 8,614,886</u>	<u>\$ 8,417,510</u>	<u>\$ 197,376</u>	<u>\$ -</u>

Mutual funds include debt and equity mutual funds. These funds are publicly traded and their fair value represents the closing price or net asset value as of December 31, 2019 and 2018. As a result, they are considered Level 1. The fair value of cash equivalents include money market funds which are based on quoted prices for similar assets or liabilities in active markets. As a result, they are considered Level 2.

The Plan's policy is to recognize transfers in levels of the fair value hierarchy as of the beginning of the period of transfer. There were no transfers in levels for 2019 and 2018.

**RAIL PRODUCTS INTERNATIONAL, INC.
UNION EMPLOYEES PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS - Continued

December 31, 2019 and 2018

SUBSEQUENT EVENTS

As a result of the spread of COVID-19 coronavirus, economic uncertainties have arisen which have resulted in significant volatility in the investment markets, resulting in a substantial decline in the value of some financial sectors and Plan investments. The duration and full impact of these financial effects cannot be reasonably estimated at this time; however, they anticipate this disruption may have an adverse effect on the Plan's and Plan Sponsor's results and financial statements for the year ended December 31, 2020.

In response to the spread of COVID-19, the Coronavirus Aid, Relief, and Economic Security Act (CARES) was signed into law. The CARES act aimed to reduce the negative economic impact of the coronavirus through the disbursement of \$2.1 trillion in aid and relief to multiple sectors of the economy. Included in these provisions were changes to limits and restrictions related to qualified participant distributions and contributions to retirement plans. The Plan is currently in the process of evaluating the effects for its December 31, 2020 Plan year, including the potential amendment of current Plan provisions to be in compliance with the changes in law.

Subsequent events were evaluated through October 14, 2020, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

**RAIL PRODUCTS INTERNATIONAL, INC.
UNION EMPLOYEES PENSION PLAN**

EIN 31-1412512

PLAN NUMBER 001

SCHEDULE H, LINE 4 i SCHEDULE OF ASSETS HELD AT YEAR END

December 31, 2019

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	American Funds - New World Fund	Mutual fund	\$ 760,413	\$ 810,574
	Western Assets Core Plus Bond	Mutual fund	950,517	987,429
	Virtus Seix Floating Rate HInc	Mutual fund	285,155	288,700
*	John Hancock Bond Fund	Mutual fund	950,517	980,714
	Black Rock High Yield Bond Fund	Mutual fund	285,155	297,923
	TIAA-CREF Equity Index Fund	Mutual fund	475,258	511,931
	DFA US Large Cap Value Fund	Mutual fund	1,330,723	1,432,451
*	Blue Chip Growth Fund	Mutual fund	1,330,723	1,381,157
	Vanguard Mid-Cap Value ETF	Mutual fund	285,155	303,080
	Vanguard International Growth Fund	Mutual fund	380,207	421,992
	PIMCO Income Fund - Institutional Class	Mutual fund	950,517	970,140
*	Undiscovered Managers Behavioral Value Fund	Mutual fund	475,258	504,939
	T Rowe Price QM US SC Grth Eq	Mutual fund	285,155	302,897
	MFS Mid Cap Growth Fund	Mutual fund	285,155	294,988
	Fidelity Advisors Energy Fund	Mutual fund	285,155	278,177
	TOTAL		<u>\$ 9,315,063</u>	<u>\$ 9,767,092</u>

* Represents party-in-interest.

**RAIL PRODUCTS INTERNATIONAL, INC.
UNION EMPLOYEES PENSION PLAN**

EIN 31-1412512

PLAN NUMBER 001

SCHEDULE H, LINE 4i SCHEDULE OF ASSETS ACQUIRED AND DISPOSED OF WITHIN THE PLAN YEAR

For the Year Ended December 31, 2019

(a) Quantity	(b) Security Description	(c) Symbol	(d) Purchase Date	(e) Sale Date	(f) Sale Proceeds	(g) Total Cost	(h) Gain (Loss)
12,097.12	Nuveen Equity Market Neutral Fund	NMAEX	1/9/2019	7/1/2019	\$ 286,944	\$ 306,904	\$ (19,960)

