Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2019

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [ ] Form 5558
- [ ] automatic extension
- [X] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES

1b Three-digit plan number (PN) ▶ 044

1c Effective date of plan 11/15/2017

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)
HUSSMANN CORPORATION

12999 ST. CHARLES ROCK ROAD
BRIDGETON, MO 63044

2b Employer Identification Number (EIN) 43-0156220

2c Plan Sponsor's telephone number 314-291-2000

2d Business code (see instructions) 333410

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.	10/28/2020	LEA BECHARD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	

5 Total number of participants at the beginning of the plan year	**5**	1730
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	860
a(2) Total number of active participants at the end of the plan year	**6a(2)**	782
b Retired or separated participants receiving benefits	**6b**	357
c Other retired or separated participants entitled to future benefits	**6c**	519
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1658
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	41
f Total. Add lines **6d** and **6e**	**6f**	1699
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	13
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 3H 1B

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

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

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

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

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

A Name of plan
HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES

B Three-digit plan number (PN) ▶ 044

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

D Employer Identification Number (EIN)
43-0156220

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2019

2 Assets:

a Market value	**2a**	131876342
b Actuarial value	**2b**	140658730

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	359	60881542	60881542
b For terminated vested participants	512	21984165	21984165
c For active participants	860	68136973	70889054
d Total	1731	151002680	153754761

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.57 %
6 Target normal cost	**6**	2954713

Statement by Enrolled Actuary

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

SIGN HERE

	10/09/2019
Signature of actuary	Date
SHANNON T. KOONS	20-08480
Type or print name of actuary	Most recent enrollment number
MERCER	314-588-2500
Firm name	Telephone number (including area code)
701 MARKET STREET SUITE 1100 ST. LOUIS, MO 63101	
Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	8797879	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	7022288	0
9	Amount remaining (line 7 minus line 8)	1775591	0
10	Interest on line 9 using prior year's actual return of -7.12 %	-126422	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.75 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1649169	0

Part III Funding Percentages

14	Funding target attainment percentage	14	90.40 %
15	Adjusted funding target attainment percentage	15	90.40 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.23 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2019	5400000	0			
09/15/2020	1563445	0			
			Totals ► 18(b)	6963445	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	6745046

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.74 %	5.35 %	6.11 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	2954713
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	14745200	5246674
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	8201387

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	1456341	0	1456341

36 Additional cash requirement (line 34 minus line 35)	**36**	6745046
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	6745046

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2019** **This Form is Open to Public Inspection.**

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

A Name of plan	**B** Three-digit plan number (PN) ▶
HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES	044
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
HUSSMANN CORPORATION	43-0156220

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	233020	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TRANSAMERICA

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?
11 12 15 28 38 50 59 61 62 63 64	NONE	71833	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GREENSFELDER, HEMKE & GALE, P.C.

43-1313567

(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?
29 50	NONE	31657	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BROWN SMITH WALLACE LLP

43-1001367

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	24000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JP MORGAN CHASE BANK, N.A.

13-4994650

(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?
14 16	NONE	5466	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: JULIE HUPPERTS	**b** EIN: 43-0156220	
c Position: CHIEF ACTUARY		
d Address: EKON BENEFITS, 4940 WASHINGTON BLVD ST. LOUIS, MO 63108	**e** Telephone: 314-367-6555	

Explanation: LEFT MERCER

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

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

A Name of plan
HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES

B Three-digit plan number (PN) ▶ 044

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HUSSMANN CORPORATION

D Employer Identification Number (EIN)
43-0156220

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

a Name of MTIA, CCT, PSA, or 103-12 IE: HUSSMANN CORP MASTER PENSION TRUST

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
82-6665041-001	M	154860994

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

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

A Name of plan
HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES

B Three-digit plan number (PN) ▶ 044

C Plan sponsor's name as shown on line 2a of Form 5500
HUSSMANN CORPORATION

D Employer Identification Number (EIN)
43-0156220

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	1563445
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	121005321	154860994
(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)	10871021	778813
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	131876342	157203252
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	40400	314506
k	Total liabilities (add all amounts in lines 1g through1j)	1k	40400	314506
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	131835942	156888746

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
	Income			
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	6963445	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		6963445
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	48209	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		48209
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	22931904	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		22931904

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		4150805
(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)		-277109
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		33817254
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7314171	
(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)		7314171
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)	244826	
(2) Contract administrator fees	2i(2)	129422	
(3) Investment advisory and management fees	2i(3)	510	
(4) Other	2i(4)	1075521	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1450279
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		8764450
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		25052804
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) ☐ Unmodified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BROWN SMITH WALLACE,LLP **(2)** EIN: 43-1001367

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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 4248479. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

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

A Name of plan
HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES

B Three-digit plan number (PN) ▶ 044

C Plan sponsor's name as shown on line 2a of Form 5500
HUSSMANN CORPORATION

D Employer Identification Number (EIN)
43-0156220

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 13-3689044 36-2723087

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** 14

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 51.9 % Investment-Grade Debt: 37.7 % High-Yield Debt: 3.2 % Real Estate: 7.2 % Other: 0.0 %

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_____

HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES

Financial Statements
with
Independent Auditor's Report

DECEMBER 31, 2019

BROWN SMITH WALLACE

THE FIRM FOR GROWTH.®

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Independent Auditor's Report

To the Participants and Investment Committee of the
Hussmann Pension Plan for Certain Active and Inactive Employees
St. Louis, Missouri

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Hussmann Pension Plan for Certain Active and Inactive Employees (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2019, and 2018, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2018, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note D, which was certified by the Northern Trust Company and JP Morgan Chase Bank, N.A., the trustees of the Plan for the years ended December 31, 2019 and 2018, respectively, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustees held the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained certifications from the trustees as of December 31, 2019 and 2018, that the information provided to the Plan Administrator by the trustees is complete and accurate.

Disclaimer of Opinion

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

Other Matter

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

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustees, 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.

