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 04/01/2019 and ending 03/31/2020

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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MORRIS BEAN & COMPANY RET PLAN FOR HOURLY BARGAINING UNIT EMPLOYEES

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 04/01/1979

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)
MORRIS BEAN & COMPANY

777 E HYDE RD
YELLOW SPRINGS, OH 45387-9726

2b Employer Identification Number (EIN) 31-0510640

2c Plan Sponsor's telephone number 937-767-7301

2d Business code (see instructions) 331500

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.	12/09/2020	PATRICIA OLDIGES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	12/09/2020	L. E. KLEINSCHNITZ
	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**	196
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)**	59
a(2) Total number of active participants at the end of the plan year	**6a(2)**	50
b Retired or separated participants receiving benefits	**6b**	83
c Other retired or separated participants entitled to future benefits	**6c**	28
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	161
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	24
f Total. Add lines **6d** and **6e**.	**6f**	185
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	10
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B 3D

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

9a Plan funding arrangement (check all that apply)		**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)** [ ] **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 04/01/2019 and ending 03/31/2020

▶ **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
MORRIS BEAN & COMPANY RET PLAN FOR HOURLY BARGAINING UNIT EMPLOYEES

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
31-0510640

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

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

Part I Basic Information

1 Enter the valuation date: Month 04 Day 01 Year 2019

2 Assets:

a Market value	**2a**	3490188
b Actuarial value	**2b**	3490188

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	112	2822088	2822088
b For terminated vested participants	25	189423	189423
c For active participants	59	535321	560317
d Total	196	3546832	3571828

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**	5.44 %
6 Target normal cost	**6**	67471

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

	12/08/2020
Signature of actuary	Date
GARY D. DICKSON, FSA	20-03764
Type or print name of actuary	Most recent enrollment number
JHBENEFITS LTD	614-888-1005
Firm name	Telephone number (including area code)
100 OLD WILSON BRIDGE ROAD SUITE 214 WORTHINGTON, OH 43085	
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)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		2611
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 5.60 %		146
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		2757
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	97.71 %
15	Adjusted funding target attainment percentage	15	97.71 %
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	99.27 %
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
07/17/2019	70000				
01/14/2020	20000				
			Totals ► 18(b)	90000	18(c) 0

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

a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
b	Contributions made to avoid restrictions adjusted to valuation date	19b	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	88103

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? [ ] Yes [X] 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**	1
22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6)	**31a**	67471
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	81640	13776
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**	81247

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

36 Additional cash requirement (line 34 minus line 35)	**36**	81247
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	88103
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	6856
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 04/01/2019 and ending 03/31/2020

A Name of plan	**B** Three-digit plan number (PN) ▶
MORRIS BEAN & COMPANY RET PLAN FOR HOURLY BARGAINING UNIT EMPLOYEES	004
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
MORRIS BEAN & COMPANY	31-0510640

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

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

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

CLARK, SCHAEFER, HACKETT & CO

31-0800053

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	10300	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

US BANK

41-6271370

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	10278	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

JHBENEFITS LTD

20-0754801

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 49 50	ACTUARY	5050	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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 04/01/2019 and ending 03/31/2020

A Name of plan
MORRIS BEAN & COMPANY RET PLAN FOR HOURLY BARGAINING UNIT EMPLOYEES

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
MORRIS BEAN & COMPANY

D Employer Identification Number (EIN)
31-0510640

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2259	322
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	40378	159834
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3447551	2859907
(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	3490188	3020063
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3490188	3020063

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	90000	
	(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)		90000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	705	
	(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)		705
	(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)	83648	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		83648
	(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)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-328000
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		-153647
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	290850	
(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)		290850
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)	15350	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	10278	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		25628
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		316478
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-470125
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unmodified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: CLARK, SCHAEFER, HACKETT AND CO (2) EIN: 31-0800053

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		984412
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 4267357. (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 04/01/2019 and ending 03/31/2020

