

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2019</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>MJO INDUSTRIES 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2000</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2000</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>MJO INDUSTRIES</u> <u>HUGHES-PETERS</u> <u>8000 TECHNOLOGY BOULEVARD</u> <u>HUBER HEIGHTS, OH 45424</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>25-1841702</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>937-235-7163</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>423600</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>25-1841702</u>	2c Plan Sponsor's telephone number <u>937-235-7163</u>	2d Business code (see instructions) <u>423600</u>	
2b Employer Identification Number (EIN) <u>25-1841702</u>					
2c Plan Sponsor's telephone number <u>937-235-7163</u>					
2d Business code (see instructions) <u>423600</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	ADAM WARREN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 164
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) 151 6a(2) 159 6b 0 6c 18 6d 177 6e 0 6f 177 6g 123 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 3D 2T 3F 2R 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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)** ☒ 1 **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 A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019	
A Name of plan MJO INDUSTRIES 401(K) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 MJO INDUSTRIES	D Employer Identification Number (EIN) 25-1841702

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

(a) Name of insurance carrier TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6071399	70688	517277-000	120	01/01/2019	12/31/2019

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.	
(a) Total amount of commissions paid 0	(b) Total amount of fees paid 6456

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
TRINITY PENSION CONSULTANTS	310 MONTROSE WEST AVE COPLEY, OH 44321

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	3995	SERVICE FEES	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid	
MORGAN STANLEY SMITH BARNEY HOLDING	388 GREENWICH ST 17TH FLOOR NEW YORK, NY 10013

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	2461	COMMISSIONS	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **STABLE VALUE OPTION**

b Balance at the end of the previous year.....	7b	842775
c Additions: (1) Contributions deposited during the year.....	7c(1)	91355
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	10237
(4) Transferred from separate account.....	7c(4)	81762
(5) Other (specify below)	7c(5)	8008
▶ LOAN REPAYMENTS, FORFEITURES		
(6) Total additions.....	7c(6)	191362
d Total of balance and additions (add lines 7b and 7c(6))	7d	1034137
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	123427
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	7574
(4) Other (specify below)	7e(4)	18565
▶ ADMINISTRATIVE FEES		
(5) Total deductions.....	7e(5)	149566
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	884571

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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 MJO INDUSTRIES 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MJO INDUSTRIES	D Employer Identification Number (EIN) 25-1841702	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
TRANSAMERICA RETIREMENT SOLUTIONS	230 W MONROE ST #1150 CHICAGO, IL 60606
13-3689044	

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

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

MORGAN STANLEY SMITH BARNEY LLC

388 GREENWICH STREET
17TH FLOOR
NEW YORK, NY 10013

51-0116113

(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?
22 23 53	BROKER	25858	Yes ☒ No ☐	Yes ☒ No ☐	17033	Yes ☐ No ☒

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

TRANSAMERICA RETIREMENT SOLUTIONS

230 W MONROE ST
#1150
CHICAGO, IL 60606

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	34900	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

TRINITY PENSION CONSULTANTS

310 MONTROSE WEST AVE
COPLEY, OH 44321

20-4548831

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64	TPA	2610	Yes ☒ No ☐	Yes ☒ No ☐	24	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
MORGAN STANLEY SMITH BARNEY LLC	22 23 53	17033

(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.
TRANSAMERICA RETIREMENT SOLUTIONS 230 W MONROE STREET CHICAGO, IL 60606 13-3689044	COMMISSIONS

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

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

a Name:	BKD, LLP	b EIN:	44-0160260
c Position:	AUDITOR		
d Address:	410 CRANBERRY STREET SUITE 210 ERIE, PA 16507	e Telephone:	814-456-4150

Explanation: THE FORMER ERIE OFFICE OF BKD, LLP WAS ACQUIRED BY MCGILL, POWER, BELL & ASSOCIATES, LLP IN NOVEMBER 2019

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:	
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d Address:		e Telephone:	

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>MJO INDUSTRIES 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MJO INDUSTRIES</u>	D Employer Identification Number (EIN) <u>25-1841702</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLUMBIA BALANCED ADV</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>36-6071399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLUMBIA MID CAP INDEX I2</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>36-6071399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NUVEEN SMALL CAP VALUE I</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>36-6071399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LORD ABBETT HIGH YIELD R4</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>36-6071399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLUMBIA SMALL CAP INDEX I2</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>36-6071399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLUMBIA STRATEGIC INCOME FUND</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>36-6071399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DELAWARE EMERGING MARKETS INSTL</u>				
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>36-6071399-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO INTERNATIONAL BOND (USD-HEDGE)		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON TRITON T		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: ISHARES S&P 500 INDEX K		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INFLATION-PROTECTED SECURITIES		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD GNMA ADM		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA CONTRARIAN CORE I3		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INTERNATIONAL CORE EQUITY I		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS VALUE R3		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON FORTY I		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN ASSET CORE PLUS BOND I		
b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY		
c EIN-PN 36-6071399-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 MJO INDUSTRIES 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MJO INDUSTRIES	D Employer Identification Number (EIN) 25-1841702	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	547375	6234
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	17362	58988
(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)	258208	724759
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	445363	1377725
(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)	122785	173592
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	4675818	0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	0	5338265
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	842775	884571
(15) Other.....	1c(15)	0	0

		(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	6909686 8564134
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6909686 8564134

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)	241719
	(B) Participants	2a(1)(B)	574272
	(C) Others (including rollovers)	2a(1)(C)	7842
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	823833
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(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)	5606
	(F) Other	2b(1)(F)	19153
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	24759
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	28020
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	128119
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	156139
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	989169
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	989169

		(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)		0
(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)		111606
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		2105506

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	387690	
(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)		387690
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)	37510	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	25858	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		63368
j Total expenses. Add all expense amounts in column (b) and enter total	2j		451058

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1654448
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: MCGILL, POWER, BELL & ASSOCIATES (2) EIN: 25-1031405

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
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.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>MJO INDUSTRIES 401(K) 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>MJO INDUSTRIES</u>	D Employer Identification Number (EIN) <u>25-1841702</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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



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INDEPENDENT AUDITOR'S REPORT

Trustees
MJO Industries 401(k) Plan
Huber Heights, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the MJO Industries 401(k) Plan (Plan), which comprise the statement of net assets available for benefits as of December 31, 2019, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Reliance Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2019, 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 on the 2019 financial statements. Accordingly, we do not express an opinion on the 2019 financial statements referred to in the first paragraph.