**RAIL PRODUCTS INTERNATIONAL, INC.
UNION EMPLOYEES PENSION PLAN**

EIN 31-1412512

PLAN NUMBER 001

SCHEDULE H, LINE 4j SCHEDULE OF REPORTABLE TRANSACTIONS

For the Years Ended December 31, 2019 and 2018

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (i) - Individual transactions in excess of 5% of plan assets:								
American Funds	New World Fund	\$ 760,413	\$ -	\$ -	-	\$ 760,413	\$ 760,413	\$ -
DFA	US Core Equity 1 Portfolio	-	1,064,164	-	-	849,119	1,064,164	215,045
Federated	Total Return Bond Fund	-	780,904	-	-	780,904	780,904	2,862
ISHARES	S&P 500 Growth ETF	-	733,058	-	258	346,633	733,058	386,167
ISHARES	MSCI EAFE ETF	-	527,655	-	488	542,496	527,655	(15,329)
Lord Abbett	Short Duration Income Fund	-	1,125,749	-	-	1,135,211	1,125,749	(9,462)
PIMCO	Income Fund - Institutional Class	-	758,469	-	-	1,711,480	1,708,986	(2,494)
SPDR	S&P Midcap 400 ETF Trust	950,517	609,541	-	149	456,035	604,687	153,357
SPDR	S&P 500 ETF Trust	-	677,549	-	197	455,487	675,287	221,865
T Rowe Price	Growth Stock Fund	-	1,094,858	-	-	848,100	1,094,858	246,758
Western	Asset Core Plus Bond Fund	950,517	-	-	-	950,517	950,517	-
John Hancock	Bond Fund	950,517	-	-	-	950,517	950,517	-
TIAA-CREF	Equity Index Fund	475,258	-	-	-	475,258	475,258	-
DFA	US Large Cap Value Fund	1,330,723	-	-	-	1,330,723	1,330,723	-
John Hancock	Blue Chip Growth Fund	1,330,723	-	-	-	1,330,723	1,330,723	-
Vanguard	International Growth Fund	380,207	-	-	-	380,207	380,207	-
John Hancock	Undiscovered Managers Behavioral Value Fund	475,258	-	-	-	475,258	475,258	-

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

American Funds	New World Fund	\$ 760,413	\$ 543,488	\$ -	\$ -	\$ 1,305,328	\$ 1,303,901	\$ (1,427)
DFA	US Core Equity 1 Portfolio	-	1,064,164	-	-	849,119	1,064,164	215,045
Federated	Total Return Bond Fund	34,295	780,904	-	-	812,338	815,199	2,862
ISHARES	S&P 500 Growth ETF	-	733,058	-	258	346,633	-	386,167
ISHARES	MSCI EAFE ETF	-	527,655	-	488	542,496	-	(15,329)
Lord Abbett	Short Duration Income Fund	50,871	1,125,749	-	-	1,186,081	1,176,620	(9,461)
Nuveen	Equity Market Neutral Fund	306,904	286,944	-	-	613,808	593,848	(19,960)
PIMCO	Income Fund - Institutional Class	984,625	758,469	-	-	1,745,588	1,743,094	(2,494)
SPDR	S&P Midcap 400 ETF Trust	-	609,541	-	149	456,035	604,687	153,357
SPDR	S&P 500 ETF Trust	-	677,549	-	197	455,487	675,287	221,865
T Rowe Price	Growth Stock Fund	-	1,094,858	-	-	848,100	1,094,858	246,758
Western	Asset Core Plus Bond Fund	950,517	-	-	-	950,517	950,517	-
John Hancock	Bond Fund	950,517	-	-	-	950,517	950,517	-
TIAA-CREF	Equity Index Fund	475,258	-	-	-	475,258	475,258	-
DFA	US Large Cap Value Fund	1,330,723	-	-	-	1,330,723	1,330,723	-
John Hancock	Blue Chip Growth Fund	1,330,723	-	-	-	1,330,723	1,330,723	-
Vanguard	International Growth Fund	380,207	-	-	-	380,207	380,207	-
John Hancock	Undiscovered Managers Behavioral Value Fund	475,258	-	-	-	475,258	475,258	-

There were no Category (ii) or (iv) reportable transactions during the year.