Brown Smith Wallace, LLP

St. Louis, Missouri
October 23, 2020

HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES

Statements of Net Assets Available for Benefits
December 31, 2019 and 2018
(See Independent Auditor's Report)

	2019	2018
ASSETS		
Investments, at fair value	**$ 778,813**	$ 10,871,021
Plan interest in Hussmann Corporation Master Pension Trust (See Note G)	**154,860,994**	121,005,321
Total investments	**155,639,807**	131,876,342
Contribution receivable	**1,563,445**	-
Total assets	**157,203,252**	131,876,342
LIABILITIES		
Accrued expenses	**314,506**	40,400
Total liabilities	**314,506**	40,400
NET ASSETS AVAILABLE FOR BENEFITS	**$ 156,888,746**	$ 131,835,942

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

HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2019 and 2018
(See Independent Auditor's Report)

	2019	2018
Additions (deductions) to net assets attributable to:		
Investment income (loss):		
Net depreciation in fair value investments	**$ (277,109)**	$ (424,987)
Interest and dividend income	**18,435**	34,396
	(258,674)	(390,591)
Change in plan interest in the Hussmann Corporation Master Pension Trust (See Note G)	**27,221,652**	(9,450,991)
Total investment income (loss)	**26,962,978**	(9,841,582)
Employer contribution	**6,963,445**	-
Total additions (deductions)	**33,926,423**	(9,841,582)
Deductions from net assets attributable to:		
Benefits paid to participants	**7,314,171**	8,836,673
Administrative expenses	**1,559,448**	1,500,356
Total deductions	**8,873,619**	10,337,029
NET INCREASE (DECREASE)	**25,052,804**	(20,178,611)
Net assets available for benefits at beginning of year	**131,835,942**	152,014,553
Net assets available for benefits at end of year	**$ 156,888,746**	$ 131,835,942

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

HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES

Statement of Accumulated Plan Benefits

December 31, 2018 *
(See Independent Auditor's Report)

Actuarial present value of accumulated plan benefits (Note C)	
Vested benefits:	
Participants currently receiving payments	$ 54,960,728
Other participants	83,524,793
Total vested benefits	138,485,521
Nonvested benefits	2,576,479
Total actuarial present value of accumulated plan benefits	$ 141,062,000

* Based on the latest actuarial valuation at January 1, 2019.

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

HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES

Statement of Changes in Accumulated Plan Benefits

Year ended December 31, 2018 *
(See Independent Auditor's Report)

Actuarial present value of accumulated plan benefits at beginning of year	$ 140,104,320
Increase (decrease) during the year attributable to:	
Benefits accumulated	1,345,229
Increase for interest due to the decrease in the discount period	9,133,951
Benefits paid	(8,836,673)
Change of actuarial assumptions	(684,827)
Net increase during the year	957,680
Actuarial present value of accumulated plan benefits at end of year	$ 141,062,000

* Based on the latest actuarial valuation at January 1, 2019.

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

Note A - Description of the Plan

The following brief description of the Hussmann Pension Plan for Certain Active and Inactive Employees (the "Plan") is intended for general information purposes. Participants should refer to the Plan document for complete information.

General

The Plan is a defined benefit pension plan covering eligible non-union hourly, salaried, and bargained employees of Hussmann Corporation, (the "Company") a wholly owned subsidiary of Panasonic Corporation of North America, and any affiliate who has adopted the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). This Plan was created as of November 15, 2017 to only include inactive participants and certain active employees no longer accruing benefits.

During 2019 and 2018, Northern Trust Company and JP Morgan Chase Bank, N.A., respectively, as trustees, have the authority and responsibility to hold, manage and protect the assets of the Plan in accordance with the provisions of the trust agreement and ERISA requirements.

Pension Benefits

Employees who satisfy the Plan's eligibility requirement become fully vested in accordance with the vesting schedule set forth in the Plan and are entitled to annual pension benefits beginning at the normal retirement age (65). Benefits are calculated based upon their total years and months of credited service. The benefit calculation for non-collectively bargained employees, expressed as a single life annuity, is based on credited service, average compensation in the highest consecutive five of the final ten years of employment and the Plan's benefit formula. The benefit calculation for collectively bargained employees, expressed as a single life annuity, is based on credited service and a negotiated flat-dollar accrual rate established by the Plan. Early retirement benefits are available and require age and service requirements be met.

Death and Disability Benefits

Pre-retirement death benefits are paid pursuant to the applicable appendix of the Plan and applicable laws. Certain vested participants who become disabled are entitled to a vested deferred retirement benefit calculated in the same manner as an early retirement benefit. Vesting is based on the vesting schedule set forth in the Plan.

Funding Policy

The Company's funding policy is to make annual minimum contributions as required by law and determined by the actuary, and other contributions in its discretion as allowed by law. The actuary determines the required contributions using the Projected Unit Credit Cost Method. For the Plan year ended December 31, 2019 and 2018, the Company elected to contribute $6,963,445 and $0, respectively.

Note B - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and custodians. See Note E for a discussion of fair value measurements.

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

Payment of Benefits

Participant benefit payments are recorded at the time of distribution.

Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments in the accompanying statements of changes in net assets available for benefits.

Note B - Summary of Significant Accounting Policies (Continued)

Subsequent Events

The Plan has evaluated subsequent events through October 23, 2020, the date the financial statements were available to be issued.

Note C - Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service rendered by the Plan's participants. Accumulated plan benefits include benefits expected to be paid to (i) retired or terminated employees or their beneficiaries; (ii) beneficiaries of employees who have died; and (iii) present employees or their beneficiaries. Benefits payable under all circumstances are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits was determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation at January 1, 2019, were as follows:

- Participants' life expectancy for non-disabled participants utilized the RP-2014 employee mortality rates without collar adjustment published in 2014 by the Society of Actuaries, adjusted back to 2007 with Scale MP-2014 to facilitate application of an alternative projection of mortality improvement after that date.
- Retirement ages, which start at 55 and use actual plan experience.
- Lump sum interest rate is 4.04%, using the current year 417(e) mortality.
- Investment return, equal to the average interest rate is assumed to be 6.75%.