A Name of plan
MORRIS BEAN & COMPANY RET PLAN FOR HOURLY BARGAINING UNIT EMPLOYEES

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
MORRIS BEAN & COMPANY

D Employer Identification Number (EIN)
31-0510640

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): 42-6271370

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

Morris Bean & Company
Pension Plan for Hourly Bargaining Unit Employees

Financial Statements and Supplemental Schedules

March 31, 2020 and 2019

with Independent Auditors' Report

CLARK SCHAEFER HACKETT
CPAs & ADVISORS

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CLARK SCHAEFER HACKETT
CPAs & ADVISORS

10100 Innovation Drive, Suite 400, Dayton, Ohio 45342
P. 937.226.0070 | F. 937.226.1626 | cshco.com

INDEPENDENT AUDITORS' REPORT

To the Participants and Administrative Committee
Morris Bean & Company Pension Plan
for Hourly Bargaining Unit Employees
Yellow Springs, Ohio

Report on the Financial Statements
We were engaged to audit the accompanying financial statements of Morris Bean & Company Pension Plan for Hourly Bargaining Unit Employees (the "Plan"), which comprise the statements of net assets available for benefits as of March 31, 2020 and 2019, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

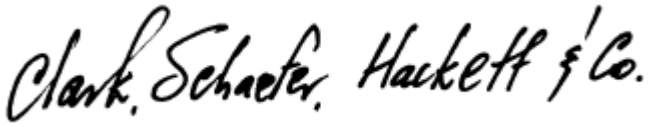
Auditors' Responsibility
Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph,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

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by U.S. Bank, National Association, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of March 31, 2020 and 2019, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Other Matter
The supplemental schedule of assets (held at end of year) as of March 31, 2020 and the supplemental schedule of reportable transactions for the year ended March 31, 2020 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 trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Dayton, Ohio
November 20, 2020

Morris Bean & Company
Pension Plan for Hourly Bargaining Unit Employees
Statements of Net Assets Available for Benefits
March 31, 2020 and 2019

		2020	2019
Investments at fair value	$	3,019,741	3,487,929
Dividends receivable		322	2,259
Net assets available for benefits	$	3,020,063	3,490,188

See accompanying notes to financial statements.

Morris Bean & Company
Pension Plan for Hourly Bargaining Unit Employees
Statements of Changes in Net Assets Available for Benefits
Years Ended March 31, 2020 and 2019

		2020	2019
Additions:			
Investment income (loss):			
Interest and dividends	$	84,353	80,710
Net appreciation (depreciation) in fair value of investments		(328,000)	53,640
		(243,647)	134,350
Less: Investment advisory and management fees		10,278	10,271
		(253,925)	124,079
Employer contributions		90,000	75,000
Total additions		(163,925)	199,079
Deductions:			
Benefits paid to participants		290,850	312,731
Administrative expenses		15,350	16,750
Total deductions		306,200	329,481
Net change		(470,125)	(130,402)
Net assets available for benefits:			
Beginning of year		3,490,188	3,620,590
End of year	$	3,020,063	3,490,188

See accompanying notes to financial statements.

1. DESCRIPTION OF PLAN:

The following description of the Morris Bean & Company Pension Plan for Hourly Bargaining Unit Employees (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory, defined benefit plan that provides retirement benefits for employees who are members of United Steelworkers of America, have attained age 21, and have completed one year of continuous service. The Plan is sponsored by Morris Bean & Company (the "Sponsor"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

The Sponsor contributes amounts actuarially determined to be sufficient to pay all benefits awarded to employees under the Plan. Pension funding includes normal cost and the amortization of past service costs. The Plan has met the ERISA minimum funding requirements.

Pension benefits

Eligible employees become participants in the Plan upon completion of twelve months of continuous service from their date of employment. After five years of continuous service, participants are entitled to monthly payments for life beginning at the normal retirement age of 65. After attaining age 55 and 10 years of service, participants may also elect early retirement. However, the pension benefit is reduced based on the number of years the retirement date precedes the employee's normal retirement date. Participants may elect to receive their benefit in the form of a lump sum payment, life annuity, life annuity with 10 years guaranteed or one of three joint-and-survivor annuity options.

Monthly life annuity benefits are based on an employee's number of years of credited service at date of termination (maximum of 35 years) multiplied by a dollar amount specified in the collective bargaining agreement and plan document as amended.