Rail Products International, Inc.
Union Employees Pension 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>
01/01/2019	7-year	7	<u>\$28,430</u>	<u>\$174,966</u>
Total			\$28,430	\$174,966
Shortfall Amortization Charge (sum of installments, no less than zero):			\$28,430	

Rail Products International, Inc.
Union Employees Pension 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	1	0	0	0	0	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
30-34	0	1	2	1	0	0	0	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
35-39	0	1	0	1	0	0	0	0	0	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
40-44	0	1	0	0	1	1	0	0	0	0	3
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	1	2	7	5	0	0	0	15
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	1	2	1	1	0	3	2	0	0	10
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	2	0	2	2	2	3	0	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	1	0	3	4	0	3	1	1	6	19
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
65-69	0	0	1	1	0	0	1	0	1	3	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
70+	0	0	0	0	1	0	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
Total	0	6	7	8	11	10	14	6	2	9	73
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

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

Average Age: 54.0

Average Service: 22

Rail Products International, Inc.
Union Employees Pension Plan

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

Valuation Date: 1/1/2019

Change in Actuarial Methods

Change in funding method due to change in valuation software - Automatic Approval under Rev. Proc. 2017-56 Section 4.02. Prior plan year funding target, normal cost, and actuarial value of assets as produced by the new valuation software are all within 1% of the respective values as determined by the valuation software used for the prior plan year.

Rail Products International, Inc.
Union Employees Pension Plan

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

Plan Effective Date	November 1, 1994
Plan Year	From January 1, 2019 to December 31, 2019
Eligibility	All employees not excluded by class are eligible to enter on the beginning of the month coincident with or following the completion of the following requirements: 1 year of service Employees who are not a member of a Bargaining Unit
Normal Retirement Age	All participants are eligible to retire with their full retirement benefit on attainment of age 65
Normal Retirement Benefit	Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following: \$26.00 times years of service less the Mangetek benefit 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 60 Completion of 10 plan years of service
Early Retirement Benefit	Actuarial Equivalence
Normal Form of Benefit	A benefit payable for the life of the participant
Optional Forms of Benefit	The following forms of benefit payment are also available: Life Only - Payable for the life of the participant. Life With 10 Years Certain - Payable for the life of the participant. If the participant dies before receiving payments for 10 full years, payments will continue to his/her surviving beneficiary for the remainder of the 10-year period and then stop. Joint and 100% Survivor - Payable for the life of the participant and his/her beneficiary. Payments cease on the death of both. Joint and 75% Survivor - Payable for the life of the participant. If the participant dies before his/her beneficiary, 75% of the benefit will continue for the life of the beneficiary. Joint and 66.67% Survivor - Payable for the life of the participant. If the participant dies before his/her beneficiary, 66.67% of the benefit will continue for the life of the beneficiary.

Rail Products International, Inc.
Union Employees Pension Plan

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

Joint and 50% Survivor - Payable for the life of the participant.
If the participant dies before his/her beneficiary, 50% of the benefit will continue for the life of the beneficiary.

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 date of hire excluding the following:

Years with less than 1,800 hours of service

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:

<u>Credited Years</u>	<u>Vested Percent</u>
1	0
2	0
3	0
4	0
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 present value of the accrued benefit

Change in Plan Provisions

The multiplier was increased from \$26.00 to \$26.25 effective for retirements after September 11, 2018.