Other Matter – Supplemental Schedule

The supplemental schedule listed in the table of contents is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974* and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule referred to above.

Other Matter – 2018 Financial Statements

The financial statements of the Plan as of December 31, 2018, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974* (ERISA), the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Transamerica Financial Life Insurance Company, the former custodian of the Plan. Their report, dated October 15, 2019, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and, accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the custodian, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Other Matter – Restatement of Prior Year Financial Statements

As part of our audit of the 2019 financial statements, we also audited adjustments described in Note J that were applied to restate the 2018 financial statements. In our opinion, such adjustments are appropriate and have been properly applied. We were not engaged to audit, review, or apply any procedures to the 2018 financial statements of the Plan other than with respect to the adjustments and, accordingly, we do not express an opinion or any other form of assurance on the 2018 financial statements as a whole.

Report on Form and Content in Compliance with DOL Rules and Regulations 2019

The form and content of the information included in the 2019 financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*.

McGill, Power, Bell & Associates, LLP

McGill, Power, Bell & Associates, LLP
Erie, Pennsylvania
October 15, 2020

MJO INDUSTRIES 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2019 AND 2018

	2019	2018 Restated
ASSETS		
Investments		
At Fair Value	\$ 7,499,737	\$ 5,396,751
At Contract Value	884,571	842,775
Total Investments	8,384,308	6,239,526
Receivables		
Accrued Interest Receivable	6,234	2,188
Notes Receivable from Participants	173,592	122,785
Transfer Between Custodians Receivable	-	545,187
Total Receivables	179,826	670,160
Total Assets	8,564,134	6,909,686
NET ASSETS AVAILABLE FOR BENEFITS	\$ 8,564,134	\$ 6,909,686

See notes to financial statements.

MJO INDUSTRIES 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2019 AND 2018

	2019	2018 Restated
ADDITIONS		
Investment Income		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 1,100,775	\$ (398,301)
Interest and Dividends	175,292	125,657
Net Investment Income	1,276,067	(272,644)
Interest Income on Notes Receivable from Participants	5,606	4,598
Contributions		
Employer	241,719	214,566
Participants	574,272	519,982
Rollovers	7,842	51,907
Plan Expense Reimbursements	-	1,200
Total Contributions	823,833	787,655
TOTAL ADDITIONS	2,105,506	519,609
DEDUCTIONS		
Benefits Paid to Participants	387,690	461,053
Administrative Expenses	63,368	49,728
TOTAL DEDUCTIONS	451,058	510,781
NET INCREASE	1,654,448	8,828
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	6,909,686	6,900,858
End of Year	<u>\$ 8,564,134</u>	<u>\$ 6,909,686</u>

See notes to financial statements.

MJO INDUSTRIES 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A DESCRIPTION OF THE PLAN

General

The following description of the MJO Industries 401(k) Plan (Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan sponsored by Hughes-Peters, Inc. (Company) for the benefit of its employees who have at least six months of service and are age 21 or older. Related employers who also participate in the Plan include Baader Brown Industries, LLC. Collectively bargained and leased employees are excluded from participating in the Plan. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Individuals employed by the Company are trustees of the Plan. Morgan Stanley Smith Barney LLC and Reliance Trust Company served as Plan custodians for the year ended December 31, 2019. Morgan Stanley Smith Barney LLC and Transamerica Financial Life Insurance Company served as Plan custodians for the year ended December 31, 2018.

Contributions

The Plan permits eligible employees, through a salary deferral election, to have the Company make annual contributions of up to 100% of their eligible compensation. Employee rollover contributions are also permitted. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Company makes safe harbor matching contributions of 100% of employees' salary deferral amounts on the first 3% of employees' compensation plus 50% of the amount contributed between 3% and 5% of employees' compensation. Company additional matching and profit-sharing contributions are discretionary as determined by the Company's Board of Trustees. Contributions are subject to certain limitations.

Participant Investment Account Options

Each participant has the option of directing their contributions into any of the various investment options offered by the Plan and may change the allocation daily.

Participant Accounts

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

MJO INDUSTRIES 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

Vesting

Participants are immediately vested in their voluntary contributions and Company safe harbor contributions plus earnings thereon. Vesting in the Company's additional matching and profit-sharing contribution portion of their accounts plus earnings thereon is based on years of continuous service. A participant is fully vested in Company additional matching and profit-sharing contributions after six years of continuous service.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate is set at the prime, as defined. Principal and interest is paid ratably through bi-weekly payroll deductions.

Payment of Benefits

Upon termination of service due to death, disability, retirement, or other reasons, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in their account. In-service withdrawals are permitted upon attainment of age 59 ½. Hardship withdrawals for immediate and heavy financial needs as defined in the Plan Document are available to participants while currently employed.

Forfeited Accounts

At December 31, 2019 and 2018, forfeited nonvested accounts totaled \$229 and \$38, respectively. These accounts will be used to reduce future Plan administrative expenses or employer contributions.