The following assumptions were changed during the 2019 Plan year:

- The mortality projection scale has been updated from the 2017 scale to the 2018 scale.
- The lump sum interest rate was updated from 3.84% to 4.04%, and the lump sum mortality was updated to be the current year's 417(e) table.

As of January 1, 2019, the foregoing actuarial assumptions were based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2019. Had the valuations been performed as of December 31, there would be no material differences.

Note D - Certification

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Northern Trust Company and JP Morgan Chase Bank, N.A., the trustees of the Plan, have certified to the completeness and accuracy of the Master Trust investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2019 and 2018, respectively; and the related Master Trust investment activity reflected in the statements of changes in net assets available for benefits for the years then ended. The remaining investments were not certified. See Note G for the certified 2019 Master Trust investment values and activity.

Note E - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

Note E - Fair Value Measurements (Continued)

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

Registered Investment Companies: Valued at the daily closing price as reported by the fund. The funds held by the Plan are registered with the Securities Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The funds held by the Plan are deemed to be actively traded and classified as Level 1.

Collective Trust Funds: Valued at the NAV of the units of the individual bank collective trust investments. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV.

Limited Partnerships: The funds are valued based on NAV per share. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. These funds are quoted monthly and transact at the same monthly price according to the fund's liquidity schedule. Because these funds can hold fewer liquid investments, the fund may be required to temporarily delay a full withdrawal if the Plan were to initiate a full redemption of the limited partnership fund, to ensure the redemption will be carried out in an orderly business manner.

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and December 31, 2018. The following table does not include the Plan's interest in the Master Trust because that information is presented in a separate table (see Note G):

	Assets at Fair Value as of December 31, 2019			
	Level 1	**Level 2**	**Level 3**	**Total**
Registered investment companies	$ 778,813	$ -	$ -	$ 778,813

	Assets at Fair Value as of December 31, 2018			
	Level 1	**Level 2**	**Level 3**	**Total**
Registered investment companies	$ 3,917,166	$ -	$ -	$ 3,917,166
Limited partnership [(a)]	-	-	-	6,953,855
	$ 3,917,166	$ -	$ -	$ 10,871,021

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

Note F - Fair Value of Investments in Certain Entities that Calculate Net Asset Value per Share (or its Equivalent)

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of December 31, 2019 and 2018:

Investment Type	Fair Value at December 31, 2019	Fair Value at December 31, 2018	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Limited Partnership [(a)]	$ -	$ 6,953,855	-	Daily	Daily

(a) This class has an objective to produce moderate returns while reducing investment risks and dependence of the broader markets – the equity, fixed income, currency, and commodity markets. Investments include long and short positions in markets and/or securities that are expected to produce an outsized return versus their relative risk. Areas of investment are expected to include, but not limited to, equities, interest rates, currencies, and commodities.

Note G - Interest in Hussmann Corporation Master Pension Trust

A portion of the Plan's investments are in the Master Trust, which was established for the investment of assets of the Plan and the Hussmann Pension Plan for Certain Participants with Frozen Benefits. Each participating retirement plan has an undivided interest in the Master Trust. The assets of the Master Trust are held by the Northern Trust Company and JP Morgan Chase Bank, N.A., the trustees for the years ended December 31, 2019 and 2018, respectively.

The value of the Plan's interest in the Master Trust is based on the beginning of the year value of the Plan's interest in the trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. At December 31, 2019 and 2018, the Plan's interest in the net assets of the Master Trust was approximately 66 and 64 percent, respectively. Total investment income (including net appreciation (depreciation) in the fair value of investments) of the trust is allocated to the individual plans based upon the amount of time the Plan's assets were invested in the Master Trust.

Note G - Interest in Hussmann Corporation Master Pension Trust (Continued)

The following table presents the investments and other assets and liabilities of the Master Trust as of December 31, 2019.

	December 31, 2019	
	Hussmann Corporation Master Pension Trust Balances	Plan's Interest in Hussmann Corporation Master Pension Trust Balances
Registered investment companies	$ 44,049	$ 28,172
Collective trusts	232,765,183	153,078,779
Total investments at fair value	232,809,232	153,106,951
Plus:		
Invested cash	948,043	948,043
Due from broker for securities sold	1,695,000	806,000
Total	$ 235,452,275	$ 154,860,994

The following table presents the investments and other assets and liabilities of the Master Trust as of December 31, 2018.

	December 31, 2018	
	Hussmann Corporation Master Pension Trust Balances	Plan's Interest in Hussmann Corporation Master Pension Trust Balances
Registered investment companies	$ 3,093,738	$ 1,971,206
Collective trusts	166,663,425	106,191,268
Limited partnerships	20,156,392	12,842,847
Total investments	$ 189,913,555	$ 121,005,321

Note G - Interest in Hussmann Corporation Master Pension Trust (Continued)

The following are net appreciation (depreciation) in the fair value of investments and investment income for the Master Trust for the years ended December 31, 2019 and December 31, 2018.

	December 31, 2019 Hussmann Corporation Master Pension Trust Balances
Net appreciation of fair value of investments	$ 40,835,283
Investment income	45,707
Total	$ 40,880,990

	December 31, 2018 Hussmann Corporation Master Pension Trust Balances
Net depreciation of fair value of investments	$ (14,450,777)
Investment income	245,121
Total	$ (14,205,656)

Refer to Note E for description of the valuation methodologies used.