**Rail Products International, Inc.
Union Employees Pension 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%	2.35%	Seg 1:	3.33%	Pre-Retirement: 7.50%
	Seg 2:	5.35%	3.85%	Seg 2:	4.39%	Post-Retirement: 7.50%
	Seg 3:	6.11%	4.47%	Seg 3:	4.72%	
Applicable Date	10/2018	10/2018		10/2018		
Pre-Retirement						
Turnover	T-2 LESS GA51M WITHDRAWAL RATES			None		None
Mortality	Male-2019 Static Table - Combined Male Female-2019 Static Table - Combined Female			None		UP-84 UNADJUSTED
Assumed Ret Age	Normal retirement age 65			Normal retirement age 65		Normal retirement age 65
Pln-reltd expenses	\$30,302.00					
Disability	Male-1977-78 Social Security Disability Rates - 2 Female-1977-78 Social Security Disability Rates - 2			None		None
Post-Retirement						
Mortality	Male-2019 Static Table - Combined Male Female-2019 Static Table - Combined Female			2019 Applicable Mortality Table from Notice 2018-02		UP-84 UNADJUSTED
Assumed Benefit Form For Funding				Normal Form		
Pct Assumed Married	80% assumed married					80% assumed married
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				5.56%		

Rail Products International, Inc.

Union Employees Pension Plan

Summary of Actuarial Assumptions and Method

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

Valuation Date: 1/1/2019

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.

Rail Products International, Inc.
Union Employees Pension Plan
Employer ID# 31-1412512: Plan No. 001

Schedule SB (Form 5500)
Part IV: Contributions and Liquidity Shortfalls

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

18 Contributions made to the plan for the plan year by employer(s):

<u>(a) Date</u> <u>(MM-DD-YYYY)</u>	<u>(b) Amount paid by</u> <u>employer(s)</u>
03-01-2019	7,268.00
06-07-2019	7,531.00
06-12-2020	169,036.00
Totals:	183,835.00

Rail Products International, Inc.
Union Employees Pension Plan
Employer ID# 31-1412512: Plan No. 001
Quarterly Installment Payment: \$0.00

Schedule SB, line 19 - Discounted Employer Contributions

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

<u>Date</u>	<u>Amount</u>	<u>Year</u>	<u>Rate</u>	<u>Period</u>	<u>Adj Ctb</u>
03-01-2019	7,268.00	2019	5.56%	03-01-2019 to 01-01-2019	7,202.75
06-07-2019	7,531.00	2019	5.56%	06-07-2019 to 01-01-2019	7,356.69
06-12-2020	169,036.00	2019	5.56%	06-12-2020 to 01-01-2019	156,312.44
Totals:	183,835.00				170,871.88

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 contribution from prior years	19a		0.00	
b	Contributions made to avoid benefit restrictions adjusted to valuation date	19b		0.00	
c	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	19c		170,871.88	

**RAIL PRODUCTS INTERNATIONAL, INC.
UNION EMPLOYEES PENSION PLAN**

EIN 31-1412512

PLAN NUMBER 001

SCHEDULE H, LINE 4 i SCHEDULE OF ASSETS HELD AT YEAR END

December 31, 2019

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	American Funds - New World Fund	Mutual fund	\$ 760,413	\$ 810,574
	Western Assets Core Plus Bond	Mutual fund	950,517	987,429
	Virtus Seix Floating Rate HInc	Mutual fund	285,155	288,700
*	John Hancock Bond Fund	Mutual fund	950,517	980,714
	Black Rock High Yield Bond Fund	Mutual fund	285,155	297,923
	TIAA-CREF Equity Index Fund	Mutual fund	475,258	511,931
	DFA US Large Cap Value Fund	Mutual fund	1,330,723	1,432,451
*	Blue Chip Growth Fund	Mutual fund	1,330,723	1,381,157
	Vanguard Mid-Cap Value ETF	Mutual fund	285,155	303,080
	Vanguard International Growth Fund	Mutual fund	380,207	421,992
	PIMCO Income Fund - Institutional Class	Mutual fund	950,517	970,140
*	Undiscovered Managers Behavioral Value Fund	Mutual fund	475,258	504,939
	T Rowe Price QM US SC Grth Eq	Mutual fund	285,155	302,897
	MFS Mid Cap Growth Fund	Mutual fund	285,155	294,988
	Fidelity Advisors Energy Fund	Mutual fund	285,155	278,177
	TOTAL		<u>\$ 9,315,063</u>	<u>\$ 9,767,092</u>

* Represents party-in-interest.