Other Unallocated Accounts

In accordance with the service agreement with the Plan Sponsor, a portion of the Insurance Company General Account represents a Plan-level expense account funded by Transamerica Financial Life Insurance Company. The balance of this account was \$661 and \$657 at December 31, 2019 and 2018, respectively. The Plan Sponsor has the ability to use these funds to pay for future Plan expenses. Plan investment management expenses of \$0 and \$1,200 were paid from this account in the years ended December 31, 2019 and 2018, respectively. This account is regarded as an asset of the Plan for financial statement and Form 5500 reporting.

NOTE B SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

MJO INDUSTRIES 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets, changes in net assets and the disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value except for fully benefit-responsive investment contracts, which are reported at contract value. Quoted market prices, if available, are used to value investments. Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year end. Common stocks are valued at the closing price reported on the active market on which the individual securities are traded. Corporate bonds are valued on the basis of yields currently available on comparable securities of issuers with similar credit ratings.

Fully benefit-responsive investment contracts are valued at contract value. Contract value represents contributions made under the contract, plus interest at the contract rate, less participant withdrawals and administration expenses.

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

Notes Receivable from Participants

Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan Document.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses may be paid by the Company or the Plan, at the Company's discretion.

MJO INDUSTRIES 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

Transfers Between Fair Value Hierarchy Levels

Transfers in and out of Level 1 (quoted market prices), Level 2 (other significant observable inputs) and Level 3 (significant unobservable inputs) are recognized on the last day of the Plan year.

Revisions

Certain immaterial revisions have been made to the 2018 financial statements for the classification of securities held by the Plan. Securities previously reported as pooled separate accounts were subsequently determined to be mutual funds. Additionally, securities previously reported as insurance company general accounts recorded at fair value were subsequently determined to be recorded at contract value. Changes have been incorporated in the 2019 financial statements, and prior year disclosures in Note E were updated. These revisions did not have any impact on changes in net assets available for benefits.

NOTE C CERTIFICATION OF PLAN CUSTODIANS

The Company has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Reliance Trust Company, custodian of the Plan, has certified the following information included in the accompanying financial statements and supplemental schedule is complete and accurate as of and for the year ended December 31, 2019. Transamerica Financial Life Insurance Company, the former custodian, has certified the following information in the accompanying financial statements is complete and accurate as of and for the year ended December 31, 2018:

- Insurance company general accounts, mutual funds and notes receivable from participants as included in the statements of net assets available for benefits as of December 31, 2019 and 2018. The amount of investments by investment type classification are detailed in Note E.
- Investment income from insurance company general accounts and mutual funds of \$942,330 and \$(235,436) for the years ended December 31, 2019 and 2018, respectively. Interest income from notes receivable from participants of \$5,606 and \$4,598 for the years ended December 31, 2019 and 2018, respectively.
- Investment information for insurance company general accounts, mutual funds and notes receivable from participants included in the accompanying schedule of assets (held at end of year) as of December 31, 2019.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

MJO INDUSTRIES 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE D RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

Certain Plan investments are interests in an insurance company general account managed by Transamerica Financial Life Insurance Company and money market accounts managed and common stock issued by Morgan Stanley Smith Barney LLC, the investment manager and custodian as defined by the Plan, respectively, and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. The Company directly pays certain other fees related to the Plan's operations.

The Plan paid recordkeeping fees of \$34,900 and \$39,068 to Transamerica for the years ended December 31, 2019 and 2018, respectively. The Plan paid recordkeeping fees of \$25,858 and \$11,365 to Morgan Stanley Smith Barney LLC for the years ended December 31, 2019 and 2018, respectively. Individually non-material expenses paid to other parties in interest aggregated \$2,610 for the year ended December 31, 2019. The Company provides certain administrative services at no cost to the Plan.

NOTE E DISCLOSURES ABOUT FAIR VALUE OF PLAN ASSETS AND LIABILITIES

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. The hierarchy comprises three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices 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** Unobservable inputs supported by little or no market activity and that are significant to the fair value of the assets or liabilities

MJO INDUSTRIES 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

Recurring Measurements

The following table presents the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2019 and 2018:

		Fair Value Measurement Using		
	Fair Value	Level 1	Level 2	Level 3
December 31, 2019				
Money Market Funds	\$ 58,988	\$ 58,988	\$ -	\$ -
Mutual Funds	5,338,265	5,338,265	-	-
Common Stocks	1,377,725	1,377,725	-	-
Corporate Debt Securities	724,759	-	724,759	-
Investments at Fair Value	\$ 7,499,737	\$ 6,774,978	\$ 724,759	\$ -
		Fair Value Measurement Using		
	Fair Value	Level 1	Level 2	Level 3
December 31, 2018				
Money Market Funds	\$ 17,362	\$ 17,362	\$ -	\$ -
Mutual Funds	4,675,818	4,675,818	-	-
Common Stocks	445,363	445,363	-	-
Corporate Debt Securities	258,208	-	258,208	-
Investments at Fair Value	\$ 5,396,751	\$ 5,138,543	\$ 258,208	\$ -

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2019 and 2018. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

MJO INDUSTRIES 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE F INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan participates in a traditional fully benefit-responsive investment contract with Transamerica Life Insurance Company (Transamerica). Transamerica maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses.

The investment contract is fully benefit responsive; therefore, contract value is the relevant measurement. Contract value, as reported to the Plan by Transamerica, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Transamerica Stable Value Focus Account is a single group annuity contract. As a result, the average yield earned by the Plan is the yield earned (i.e. interest credited) on the group annuity contract.