The following tables set forth by level, within the fair value hierarchy, the assets at fair value of the Master Trust as of December 31, 2019 and December 31, 2018:

	Assets at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Registered investment companies	$ 44,049	$ -	$ -	$ 44,049
Collective trust funds [(a)]	-	-	-	232,765,183
	$ 44,049	$ -	$ -	$ 232,809,232

Note G - Interest in Hussmann Corporation Master Pension Trust (Continued)

	Assets at Fair Value as of December 31, 2018			
	Level 1	**Level 2**	**Level 3**	**Total**
Registered investment companies	$ 3,093,738	$ -	$ -	$ 3,093,738
Collective trust funds [(a)]	-	-	-	166,663,425
Limited partnership [(a)]	-	-	-	20,156,392
	$ 3,093,738	$ -	$ -	$ 189,913,555

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

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2019 and 2018, there were no significant transfers in or out of levels 1, 2, or 3.

The following table sets forth additional disclosures of in the Master Trust investments whose fair value are estimated using net asset value per share (or its equivalent) as of December 31, 2019 and 2018:

Investment Type	**Fair Value at December 31, 2019**	**Fair Value at December 31, 2018**	**Unfunded Commitments**	**Redemption Frequency**	**Redemption Notice Period**
Collective trusts	$ 232,765,183	$ 166,663,425	-	Daily	Daily
Limited Partnership [(a)]	$ -	$ 20,156,392	-	Daily to quarterly	Daily to quarterly

(a) This class has an objective to produce moderate returns while reducing investment risks and dependence of the broader markets – the equity, fixed income, currency, and commodity markets. Investments include long and short positions in markets and/or securities that are expected to produce an outsized return versus their relative risk. Areas of investment are expected to include, but not limited to, equities, interest rates, currencies, and commodities. The exposure risks are often limited by the use of hedging strategies.

Note H - Plan Termination

Although it has not expressed any 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 set forth in ERISA. In the event the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to participants in an order of priority determined in accordance with ERISA and applicable regulations.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan is terminated. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's benefits. However, the PBGC does not guarantee all types of benefits and the amount of benefit protection is subject to certain limitations.

Whether all participants receive their benefits should the Plan be terminated will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

Note I - Transactions with Parties-in-Interest

The Plan has invested in collective trust funds managed by Mercer Trust Company. Mercer Trust Company is a related party to Mercer the Plan's actuary and record keeper. These transactions qualify as party-in-interest transactions. These transactions are allowable party-in-interest transactions under Section 408(b)(8) of the ERISA regulations.

Note J - 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 such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

Note K - Tax Status

The Plan has received a favorable determination letter from the Internal Revenue Service dated September 6, 2018, which states that the Plan and its underlying trust qualify under the applicable provisions of the Internal Revenue Code (the "Code") and, therefore, are exempt from federal income taxes. In addition, the Plan Administrator believes that the Plan is designed and is currently being operated in material compliance with the applicable requirements of the Code and has no income subject to unrelated business income tax. Therefore, no provisions for income taxes have been included in the Plan's financial statements.

The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Supplemental Schedules

HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES
FEIN: 43-0156220 Plan #044

Schedule of Assets (Held at End of Year)
Form 5500 – Schedule H – Item 4i
December 31, 2019
(See Independent Auditor's Report)

a) b) Identity of Issuer	c) Description of Investment	d) Cost	e) Current Value
Registered Investment Companies:			
Stone Ridge Trust II	Reinsurance Risk Premium Interval	$ 1,434,385	$ 778,813

HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES
FEIN: 43-0156220 Plan #044

Schedule of Reportable Transactions
Form 5500 - Schedule H - Item 4j
For the year ended December 31, 2019
(See Independent Auditor's Report)

a) Identity of the party involved	b) Description of asset	c) Purchase price	d) Selling price	e) Lease rental	f) Expense incurred	g) Cost of asset	h) Current value	i) Net gain or loss
ACL Alternative Fund	Limited Partnership	$ -	$7,020,235	$ -	$ -	$7,203,127	$ -	$ (182,892)
Stone Ridge Reinsurance Risk Premium Interval Fund	Mutual Fund	-	1,175,017	-	-	1,231,064	-	(56,047)
Vanguard Treasury Money Market Investors Fund	Mutual Fund	2,000,000	2,000,000	-	-	2,000,000	-	-
Vanguard Treasury Money Market Investors Fund	Mutual Fund	-	1,932,853	-	-	1,932,853	-	-

Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25	10	2									12
25–29	9	12									21
30–34	7	18									25
35–39	8	13		1	3						25
40–44	3	11		2	15	18	1				50
45–49	7	12		12	14	26	21	2			94
50–54	4	12	1	15	29	33	51	33	4		182
55–59	6	10		16	33	41	54	51	44	2	257
60–64		4		4	13	27	33	21	23	30	155
65–69					1	6	9	7	4	10	37
70 & up							1			1	2
Total	54	94	1	50	108	151	170	114	75	43	860

In each cell, the number is the count of active participants for each age/service combination.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

ACTUARIAL ASSUMPTIONS

Discount rate sponsor elections			
• Segment rates or full yield curve	Segment		
• Look-back months	4		
	Stabilized	Nonstabilized	
• First 5 years	3.74%	2.28%	
• Next 15 years	5.35%	3.81%	
• Over 20 years	6.11%	4.46%	
Mortality sponsor elections			
• Healthy participants	Section 430(h)(3) prescribed separate static annuitant and non-annuitant mortality tables. These tables are based on the RP-2006 mortality tables with improvement beyond 2006 removed with static mortality improvement based on IRS methodology and projection scale MP-2017.		
• Disabled participants	Salaried and Non-Bargaining Employees: Same as healthy Bargaining Employees:		
– Pre-1995 disabilities	Revenue Ruling 96-7 table for participants who became disabled before 1995		
– Post-1994 disabilities	Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits		
417(e) lump sums	Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and current year 417(e) unisex mortality		
Other economic assumptions			
• Salary increases	Not applicable		
• Social Security wage base increases	Not applicable		
• Inflation	Not applicable		
• Expected investment return	6.75% per year		
• Expenses	$1,640,000 added to current year normal cost		

Rationale for Economic Assumptions

- Expected investment return – The expected rate of return on plan assets is based on a blend of the hypothetical past performance of the plan's target asset mix, and the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's *Capital Markets Outlook* for the plan's Target asset mix. The expected return on assets assumption is net of an adjustment of 20 bps for expenses to be paid from plan assets.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

- Expenses – The amount is based on the average noninvestment-related (and non-PBGC Premium) expenses that were paid out of the plan in the past three fiscal years and the expected change in PBGC premiums from the prior year to the current year.