**RAIL PRODUCTS INTERNATIONAL, INC.
UNION EMPLOYEES PENSION PLAN**

EIN 31-1412512

PLAN NUMBER 001

SCHEDULE H, LINE 4i SCHEDULE OF ASSETS ACQUIRED AND DISPOSED OF WITHIN THE PLAN YEAR

For the Year Ended December 31, 2019

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
<u>Quantity</u>	<u>Security Description</u>	<u>Symbol</u>	<u>Purchase Date</u>	<u>Sale Date</u>	<u>Sale Proceeds</u>	<u>Total Cost</u>	<u>Gain (Loss)</u>
12,097.12	Nuveen Equity Market Neutral Fund	NMAEX	1/9/2019	7/1/2019	\$ 286,944	\$ 306,904	\$ (19,960)

**RAIL PRODUCTS INTERNATIONAL, INC.
UNION EMPLOYEES PENSION PLAN**

EIN 31-1412512

PLAN NUMBER 001

SCHEDULE H, LINE 4j SCHEDULE OF REPORTABLE TRANSACTIONS

For the Years Ended December 31, 2019 and 2018

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category (i) - Individual transactions in excess of 5% of plan assets:								
American Funds	New World Fund	\$ 760,413	\$ -	\$ -	\$ -	\$ 760,413	\$ 760,413	\$ -
DFA	US Core Equity 1 Portfolio	-	1,064,164	-	-	849,119	1,064,164	215,045
Federated	Total Return Bond Fund	-	780,904	-	-	778,042	780,904	2,862
ISHARES	S&P 500 Growth ETF	-	733,058	-	258	346,633	733,058	386,167
ISHARES	MSCI EAFE ETF	-	527,655	-	488	542,496	527,655	(15,329)
Lord Abbett	Short Duration Income Fund	-	1,125,749	-	-	1,135,211	1,125,749	(9,462)
PIMCO	Income Fund - Institutional Class	950,517	758,469	-	-	1,711,480	1,708,986	(2,494)
SPDR	S&P Midcap 400 ETF Trust	-	609,541	-	149	456,035	604,687	153,357
SPDR	S&P 500 ETF Trust	-	677,549	-	197	455,487	675,287	221,865
T Rowe Price	Growth Stock Fund	-	1,094,858	-	-	848,100	1,094,858	246,758
Western	Asset Core Plus Bond Fund	950,517	-	-	-	950,517	950,517	-
John Hancock	Bond Fund	950,517	-	-	-	950,517	950,517	-
TIAA-CREF	Equity Index Fund	475,258	-	-	-	475,258	475,258	-
DFA	US Large Cap Value Fund	1,330,723	-	-	-	1,330,723	1,330,723	-
John Hancock	Blue Chip Growth Fund	1,330,723	-	-	-	1,330,723	1,330,723	-
Vanguard	International Growth Fund	380,207	-	-	-	380,207	380,207	-
John Hancock	Undiscovered Managers Behavioral Value Fund	475,258	-	-	-	475,258	475,258	-
Category (iii) - Series of transactions in excess of 5% of plan assets:								
American Funds	New World Fund	\$ 760,413	\$ 543,488	\$ -	\$ -	\$ 1,305,328	\$ 1,303,901	\$ (1,427)
DFA	US Core Equity 1 Portfolio	-	1,064,164	-	-	849,119	1,064,164	215,045
Federated	Total Return Bond Fund	34,295	780,904	-	-	812,338	815,199	2,862
ISHARES	S&P 500 Growth ETF	-	733,058	-	258	346,633	-	386,167
ISHARES	MSCI EAFE ETF	-	527,655	-	488	542,496	-	(15,329)
Lord Abbett	Short Duration Income Fund	50,871	1,125,749	-	-	1,186,081	1,176,620	(9,461)
Nuveen	Equity Market Neutral Fund	306,904	286,944	-	-	613,808	593,848	(19,960)
PIMCO	Income Fund - Institutional Class	984,625	758,469	-	-	1,745,588	1,743,094	(2,494)
SPDR	S&P Midcap 400 ETF Trust	-	609,541	-	149	456,035	604,687	153,357
SPDR	S&P 500 ETF Trust	-	677,549	-	197	455,487	675,287	221,865
T Rowe Price	Growth Stock Fund	-	1,094,858	-	-	848,100	1,094,858	246,758
Western	Asset Core Plus Bond Fund	950,517	-	-	-	950,517	950,517	-
John Hancock	Bond Fund	950,517	-	-	-	950,517	950,517	-
TIAA-CREF	Equity Index Fund	475,258	-	-	-	475,258	475,258	-
DFA	US Large Cap Value Fund	1,330,723	-	-	-	1,330,723	1,330,723	-
John Hancock	Blue Chip Growth Fund	1,330,723	-	-	-	1,330,723	1,330,723	-
Vanguard	International Growth Fund	380,207	-	-	-	380,207	380,207	-
John Hancock	Undiscovered Managers Behavioral Value Fund	475,258	-	-	-	475,258	475,258	-