There are no reserves against the contract value for credit risk of the contract issuer or otherwise.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan Documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Company or other Company events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

NOTE G PLAN TERMINATION

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

NOTE H TAX STATUS

The Plan operates under a volume submitter defined contribution plan sponsored by Trinity Pension Consultants, Inc. This volume submitter plan document has been filed with the appropriate agency. The Plan has not obtained or requested a determination letter. However, the Plan Administrator

MJO INDUSTRIES 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

NOTE I RISKS AND UNCERTAINTIES

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

NOTE J RESTATEMENT OF PRIOR YEAR FINANCIAL STATEMENTS

In December of 2018, a participant had elected to transfer their account balance from one Plan custodian to another custodian. The custodian disbursed the funds prior to December 31, 2018, but the funds were not received by the other custodian until January 2019. In the prior year, this transaction was originally recorded as a distribution in the 2018 financial statements. In the current year, adjustments were made to restate the statement of net assets available for benefits as of December 31, 2018 and the statement of changes in net assets available for benefits for the year ended December 31, 2018. The Plan had no significant changes to its footnote disclosures as a result of the restatement.

The line items in the 2018 financial statements that were impacted by this restatement are as follows:

	2018 Previously Issued	Restatement	2018 Restated
Transfer Between Custodians Receivable	\$ -	\$ 545,187	\$ 545,187
Net Assets Available for Benefits	\$ 6,364,499	\$ 545,187	\$ 6,909,686
Benefits Paid to Participants	\$ 1,006,240	\$ (545,187)	\$ 461,053
Net Increase	\$ (536,359)	\$ 545,187	\$ 8,828

NOTE K SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 15, 2020, which is the date the financial statements were available to be issued.

Impact of COVID-19

The COVID-19 outbreak in the United States has resulted in a number of challenges and uncertainties for companies world-wide, which in some cases have resulted in large and unanticipated declines in the fair value of investments. Should this situation continue to persist, it is possible this could have a material impact on the fair value of the investments held by the Plan.

MJO INDUSTRIES 401(K) PLAN

EIN 25-1841702 PN 001

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

DECEMBER 31, 2019

Identity of Issuer	Description of Investment	Cost	Current Value
3M Company	Common Stock; 14 Shares	**	\$ 2,470
ABB Ltd.	Common Stock; 318 Shares	**	7,659
Abbott Laboratories	Common Stock; 12 Shares	**	1,042
AbbVie Inc.	Common Stock; 85 Shares	**	7,526
Accenture PLC	Common Stock; 96 Shares	**	20,215
Adobe Inc.	Common Stock; 5 Shares	**	1,649
Advance Auto Parts, Inc.	Common Stock; 5 Shares	**	801
AIA Group Limited	Common Stock; 246 Shares	**	10,355
Akamai Technologies, Inc.	Common Stock; 12 Shares	**	1,037
Alcon, Inc.	Common Stock; 63 Shares	**	3,563
Alexion Pharmaceuticals, Inc.	Common Stock; 8 Shares	**	865
Alibaba Group Holding Limited	Common Stock; 29 Shares	**	6,152
Allergan PLC	Common Stock; 32 Shares	**	6,117
Alphabet Inc.	Common Stock; 4 Shares	**	5,348
Alphabet Inc.	Common Stock; 19 Shares	**	25,448
Altria Group, Inc.	Common Stock; 47 Shares	**	2,345
Amazon, Inc.	Common Stock; 7 Shares	**	12,935
Amcor PLC	Common Stock; 141 Shares	**	1,529
Ameren Corporation	Common Stock, 24 Shares	**	1,843
American Electric Power Company, Inc.	Common Stock; 23 Shares	**	2,174
American Express Company	Common Stock; 41 Shares	**	5,104
American International Group, Inc.	Common Stock; 46 Shares	**	2,361
American Tower Corporation (REIT)	Common Stock; 12 Shares	**	2,758
Amgen Inc.	Common Stock; 12 Shares	**	2,893
Analog Devices, Inc.	Common Stock; 11 Shares	**	1,307
Anheuser-Busch InBev SA /NV	Common Stock; 115 Shares	**	9,436
Anthem, Inc.	Common Stock; 9 Shares	**	2,718
Aon PLC	Common Stock; 76 Shares	**	15,831
Apple, Inc.	Common Stock; 67 Shares	**	19,674
ASSA ABLOY AB	Common Stock; 458 Shares	**	5,334
AT&T Inc.	Common Stock; 373 Shares	**	14,577
Automatic Data Processing, Inc.	Common Stock; 14 Shares	**	2,388
Axalta Coating Systems Ltd.	Common Stock; 87 Shares	**	2,645
Baker Hughes Company	Common Stock; 75 Shares	**	1,922
Bank of American Corporation	Common Stock; 341 Shares	**	12,010
Baxter International Inc.	Common Stock; 20 Shares	**	1,670
BCE Inc.	Common Stock; 114 Shares	**	5,284
Becton, Dickinson and Company	Common Stock; 12 Shares	**	3,264
Berkshire Hathaway Inc.	Common Stock; 12 Shares	**	2,718
BioMarin Pharmaceutical Inc.	Common Stock; 7 Shares	**	592
Black Knight, Inc.	Common Stock; 42 Shares	**	2,708
BlackRock, Inc.	Common Stock; 8 Shares	**	4,021
Boston Scientific Corporation	Common Stock; 212 Shares	**	9,586
BP PLC	Common Stock; 162 Shares	**	6,113