Discount rate sponsor elections	
• Withdrawal	See table of sample rates. In addition, the rates of withdrawal used for the first three years of service are 30%, 25% and 20%, respectively.
• Disability incidence	Salaried and Non-bargaining employees – 1985 Wyatt Pension Disability Study Unisex Class One rates of disablement Bargaining Employees – 1985 Wyatt Pension Disability Study Unisex Class Three rates of disablement
• Retirement rates	

Attained age	**Percentage Salaried and Non-Bargaining Employees**
Under 55	0%
55	2%
56	2%
57	2%
58	2%
59	2%
60	0%
61	0%
62	44%
63	10%
64	11%
65 and above	100%

Attained age	**Percentage Bargaining employees**
Under 55	0%
55	3%
56	3%
57	3%
58	3%
59	3%
60	6%
61	6%
62	26%
63	9%
64	10%
65 and above	100%

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

• Benefit commencement age for			
– Future vested deferred	65		
– Current vested deferred	65		
• Spouse assumptions	**Male participants**	**Female participants**	
– Percentage married	85%	55%	
– Spouse age difference	3 years younger	3 years older	
Form of Payment			
Salaried/ Hourly and Non-Bargaining Employees	**Lump sum***	**10 Year Certain and life**	**50% J&S**
• Active retirements	67%	33%[1]	0%
• Future vested deferred	100%	0%	0%
• Future disabilities	100%	0%	0%
• Future deaths	0%	0%	100%
• Current vested deferred	0%	100%	0%

*****The lump sum payable is assumed to be the greater of
i. the immediate life annuity multiplied by 10, and
ii. the actuarially equivalent lump sum of the deferred life annuity, determined using interest rates based on the 3 segment rates used for determination of the Funding Target and the applicable mortality under 417(e).

Bargaining Employees	**Lump sum**	**5 Year Certain and life**	**50% J&S**
• Active retirements	0%	100%[2]	0%
• Future vested deferred	0%	100%	0%
• Future disabilities	0%	100%	0%
• Future deaths	0%	0%	100%
• Current vested deferred	0%	100%	0%
Unpredictable contingent event assumptions	Not applicable		

[1] Married participants elect J&S 50% for Salaried employees and J&S 50% with 5 years certain for Hourly employees and all Single participants elect 10 year certain and life annuity.
[2] Married participants elect J&S 50% with 5 years certain and Single participants elect 5 year certain and life annuity.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Table of Sample Rates

Attained age	Withdrawal
20	14.9%
25	9.9%
30	6.9%
35	4.9%
40	2.8%
45	1.7%
50	0.4%
55	0.0%

RATIONALE FOR DEMOGRAPHIC ASSUMPTIONS

- Withdrawal – Withdrawal rates have been developed based on the actuary's experience with similar plans. Annual review of the experience gains and losses has shown that these rates provide similar results to the actual rates of withdrawal experienced under the plan.
- Disability incidence – Disability rates were based on published tables for pension participants believed to have reasonably similar characteristics participating in pension plans with similar disability provisions.
- Retirement rates – Retirement rates have been developed based on the actuary's experience with similar plans and the retirement subsidies the plan offers at various ages. Annual review of the experience gains and losses has shown that these rates provide similar results to the actual rates of retirement experienced under the plan.
- Form of Payment – Form of payment rates have been developed based on the actuary's experience with similar plans. Annual review of the experience gains and losses has shown that these rates provide similar results to the actual rates of retirement experienced under the plan.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

ACTUARIAL METHODS FOR FUNDING

Asset Methods

The asset valuation method is an average of the adjusted market value for each year during the last two years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant Methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included**: The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.

- **Participants excluded**: No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.

- **Insurance contracts**: The plan does not have any insurance contracts.

Minimum Funding Methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.

- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.

- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES
FEIN: 43-0156220 Plan #044

Schedule of Reportable Transactions
Form 5500 - Schedule H - Item 4j
For the year ended December 31, 2019
(See Independent Auditor's Report)

a) Identity of the party involved	b) Description of asset	c) Purchase price	d) Selling price	e) Lease rental	f) Expense incurred	g) Cost of asset	h) Current value	i) Net gain or loss
ACL Alternative Fund	Limited Partnership	$ -	$7,020,235	$ -	$ -	$7,203,127	$ -	$ (182,892)
Stone Ridge Reinsurance Risk Premium Interval Fund	Mutual Fund	-	1,175,017	-	-	1,231,064	-	(56,047)
Vanguard Treasury Money Market Investors Fund	Mutual Fund	2,000,000	2,000,000	-	-	2,000,000	-	-
Vanguard Treasury Money Market Investors Fund	Mutual Fund	-	1,932,853	-	-	1,932,853	-	-

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

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

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

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

A Name of plan
HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES

B Three-digit plan number (PN) ▶ 044

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

D Employer Identification Number (EIN)
43-0156220

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2019

2 Assets:

a Market value	**2a**	131,876,342
b Actuarial value	**2b**	140,658,730

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	359	60,881,542	60,881,542
b For terminated vested participants	512	21,984,165	21,984,165
c For active participants	860	68,136,973	70,889,054
d Total	1,731	151,002,680	153,754,761

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.57%
6 Target normal cost	**6**	2,954,713

Statement by Enrolled Actuary

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

SIGN HERE

Shannon T. Koons STK
Signature of actuary

10/9/2020
Date

SHANNON T KOONS
Type or print name of actuary

2008480
Most recent enrollment number

MERCER
Firm name

314-588-2500
Telephone number (including area code)