Death and disability benefits

In the event of a participant's death after 10 years of continuous service, the surviving spouse of the participant will receive the survivor portion of the joint-and-survivor benefit.

Participants who have attained 10 or more years of service are eligible for retirement benefits if they become permanently disabled while they are employed.

Vesting

An employee is fully vested after completing five years of service.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of accounting

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

Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

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

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

Benefit payments
Benefit payments are recorded when paid.

Administrative expenses
Certain administrative functions are performed by officers or employees of the Sponsor. No such officer or employee receives compensation from the Plan. Administrative expenses associated with plan administration are paid by the Plan.

Subsequent events
The Plan has evaluated subsequent events through the report date, the date the financial statements were available to be issued.

3. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE:

Management has elected the method of compliance permitted by 29 CFR2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, U.S. Bank, National Association, the trustee, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of March 31, 2020 and 2019, the supplemental schedule of assets (held at end of year) as of March 31, 2020, the related investment activity reflected in the statements of changes in net assets available for benefits for the years ended March 31, 2020 and 2019, and the information reflected on the supplemental schedule of reportable transactions for the year ended March 31, 2020.

4. 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at March 31, 2020 and 2019.

> *Registered investment companies:* Consist of mutual funds and exchange traded funds registered with the Securities and Exchange Commission. Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds are required to publish their daily net asset value ("NAV") per share and to transact at that price at the end of each trading day. Exchange traded funds are valued at the closing price reported on the active market on which the funds are traded. Exchange traded funds can be traded throughout the day on national securities exchanges at market prices.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of March 31, 2020 and 2019. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	Assets at fair value at March 31, 2020			
	Level 1	Level 2	Level 3	Total
Investment cash	$ 1,536	-	-	1,536
Registered investment company - money market fund	158,298	-	-	158,298
Registered investment companies	2,859,907	-	-	2,859,907
Total	$ 3,019,741	-	-	3,019,741

	Assets at fair value at March 31, 2019			
	Level 1	Level 2	Level 3	Total
Investment cash	$ 97	-	-	97
Registered investment company - money market fund	40,281	-	-	40,281
Registered investment companies	3,447,551	-	-	3,447,551
Total	$ 3,487,929	-	-	3,487,929

5. ACCUMULATED PLAN BENEFITS:

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) 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 shown in the financial statements is determined by actuaries and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

The more significant assumptions underlying the actuarial computations are as follows:

Mortality – RP-2014 Total Dataset Mortality with scale MP-2018

Normal Retirement Age – 65

Discount Rate – 6.25%

Funding Cost Method – Unit Credit Method

The actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of plan benefits.

Contributions to the Plan are made by the Sponsor based on the minimum funding requirements in amounts that are actuarially determined to be necessary to provide benefits to the participants under the Plan.

The actuarial present value of accumulated plan benefits as of April 1, 2019 is summarized as follows:

Vested benefits:	
Participants currently receiving payments	$ 2,578,434
Terminated participants with deferred vested benefits	176,430
Other participants	497,052
	3,251,916
Non-vested benefits	23,372
Actuarial present value of accumulated plan benefits	$ 3,275,288

The changes in the accumulated benefits for the year ended March 31, 2019 is summarized as follows:

Actuarial present value of accumulated plan benefits at beginning of year	$ 3,433,421
Decrease during the year attributable to:	
Benefits accumulated/decrease in discount period	204,816
Benefits paid	(312,731)
Change in actuarial assumptions	(9,130)
Actuarial gain (loss)	(41,088)
Net increase (decrease)	(158,133)
Actuarial present value of acumulated plan benefits at end of year	$ 3,275,288

The changes in the present value of accumulated plan benefits as of April 1, 2019 include a decrease of $9,130 due to changes in actuarial assumptions updating the mortality table from the RP-2014 Total Dataset Mortality with Scale MP-2017 to the RP-2014 Total Dataset Mortality with Scale MP-2018.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates and participant 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.

6. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS:

Certain plan investments include shares of a cash equivalent mutual fund managed by U.S. Bancorp Asset Management, a company affiliated through common ownership with the U.S. Bank National Association, the trustee as defined by the Plan. Therefore, these transactions qualify as party-in-interest transactions.