MJO INDUSTRIES 401(K) PLAN

EIN 25-1841702 PN 001

SCHEDULE H, LINE 4i- SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2019

Identity of Issuer	Description of Investment	Cost	Current Value
Bristol-Meyers Squibb Company	Common Stock; 69 Shares	**	4,429
British American Tobacco PLC	Common Stock; 58 Shares	**	2,463
Broadcom Inc.	Common Stock; 14 Shares	**	4,424
Brookfield Asset Management Inc.	Common Stock; 53 Shares	**	3,063
Bunzl PLC	Common Stock; 228 Shares	**	6,337
C.H. Robinson Worldwide, Inc.	Common Stock; 4 Shares	**	313
CAE Inc.	Common Stock; 292 Shares	**	7,726
Canadian Imperial Bank of Commerce	Common Stock; 68 Shares	**	5,657
Canadian National Railway Company	Common Stock; 126 Shares	**	11,397
CarGurus, Inc.	Common Stock; 42 Shares	**	1,478
Caterpillar Inc.	Common Stock; 8 Shares	**	1,181
Cerner Corporation	Common Stock; 35 Shares	**	2,569
Cheniere Energy, Inc.	Common Stock; 63 Shares	**	3,847
Chevron Corporation	Common Stock; 122 Shares	**	14,703
Chubb Limited	Common Stock; 44 Shares	**	6,849
Cisco Systems, Inc.	Common Stock; 404 Shares	**	19,376
Citigroup Inc.	Common Stock; 59 Shares	**	4,714
CME Group Inc.	Common Stock; 31 Shares	**	6,222
CMS Energy Corporation	Common Stock; 24 Shares	**	1,508
Coca-Cola European Partners PLC	Common Stock; 145 Shares	**	7,405
Colgate-Palmolive Company	Common Stock; 32 Shares	**	2,203
Comcast Corporation	Common Stock; 253 Shares	**	11,377
Compagnie Financiere Richemont SA	Common Stock; 311 Shares	**	2,430
Compass Group PLC	Common Stock; 366 Shares	**	9,243
ConocoPhillips	Common Stock; 48 Shares	**	3,121
Costco Wholesale Corporation	Common Stock; 4 Shares	**	1,176
Crown Castle International Corp. (REIT)	Common Stock; 10 Shares	**	1,421
Cummins Inc.	Common Stock; 8 Shares	**	1,432
CyrusOne Inc.	Common Stock; 44 Shares	**	2,879
Danaher Corporation	Common Stock; 10 Shares	**	1,534
Danone S.A.	Common Stock; 133 Shares	**	2,193
Deere & Company	Common Stock; 7 Shares	**	1,214
Delta Air Lines, Inc.	Common Stock; 43 Shares	**	2,515
Diageo PLC	Common Stock; 119 Shares	**	20,043
Digital Realty Trust, Inc.	Common Stock; 18 Shares	**	2,155
Dollar General Corporation	Common Stock; 47 Shares	**	7,332
Dominion Energy, Inc.	Common Stock; 87 Shares	**	7,206
DOW Inc.	Common Stock; 27 Shares	**	1,478
Duke Energy Corporation	Common Stock; 64 Shares	**	5,838
eBay Inc.	Common Stock; 28 Shares	**	1,011
Ecolab Inc.	Common Stock; 5 Shares	**	965
Eli Lilly and Company	Common Stock; 21 Shares	**	2,760
Enbridge Inc.	Common Stock; 80 Shares	**	3,182
Envista Holdings Corporation	Common Stock; 205 Shares	**	6,077

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Identity of Issuer	Description of Investment	Cost	Current Value
Epiroc AB	Common Stock; 637 Shares	**	7,746
Equinix, Inc.	Common Stock; 2 Shares	**	1,167
Eversource Energy	Common Stock; 22 Shares	**	1,871
Exxon Mobil Corporation	Common Stock; 147 Shares	**	10,258
Facebook, Inc.	Common Stock; 39 Shares	**	8,005
Fastenal Company	Common Stock; 62 Shares	**	2,291
Fidelity National Information Services, Inc.	Common Stock; 38 Shares	**	5,285
First Republic Bank	Common Stock; 8 Shares	**	940
Formula One Group	Common Stock; 56 Shares	**	2,574
Fox Corporation	Common Stock; 75 Shares	**	2,730
Gilead Sciences, Inc.	Common Stock; 98 Shares	**	6,369
GlaxoSmithKline PLC	Common Stock; 135 Shares	**	6,344
Hang Seng Bank Limited	Common Stock; 337 Shares	**	6,949
HDFC Bank Limited	Common Stock; 132 Shares	**	8,365
Hexagon AB	Common Stock; 113 Shares	**	6,296
HIS Markit Ltd.	Common Stock; 12 Shares	**	904
Honeywell International Inc.	Common Stock; 129 Shares	**	22,833
Huntington Bancshares Incorporated	Common Stock; 263 Shares	**	3,967
Illinois Tool Works Inc.	Common Stock; 18 Shares	**	3,233
Inercontinental Exchange, Inc.	Common Stock; 132 Shares	**	12,216
Ingersoll Rand Inc.	Common Stock; 47 Shares	**	6,247
Intel Corporation	Common Stock; 84 Shares	**	5,028
International Business Machines Corporation	Common Stock; 31 Shares	**	4,155
International Flavros & Fragrances Inc.	Common Stock; 14 Shares	**	1,806
Invesco Ltd.	Common Stock; 94 Shares	**	1,690
IQVIA Holdings Inc.	Common Stock; 95 Shares	**	14,678
Israel Discount Bank Limited	Common Stock; 178 Shares	**	8,366
Johnson & Johnson	Common Stock; 208 Shares	**	30,340
JPMorgan Chase & Co.	Common Stock; 126 Shares	**	17,565
Kao Corporation	Common Stock; 411 Shares	**	6,814
Kimberly-Clark Corporation	Common Stock; 86 Shares	**	11,830
Kinder Morgan, Inc.	Common Stock; 28 Shares	**	593
KLA Corporation	Common Stock; 19 Shares	**	3,385
Lam Research Corporation	Common Stock; 12 Shares	**	3,509
Lennar Corporation	Common Stock; 78 Shares	**	4,352
Linde PLC	Common Stock; 20 Shares	**	4,258
Lockheed Martin Corporation	Common Stock; 24 Shares	**	9,345
Lowe's Companies, Inc.	Common Stock; 133 Shares	**	15,928
LyondellBasell Industries N.V.	Common Stock; 42 Shares	**	3,969
M&T Bank Corporation	Common Stock; 5 Shares	**	850
Markel Corporation	Common Stock; 2 Shares	**	2,286
Marsh & McLennan Companies, Inc.	Common Stock; 60 Shares	**	6,684
Mastercard Incorporated	Common Stock; 7 Shares	**	2,090
McCormick & Company, Incorporated	Common Stock; 3 Shares	**	509