701 MARKET STREET
SUITE 1100
ST. LOUIS MO 63101
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	8,797,879	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	7,022,288	0
9	Amount remaining (line 7 minus line 8)	1,775,591	0
10	Interest on line 9 using prior year's actual return of -7.12%	-126,422	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.75%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1,649,169	0

Part III Funding Percentages

14	Funding target attainment percentage	14	90.40%
15	Adjusted funding target attainment percentage	15	90.40%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.23%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2019	5,400,000	0			
09/15/2020	1,563,445	0			
		Totals ► 18(b)	6,963,445	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	6,745,046

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	3.74 %	5.35 %	6.11%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	2,954,713
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	14,745,200	5,246,674
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	8,201,387

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	1,456,341	0	1,456,341

36 Additional cash requirement (line 34 minus line 35)	**36**	6,745,046
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	6,745,046
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected	☐ 2 plus 7 years	☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010	☐ 2011

Schedule SB, line 22 — Description of Weighted Average Retirement Age

For Salaried and Non-Bargaining Employees

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

48% Active Employees

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	2.0%	10,000	200.00	11,000
56	2.0%	9,800	196.00	10,976
57	2.0%	9,604	192.00	10,944
58	2.0%	9,412	188.00	10,904
59	2.0%	9,224	184.00	10,856
60	0.0%	9,040	-	-
61	0.0%	9,040	-	-
62	44.0%	9,040	3,978.00	246,636
63	10.0%	5,062	506.00	31,878
64	11.0%	4,556	501.00	32,064
65	100.0%	4,055	4,055.00	263,575
Total			10,000.00	628,833
Average				62.88

Schedule SB, line 22 — Description of Weighted Average Retirement Age

For Bargaining Employees

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

52% Active Employees

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	3.0%	10,000	300.00	16,500
56	3.0%	9,700	291.00	16,296
57	3.0%	9,409	282.00	16,074
58	3.0%	9,127	274.00	15,892
59	3.0%	8,853	266.00	15,694
60	6.0%	8,587	515.00	30.900
61	6.0%	8,072	484.00	29,524
62	26.0%	7,588	1,973.00	122,356
63	9.0%	5,615	505.00	31,815
64	10.0%	5,110	511.00	32,704
65	100.0%	4,599	4,599.00	298,935
Total			10,000.00	626,660
Average				62.67

The average weighted retirement age shown in Schedule SB, Line 22 is 63.

Schedule SB, Part V — Summary of Plan Provisions

SUMMARY OF MAJOR PLAN PROVISIONS – SALARIED AND NON-BARGAINING

Effective date and plan year	Original plan: January 1, 1981 Restated plan: November 15, 2017 (Spinoff date from original plan) Plan year: Calendar year
Status of the plan	Effective December 31, 1999, the Hussmann Corporation Retirement Plan for Hourly Employees and the Hussmann Corporation Pension Plan for Hourly Paid Branch Service and Installation Employees were merged into the Hussmann Corporation Retirement Plan for Salaried Employees. The Salaried Plan was amended and restated to provide for the mergers and to change its name to the Hussmann International, Inc., Retirement Plan. The plan was amended effective January 1, 2005, to change the benefit multiplier for Bridgeton active participants, and January 1, 2006 to change the benefit multiplier for Gloversville active participants. The plan was amended effective January 1, 2010 to exclude from participation all salaried and non-bargaining employees hired after December 31, 2009. The plan was amended effective October 1, 2011 to commence participation for all salaried and nonbargained employees hired after December 31, 2009 and to change its name from the Hussmann International, Inc. Retirement Plan to the Hussmann Corporation Retirement Plan. The plan was amended August 1, 2012 to close participation to all salaried and non-bargained employees hired or rehired after July 31, 2012. The plan was amended effective January 1, 2014 to freeze benefit accruals for non-bargaining employees. The plan was restated effective January 1 2016. Effective November 15, 2017, the Hussmann Corporation Retirement Plan was divided into three plans. Certain active and inactive employees, as well as certain surviving spouses, surviving beneficiaries, and alternate payees, were spun-off from the Hussmann Corporation Retirement Plan into this Plan.
Significant events that occurred during the year	None

Schedule SB, Part V — Summary of Plan Provisions

DEFINITIONS	
• Coverage and Participation	Each employee employed by the Company becomes a member of the plan as of his date of employment excluding, however, except as otherwise provided in the plan: • Members of a collective bargaining unit or employees accruing benefits under any other retirement plan of the Company • Salaried employees under the age of 21 Effective December 31, 2002, the Refrigeration Engineering, Inc. (REI) Retirement Plan was merged into this Plan. Effective January 1, 2003, certain non-bargaining hourly employees of National Refrigeration Systems (NRS) became participants of the Plan. These participants receive accruals under the plan for future service only commencing on or after January 1, 2003. Effective January 1, 2010, participation is closed to all salaried and non-bargaining hourly employees hired after December 31, 2009. Effective October 1, 2011, employees of Hussmann Corporation hired or rehired after December 31, 2009 became eligible to participate in the plan following the sale of the company by Ingersoll Rand. These employees will accrue a benefit under the plan based on credited service earned after October 1, 2011. Effective August 1, 2012, all salaried and non-bargained hourly employees hired or rehired after July 31, 2012 will not participate in the plan. Effective December 23, 2018 no new bargaining employees will become Participants in the Plan.
• Final average earnings	The highest average of annual compensation for a 5 consecutive calendar year period during the last 10 calendar years preceding the date of termination of employment, divided by 12.