There were no Category (ii) or (iv) reportable transactions during the year.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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**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**Rail Products International, Inc.
Union Employees Pension Plan**B Three-digit**

plan number (PN) ▶

001

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

National Electric Coil, Inc.

D Employer Identification Number (EIN)

31-1412512

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 1 Day 1 Year 2019**2 Assets:**

	2a	2b
a Market value	8,621,251	
b Actuarial value		8,621,251

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	111	3,905,062	3,905,062
b For terminated vested participants	86	1,603,016	1,603,016
c For active participants	73	3,276,033	3,288,139
d Total	270	8,784,111	8,796,217

4 If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐

	4a	4b
a Funding target disregarding prescribed at-risk assumptions		
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		

5 Effective interest rate	5	5.56 %
6 Target normal cost	6	140,605

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***Gary D. Dickson*
Signature of actuary

Gary D. Dickson, FSA

Type or print name of actuary

JHBenefits, Ltd

Firm name

100 W Old Wilson Bridge Road
Suite 214
Worthington

OH 43085

Address of the firm

10/15/20

Date

20-03764

Most recent enrollment number

(614) 888-1005

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
v. 190130**

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>-4.44%</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)		29196
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>5.74%</u>		1676
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		30872
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	98.01%
15 Adjusted funding target attainment percentage	15	98.01%
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	107.63%
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
03/01/2019	7,268				
06/07/2019	7,531				
06/12/2020	169,036				
Totals ▶			18(b)	183,835	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
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 170,872
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**

3

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****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** 140,605**b** Excess assets, if applicable, but not greater than line 31a..... **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment..... Outstanding Balance Installment
174,966 28,430**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** 169,035

	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** 169,035**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 170,872**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)..... **38a** 1,837**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

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2019****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

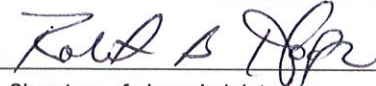
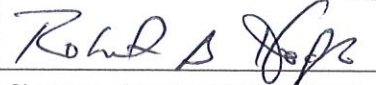
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ 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 Rail Products International, Inc. Union Employees Pension Plan	1b Three-digit plan number (PN) ▶ <u>001</u>
	1c Effective date of plan 11/01/1994
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) National Electric Coil, Inc. 800 King Avenue Columbus OH 43212	2b Employer Identification Number (EIN) 31-1412512
	2c Plan Sponsor's telephone number (614) 488-1151
	2d Business code (see instructions) 335900

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		<u>10-15-20</u>	Robert B. Hodge
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>10-15-20</u>	Robert B. Hodge
	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

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	5 270
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) 73
a(2) Total number of active participants at the end of the plan year	6a(2) 50
b Retired or separated participants receiving benefits.....	6b 102
c Other retired or separated participants entitled to future benefits	6c 96
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 248
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 18
f Total. Add lines 6d and 6e	6f 266
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
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

1B 3D

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

9a Plan funding arrangement (check all that apply) (1) ☐ 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
---	---

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 _____