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SCHEDULE H, LINE 4i- SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2019

Identity of Issuer	Description of Investment	Cost	Current Value
McDonald's Corporation	Common Stock; 68 Shares	**	13,437
Medtronic PLC	Common Stock; 58 Shares	**	6,580
Merk & Co., Inc.	Common Stock; 75 Shares	**	6,821
Microsoft Corporation	Common Stock; 270 Shares	**	42,579
Mondelez International, Inc.	Common Stock; 82 Shares	**	4,516
* Morgan Stanley	Common Stock; 91 Shares	**	4,652
Motorola Solutions, Inc.	Common Stock; 79 Shares	**	12,730
National Grid PLC	Common Stock; 80 Shares	**	5,014
NextEra Energy, Inc.	Common Stock; 24 Shares	**	5,812
Nintendo Co., Ltd.	Common Stock; 118 Shares	**	5,889
Northern Trust Corporation	Common Stock; 11 Shares	**	1,169
Northrop Grumman Corporation	Common Stock; 4 Shares	**	1,376
Novartis AG	Common Stock; 115 Shares	**	10,890
Nutanix, Inc.	Common Stock; 23 Shares	**	719
NVIDIA Corporation	Common Stock; 4 Shares	**	941
NXP Semiconductors N.V.	Common Stock; 76 Shares	**	9,672
Occidental Petroleum Corporation	Common Stock; 58 Shares	**	2,391
Oracle Corporation	Common Stock; 600 Shares	**	3,179
Oversea-Chinese Banking Corporation Limited	Common Stock; 502 Shares	**	8,132
Packaging Corporation of America	Common Stock; 29 Shares	**	3,248
Palo Alto Networks, Inc.	Common Stock; 28 Shares	**	6,475
Parker-Hannifin Corporation	Common Stock; 9 Shares	**	1,852
Pepsico, Inc.	Common Stock; 100 Shares	**	13,667
Pfizer Inc.	Common Stock; 243 Shares	**	9,522
Phillip Morris International Inc.	Common Stock; 142 Shares	**	12,083
Phillips 66	Common Stock; 33 Shares	**	3,676
Pioneer Natural Resources Company	Common Stock; 5 Shares	**	757
Polaris Inc.	Common Stock; 20 Shares	**	2,034
PPL Corporation	Common Stock; 139 Shares	**	4,988
Principal Financial Group, Inc.	Common Stock; 23 Shares	**	1,265
Prudential PLC	Common Stock; 196 Shares	**	7,466
PTC Inc.	Common Stock; 122 Shares	**	8,437
QUALCOMM Incorporated	Common Stock; 12 Shares	**	1,059
Ralph Lauren Corporation	Common Stock; 12 Shares	**	1,407
Realty Income Corporation	Common Stock; 49 Shares	**	3,608
Regiona Financial Corporation	Common Stock; 108 Shares	**	1,854
RELX PLC	Common Stock; 449 Shares	**	11,346
Rockwell Automation, Inc.	Common Stock; 56 Shares	**	11,349
Royal Dutch Shell PLC	Common Stock; 26 Shares	**	1,559
S&P Global Inc.	Common Stock; 42 Shares	**	11,468
salesforce.com, inc.	Common Stock; 4 Shares	**	651
Sanlam Limited	Common Stock; 460 Shares	**	5,299
Sonoco Products Company	Common Stock; 23 Shares	**	1,419
Splunk Inc.	Common Stock; 7 Shares	**	1,048

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SCHEDULE H, LINE 4i- SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2019