Schedule SB, Part V — Summary of Plan Provisions

NORMAL RETIREMENT	
• Eligibility	The first day of the month coincident with or next following the attainment of age 65.
• Benefit	The monthly benefit payable as a single life annuity at Normal Retirement Date is equal to the greater of (a) & (b) defined below : (a) 0.5% of the Final Average Pay times all years of credited service (b) Sum of the following benefits : (i) The monthly accrued benefit at December 31, 2002 under the plan provisions in effect on December 31, 2002. For employees of REI, the frozen accrued benefit as of December 31, 2002 under the Refrigeration Engineering, Inc. Retirement Plan. (ii) 0.5% of the Final Average Pay times years of credited service earned after December 31, 2002 (iii) Transition Benefit - 0.5% of the Final Average Pay times years of credited service earned after December 31, 2002 up to a maximum of ten years. This transition benefit applies only to salaried employees who were participants in this plan on December 31, 2002, are at least age 45 and whose age plus service exceeds 55 on January 1, 2003 and does not apply to REI employees.
EARLY RETIREMENT	
• Eligibility	Employees who have completed five or more years of service
• Benefit	The early retirement benefit is equal to the normal retirement benefit reduced by 0.3% for each whole calendar month that the benefit commencement date precedes the normal retirement date, provided that the reduction not exceed 85%.
LATE RETIREMENT	
• Eligibility	Actual retirement may be deferred.
• Benefit	The benefit will be same as the normal retirement benefit.
DEFERRED VESTED	
• Eligibility	Upon termination of employment after completion of five or more years of vesting service, an employee shall be eligible for a pension commencing at age 65.
• Benefit	The normal retirement benefit payable at NRD. The benefit payable at any date earlier than age 65 is calculated in the same manner as an early retirement benefit. The benefit is payable as a lump sum or immediate life annuity or, for a married individual, as a qualified joint and survivor annuity unless a lump sum is elected.

Schedule SB, Part V — Summary of Plan Provisions

DISABILITY	
• Eligibility	Any vested participant who becomes disabled after December 31, 2003.
• Benefit	The benefit is same as described under deferred vested.
PRE-RETIREMENT DEATH	
• Eligibility	A married vested participant who dies shall be eligible for death benefit
• Benefit prior to early retirement	The pre-retirement death benefit payable to the designated beneficiary of an unmarried employee on his date of death is equal to 50% of the benefit which would be payable to the participant had the participant separated from service on the date of death and elected to commence a single life annuity, payable as a lump sum. The pre-retirement death benefit payable to the surviving spouse of a participant who is married on his date of death is equal to 50% of the benefit that would be payable to the participant had the participant separated from service on the date of death, survived to the benefit commencement date elected by the spouse and elected to commence a single life annuity.
• Benefit after early retirement	The beneficiary will be paid under the optional forms of benefit payment elected by the employee. All optional forms are actuarially equivalent to a life annuity form of payment. Payments will commence on the first day of the month following the month in which the employee's death occurs.
UNPREDICTABLE CONTINGENT EVENT BENEFITS	Not Applicable
FORM OF BENEFITS	
• Automatic form for unmarried participants	Single life annuity with a ten year payment guarantee
• Automatic form for married participants	50% contingent annuity (actuarially reduced).
• Optional forms	Optional forms of payment include a lump sum payment; a contingent annuity and a life with term certain annuity. If eligible for early retirement, an employee may also choose to receive his benefit under the Social Security level benefit option if he retires at or after age 55 with at least 15 years of service. In case of pre-retirement death, the surviving spouse may elect to receive the pre-retirement death benefit in a lump sum in lieu of a life annuity. For unmarried participants the benefit is paid as a lump sum.

Schedule SB, Part V — Summary of Plan Provisions

• Optional form conversion factors	Converted using Actuarial Equivalence. Lump sum use 417(e) (3) rates and mortality.
MISCELLANEOUS	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2019, the limit is $225,000.

Schedule SB, Part V — Summary of Plan Provisions

SUMMARY OF MAJOR PLAN PROVISIONS –BARGAINING

Effective date and plan year	Original plan: May 1, 1963 Restated plan: November 15, 2017 Plan year: Calendar year
Status of the plan	The plan has ongoing benefit and service accruals and newly hired participants are eligible to participate in the plan. The plan was restated effective November 15, 2017 to include certain active and inactive employees, as well as certain surviving spouses, surviving beneficiaries, and alternate payees, were spun-off from the Hussmann Corporation Retirement Plan into this Plan.
Significant events that occurred during the year	None
DEFINITIONS	
• Covered employees	All hourly-paid employees designated as eligible in an Adoption Agreement.
• Participation	An Employee shall be eligible to become an active Participant on the later of his date of employment or the effective date of the Adoption Agreement which pertains to him.
• Employee contributions	None
• Vesting service	Except as specified in the appropriate Adoption Agreement, the period of time between an Employee's employment commencement date and his severance from service date.
• Credited service	One month for each month an employee works at least one hour of service beginning with the later of date of hire or group participation date and ending with date of termination. No service is granted prior to the following dates: Location — Earliest Date of Credited Atlanta Georgia Systems — May 1, 1987 Gloversville — January 1, 1980 Montgomery — September 1, 1979

Schedule SB, Part V — Summary of Plan Provisions

<table>
<tr><td>NORMAL RETIREMENT</td><td></td></tr>
<tr><td>• Eligibility</td><td>Age 65 with three years of Continuous Service for Bridgeton. Age 65 for other hourly locations.</td></tr>
<tr><td>• Benefit</td><td>As specified in the Adoption Agreement. For each year of Credited Service, the monthly benefit is determined by the applicable multiplier:
<table><tr><th>Location</th><th>Employees' termination on or after</th><th>Benefit Multiplier</th></tr><tr><td>Atlanta</td><td>1/1/1996</td><td>$10.00</td></tr><tr><td>Bridgeton</td><td>1/1/1998</td><td>$24.00</td></tr><tr><td></td><td>1/1/1999</td><td>$26.00</td></tr><tr><td></td><td>1/1/2000</td><td>$29.00</td></tr><tr><td></td><td>1/1/2002</td><td>$31.00</td></tr><tr><td></td><td>1/1/2004</td><td>$32.00</td></tr><tr><td></td><td>1/1/2005</td><td>$35.00</td></tr><tr><td></td><td>1/1/2006</td><td>$36.00</td></tr><tr><td></td><td>1/1/2009</td><td>$39.00</td></tr><tr><td></td><td>1/1/2013</td><td>$41.00</td></tr><tr><td></td><td>1/1/2015</td><td>$42.00</td></tr><tr><td></td><td>1/1/2016</td><td>$43.00</td></tr><tr><td>Gloversville</td><td>1/1/1998</td><td>$15.00</td></tr><tr><td></td><td>1/1/1999</td><td>$15.25</td></tr><tr><td></td><td>1/1/2000</td><td>$15.75</td></tr><tr><td></td><td>1/1/2001</td><td>$16.00</td></tr><tr><td></td><td>1/1/2002</td><td>$16.50</td></tr><tr><td></td><td>1/1/2003</td><td>$16.75</td></tr><tr><td></td><td>1/1/2004</td><td>$17.10</td></tr><tr><td></td><td>1/1/2005</td><td>$17.50</td></tr><tr><td></td><td>1/1/2006</td><td>$19.00</td></tr><tr><td>Montgomery</td><td colspan="2">Sum of:
(1) $5.00 times Credited Service from 9/1/1979 to 12/31/1990
(2) $9.00 times Credited Service after 1/1/1991</td></tr></table></td></tr>
<tr><td>EARLY RETIREMENT</td><td></td></tr>
<tr><td>• Eligibility</td><td>First day of the month next following the attainment of age 55 and the completion of ten years of Continuous Service.</td></tr>
</table>

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	Accrued Benefit earned to the date of termination reduced 6% per year from age 65. For Bridgeton, benefit is reduced from age 60 with 30 years of Continuous Service.
LATE RETIREMENT	
• Eligibility	Actual retirement may be deferred.
• Benefit	Normal Retirement Benefit calculated using Credited Service at late retirement date.
DEFERRED VESTED	
• Eligibility	Completion of five years of Continuous Service.
• Benefit	Accrued Benefit payable at age 65. If payment commences prior to age 65, the benefit is reduced in the same manner as the Early Retirement Benefit.
DISABILITY	
• Eligibility	For Bridgeton, physical or mental illness which prevents a participant from performing his job and is considered permanent as certified by a qualified physician. The disability must have lasted five months. No other hourly locations have disability benefits.
• Benefit	For Bridgeton, immediate unreduced annuity commencing as early as five months and as late as 18 months after last day of employment (period of deferral). The period of deferral is counted as Credited Service. At age 65, the benefit is adjusted to reflect additional Credited Service equal to the difference between 24 months and the period of deferral.
PRE-RETIREMENT DEATH	
• Eligibility	For Bridgeton, completion of ten years of Credited Service. No other hourly locations have additional death benefits
• Benefit prior to early retirement	For Bridgeton, designated beneficiary receives 60 monthly pension payments (or an equivalent lump sum) of the Participant's monthly Accrued Benefit, unreduced for an early commencement of payment. The benefit which would have been payable to the spouse assuming the employee terminated employment on the day before he died (or, if earlier, on his actual date of termination employment) and elected the 50% Joint and Survivor Annuity Option to commence on his earliest possible retirement date. The benefit is payable in the form of a life annuity to the spouse commencing on the Participant's earliest retirement date.
UNPREDICTABLE CONTINGENT EVENT BENEFITS	Not Applicable
FORM OF BENEFITS	
• Automatic form for unmarried participants	Single life annuity with a five year payment guarantee

Schedule SB, Part V — Summary of Plan Provisions

• Automatic form for married participants	50% Joint & Survivor Annuity with five year payment gaurantee
• Optional forms	- Single life annuity with a five year payment guarantee - 50% Joint & Survivor Annuity with a five year payment guarantee - 75% Joint & Survivor Annuity with a five year payment guarantee - 100% Joint & Survivor Annuity with a five year payment guarantee
MISCELLANEOUS	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2019, the limit is $225,000.

Benefits Included or Excluded

Unless noted below, all benefits provided by the plan, as established effective November 15, 2017 are included in this valuation:

- **Most recent plan amendments included:** None
- **Plan amendments excluded:** None
- **Late retirement increases:**
  - *Active participants*: Since suspension of benefits notices are given to active employees, late retirement actuarial increases apply to participants who defer retirement beyond age 70-1/2.
  - *Deferred vested participants*: Current deferred vested participants over normal retirement age are valued including a late retirement actuarial increase using the plan's actuarial equivalence.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Schedule SB, Part V — Summary of Plan Provisions

PLAN PROVISIONS SPECIFIC TO FUNDING

Additional Benefits Included or Excluded

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits*: This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits**: The plan does not have any unpredictable contingent event benefits.

PLAN PROVISION CHANGES SINCE PRIOR VALUATION

No provision changes have occurred since the January 1, 2018 valuation.

HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES
FEIN: 43-0156220 Plan #044

Schedule of Assets (Held at End of Year)
Form 5500 – Schedule H – Item 4i
December 31, 2019
(See Independent Auditor's Report)

a) b) Identity of Issuer	c) Description of Investment	d) Cost	e) Current Value
Registered Investment Companies:			
Stone Ridge Trust II	Reinsurance Risk Premium Interval	$ 1,434,385	$ 778,813

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installment for each plan year since the IRC section 430 changes made by the Pension Protection Act of 2016 (PPA) took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than $0.

Shortfall bases			
Year established	Outstanding balance	Years remaining	2019 Installment
2015	$ 19,322,854	3	$ 6,678,829
2016	(1,931,116)	4	(509,684)
2017	(9,386,670)	5	(2,017,658)
2019	6,740,132	7	1,095,187
Total	$ 14,745,200		$ 5,246,674

Schedule SB, line 24 — Change in Actuarial Assumptions

- The expense component of normal cost increased from $1,560,000 to $1,640,000 to reflect our expectations for the current plan year.
- The lump sum interest was updated to be the current year's funding segment rates, and the lump sum mortality was updated to be the current year's 417(e) table.