Identity of Issuer	Description of Investment	Cost	Current Value
Starbucks Corporation	Common Stock; 22 Shares	**	1,934
State Street Corporation	Common Stock; 25 Shares	**	1,978
Stryker Corporation	Common Stock; 10 Shares	**	2,099
Suncor Energy Inc.	Common Stock; 45 Shares	**	1,476
Symirse AG	Common Stock; 283 Shares	**	7,401
Synchrony Financial	Common Stock; 34 Shares	**	1,224
T. Rowe Price Group, Inc.	Common Stock; 15 Shares	**	1,827
Taiwan Semiconductor Manufacturing Company Lim	Common Stock; 141 Shares	**	8,193
Target Corporation	Common Stock; 17 Shares	**	2,179
TC Energy Corporation	Common Stock; 29 Shares	**	1,546
TechnoPro Holdings, Inc.	Common Stock; 537 Shares	**	7,547
Tempur Sealy International, Inc.	Common Stock; 29 Shares	**	2,525
Tencent Holdings Limited	Common Stock; 225 Shares	**	10,802
Texas Instruments Incorporated	Common Stock; 135 Shares	**	17,319
The Allstate Corporation	Common Stock; 25 Shares	**	2,812
The Charles Schwab Corporation	Common Stock; 22 Shares	**	1,046
The Coca-Cola Company	Common Stock; 356 Shares	**	19,705
The Goldman Sachs Group, Inc.	Common Stock; 13 Shares	**	2,989
The Hershey Company	Common Stock; 9 Shares	**	1,323
The Home Depot, Inc.	Common Stock; 26 Shares	**	5,678
The PNC Financial Services Group, Inc.	Common Stock; 60 Shares	**	9,577
The Procter & Gamble Company	Common Stock; 139 Shares	**	17,363
The Southern Company	Common Stock; 58 Shares	**	3,695
The TJX Companies, Inc.	Common Stock; 71 Shares	**	4,335
The Toronto-Dominion Bank	Common Stock; 144 Shares	**	8,083
The Unilever Group	Common Stock; 257 Shares	**	14,692
The Walt Disney Company	Common Stock; 62 Shares	**	8,967
The Weir Group PLC	Common Stock; 360 Shares	**	3,638
Thermo Fischer Scientific Inc.	Common Stock; 67 Shares	**	21,765
Truist Financial Corporation	Common Stock; 44 Shares	**	2,479
U.S. Bancorp	Common Stock; 49 Shares	**	2,905
Uber Technologies, Inc.	Common Stock; 22 Shares	**	654
Union Pacific Corporation	Common Stock; 64 Shares	**	11,570
United Parcel Service, Inc.	Common Stock; 49 Shares	**	5,736
United Technologies Corp.	Common Stock; 28 Shares	**	4,193
UnitedHealth Group Incorporated	Common Stock; 38 Shares	**	11,172
Valero Energy Corporation	Common Stock; 19 Shares	**	1,779
Ventas, Inc.	Common Stock; 51 Shares	**	2,945
Verizon Communications Inc.	Common Stock; 148 Shares	**	9,087
Visa Inc.	Common Stock; 96 Shares	**	18,038
Vmware, Inc.	Common Stock; 5 Shares	**	759
Vodafone Group PLC	Common Stock; 153 Shares	**	2,958
W. R. Berkley Corporation	Common Stock; 38 Shares	**	2,626
W.W. Grainger, Inc.	Common Stock; 5 Shares	**	1,693

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SCHEDULE H, LINE 4i- SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2019

Identity of Issuer	Description of Investment	Cost	Current Value
Walmart Inc.	Common Stock; 47 Shares	**	5,585
Waste Management, Inc.	Common Stock; 24 Shares	**	2,736
WEC Energy Group, Inc.	Common Stock; 60 Shares	**	5,533
Wells Fargo & Company	Common Stock; 70 Shares	**	3,765
Welltower Inc.	Common Stock; 44 Shares	**	3,598
Wolters Kluwer N.V.	Common Stock; 207 Shares	**	15,071
Workday, Inc.	Common Stock; 10 Shares	**	1,645
Xcel Energy Inc.	Common Stock; 30 Shares	**	1,905
Yamaha Corporation	Common Stock; 200 Shares	**	11,765
Zimmer Biomet Holdings, Inc.	Common Stock; 9 Shares	**	1,347
Zoetis Inc.	Common Stock; 129 Shares	**	17,374
Total Common Stock			1,377,725
American Express Co	Corporate Debt Securities 16,000 Par Value, interest 2.500%, 07/30/2024 maturity	**	\$ 16,188
American International Group Inc	Corporate Debt Securities 16,000 Par Value, interest 3.375%, 08/15/2020 maturity	**	16,148
Apple Inc	Corporate Debt Securities 17,000 Par Value, interest 3.450%, 05/06/2024 maturity	**	18,054
Astrazeneca PLC	Corporate Debt Securities 17,000 Par Value, interest 2.375%, 11/16/2020 maturity	**	17,054
AT&T Inc	Corporate Debt Securities 16,000 Par Value, interest 3.950%, 01/15/2025 maturity	**	17,152
Bank of America Corp	Corporate Debt Securities 17,000 Par Value, interest 3.300%, 01/11/2023 maturity	**	17,576
The Bank of New York Mellon Corp	Corporate Debt Securities 17,000 Par Value, interest 3.550%, 09/23/2021 maturity	**	17,467
BP Capital Markets PLC	Corporate Debt Securities 16,000 Par Value, interest 3.245%, 05/06/2022 maturity	**	16,421
Chevron Corp	Corporate Debt Securities 24,000 Par Value, interest 2.895%, 03/03/2024 maturity	**	24,908
Citigroup Inc	Corporate Debt Securities 18,000 Par Value, interest 2.876%, 07/24/2023 maturity	**	18,306
The Coca-Cola Co	Corporate Debt Securities 19,000 Par Value, interest 3.200%, 11/01/2023 maturity	**	19,930
Comcast Corp	Corporate Debt Securities 12,000 Par Value, interest 3.450%, 10/01/2021 maturity	**	12,353
CVS Health Corp	Corporate Debt Securities 15,000 Par Value, interest 2.625%, 08/15/2024 maturity	**	15,129
Duke Energy Corp	Corporate Debt Securities 18,000 Par Value, interest 3.750%, 04/15/2024 maturity	**	19,080
Enterprise Products Operating LLC	Corporate Debt Securities 20,000 Par Value, interest 5.250%, 01/31/2020 maturity	**	20,045
General Dynamics Corp	Corporate Debt Securities 18,000 Par Value, interest 3.375%, 05/15/2023 maturity	**	18,810
General Electric Co	Corporate Debt Securities 6,000 Par Value, interest 4.650%, 10/17/2021 maturity	**	6,255

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SCHEDULE H, LINE 4i- SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2019

Identity of Issuer	Description of Investment	Cost	Current Value
Gilead Sciences Inc	Corporate Debt Securities 18,000 Par Value, interest 4.400%, 12/01/2021 maturity	**	18,784
The Goldman Sachs Group Inc	Corporate Debt Securities 18,000 Par Value, interest 2.600%, 04/23/2020 maturity	**	18,024
The Home Depot Inc	Corporate Debt Securities 17,000 Par Value, interest 3.950%, 09/15/2020 maturity	**	17,163
Intel Corp	Corporate Debt Securities 18,000 Par Value, interest 1.700%, 05/19/2021 maturity	**	17,990
JP Morgan Chase & Co	Corporate Debt Securities 20,000 Par Value, interest 3.250%, 09/23/2022 maturity	**	20,692
The Kroger Co	Corporate Debt Securities 18,000 Par Value, interest 2.800%, 08/01/2022 maturity	**	18,349
McDonald's Corp	Corporate Debt Securities 20,000 Par Value, interest 2.750%, 12/09/2020 maturity	**	20,136
Merck & Co Inc	Corporate Debt Securities 17,000 Par Value, interest 1.850%, 02/10/2020 maturity	**	16,996
Microsoft Corp	Corporate Debt Securities 17,000 Par Value, interest 4.000%, 02/08/2021 maturity	**	17,464
Occidental Petroleum Corp	Corporate Debt Securities 16,000 Par Value, interest 3.125%, 02/15/2022 maturity	**	16,283
Oracle Corp	Corporate Debt Securities 17,000 Par Value, interest 3.625%, 07/15/2023 maturity	**	17,977
Pepsico Inc	Corporate Debt Securities 18,000 Par Value, interest 2.750%, 03/05/2022 maturity	**	18,378
Pfizer Inc	Corporate Debt Securities 16,000 Par Value, interest 3.000%, 06/15/2023 maturity	**	16,636
The PNC Financial Services Group Inc	Corporate Debt Securities 19,000 Par Value, interest 3.500%, 01/23/2024 maturity	**	20,011
Shell International Finance BV	Corporate Debt Securities 18,000 Par Value, interest 3.500%, 11/13/2023 maturity	**	18,981
Starbucks Corp	Corporate Debt Securities 17,000 Par Value, interest 3.100%, 03/01/2023 maturity	**	17,533
The Toronto-Dominion Bank	Corporate Debt Securities 20,000 Par Value, interest 2.125%, 04/07/2021 maturity	**	20,120
Truist Financial Corp	Corporate Debt Securities 17,000 Par Value, interest 2.625%, 06/29/2020 maturity	**	17,045
TWDC Enterprises 18 Corp	Corporate Debt Securities 16,000 Par Value, interest 2.750%, 08/16/2021 maturity	**	16,252
United Technologies Corp	Corporate Debt Securities 16,000 Par Value, interest 3.100%, 06/01/2022 maturity	**	16,416
UnitedHealth Group Inc	Corporate Debt Securities 16,000 Par Value, interest 3.350%, 07/15/2022 maturity	**	16,572
US Bancorp	Corporate Debt Securities 18,000 Par Value, interest 2.400%, 07/30/2024 maturity	**	18,252
Verizon Communications Inc	Corporate Debt Securities 19,000 Par Value, interest 2.450%, 11/01/2022 maturity	**	19,255
Wells Fargo & Co	Corporate Debt Securities 18,000 Par Value, interest 4.600%, 04/01/2021 maturity	**	18,574
Total Corporate Debt Securities			724,759

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SCHEDULE H, LINE 4i- SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2019

Identity of Issuer	Description of Investment	Cost	Current Value
BlackRock	iShares S&P 500 Index Fund Class K	**	333,251
Columbia	Columbia Balanced Fund Advisor Class	**	8,574
Columbia	Columbia Mid Cap Index Fund Institutional 2 Class	**	103,353
Columbia	Columbia Small Cap Index Fund Institutional 2 Class	**	125,136
Columbia	Columbia Strategic Income Fund Class A	**	94,273
Delaware Funds by Macquarie	Delaware Emerging Markets Fund Institutional Class	**	150,380
Dimmensional Fund Advisors	DFA Inflation-Protected Securities Portfolio Institutional Class	**	298,034
Dimmensional Fund Advisors	DFA International Core Equity Portfolio Institutional Class	**	386,487
Janus Henderson	Janus Henderson Forty Fund Class I	**	680,330
Janus Henderson	Janus Henderson Growth And Income Fund Class I	**	360,805
Janus Henderson	Janus Henderson Triton Fund Class T	**	227,631
Legg Mason	Western Asset Core Plus Bond Fund Class I	**	1,198,414
Lord Abbett	Lord Abbett High Yield Fund Class R4	**	107,852
Nuveen	Nuveen Small Cap Value Fund Class I	**	129,818
PIMCO	PIMCO International Bond Fund (U.S. Dollar-Hedged) Institutional Class	**	186,315
Prinicpal Funds	Principal Equity Income Institutional Class	**	652,296
Vanguard	Vanguard GNMA Admiral Shares	**	295,315
Total Mutual Funds			5,338,265
* Transamerica	Transamerica Stable Value Focus Account	**	883,910
* Transamerica	Transamerica Stable Value Core Account	**	661
Total Insurance Company General Accounts			884,571
* Morgan Stanley	Money markets	**	58,988
Total Money Market Funds			58,988
* Participant loans	Notes bearing interest of 4.25% to 5.50% with various maturity dates through December 2029	-	173,592
			\$ 8,557,900

* Party-in-interest

** Not required for participant-directed investments