7. PLAN TERMINATION:

Although it has not expressed any intent to do so, the Sponsor has the right to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, the net assets of the Plan will be distributed to the participants in order of priority determined in accordance with ERISA and its applicable regulations, and the plan document.

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

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

8. TAX STATUS:

The Plan uses a prototype plan document sponsored by JHBenefits Ltd., that received an opinion letter from the Internal Revenue Service (IRS), dated January 31, 2011, which states that the prototype plan document satisfies the applicable provisions of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

9. RISKS AND UNCERTAINTIES:

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

10. SUBSEQUENT EVENT:

Subsequent to the date of the financial statements, an outbreak of a novel strain of coronavirus (COVID-19) has disrupted supply chains and affected production and sales across a range of industries. The extent of the impact of COVID-19 on the Plan Sponsor's performance and the Plan's investments will depend on certain developments, including the duration and spread of the outbreak. The impact on the Plan cannot be predicted, and the extent to which COVID-19 may impact the statement of net assets available for benefits is uncertain at this time.

SUPPLEMENTAL SCHEDULES

Morris Bean & Company
Pension Plan for Hourly Bargaining Unit Employees
EIN: 31-0510640; Plan #004
Schedule H, Line 4i - Schedule of Assets (Held At End of Year)
March 31, 2020

(a)	(b)	(c)	(d)	(e)
Issuer	Description of Investment	Shares	Cost	Current Value
*	U.S. Bank, National Association:			
	Investment cash		$ 1,536	1,536
	Registered investment companies:			
*	First American Treasury Obligations Fund	158,298	158,298	158,298
	AMG GW&K Emerging Wealth Equity Fund	3,698	44,928	36,201
	American Beacon Stephens Mid-Cap Growth Fund	4,066	103,056	90,383
	Fidelity International Index Fund	4,512	186,191	149,221
	Fidelity 500 Index Fund	4,058	434,601	365,530
	Fidelity Mid Cap Index Fund	10,460	237,990	180,328
	Fidelity Emerging Markets Index Fund	13,170	139,428	110,098
	Invesco QQQ Trust	640	89,886	121,856
	iShares Russell 2000 ETF	1,057	155,541	120,984
	iShares Edge MSCI USA Quality ETF	1,507	142,610	122,127
	ClearBridge International Growth Fund	3,351	161,527	150,654
	Vanguard Real Estate Index Fund	908	80,238	63,424
	Vanguard Value Index Fund	4,392	150,355	152,768
	Wells Fargo Special Mid Cap Value Fund	3,103	127,735	89,325
	Baird Aggregate Bond Fund	28,648	318,988	324,009
	Federated Institutional High Yield Bond Fund	14,512	144,258	124,805
	iShares Core US Aggregate Bond ETF	2,852	321,653	329,035
	PGIM Total Return Bond Fund	23,681	346,171	329,159
			$ 3,344,990	3,019,741

* Party-in-interest

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset at Date of Transaction	(i) Net Gain (Loss)
Category (i)—Single Transactions in Excess of 5 Percent of Net Assets						
* U.S. Bank, National Association:						
	American Beacon Stephens Mid-Cap Growth Fund					
	Purchase	$ 219,893	-	219,893	219,893	-
	Baird Aggregate Bond Fund					
	Purchase	270,058	-	270,058	270,058	-
	Fidelity International Index Fund					
	Purchase	229,989	-	229,989	229,989	-
	Fidelity 500 Index Fund					
	Purchase	353,830	-	353,830	353,830	-
	Fidelity Mid Cap Index Fund					
	Purchase	229,989	-	229,989	229,989	-
*	First American Treasury Obligations Fund					
	Purchase	183,809	-	183,809	183,809	-
	Purchase	255,314	-	255,314	255,314	-
	Sale	-	274,234	274,234	274,234	-
	Harding Loevner International Equity Fund					
	Sale	-	256,299	227,676	256,299	28,623
	iShares Core US Aggregate Bond ETF					
	Purchase	274,234	-	274,234	274,234	-
	iShares MSCI Emerging Markets ETF					
	Sale	-	205,027	204,698	205,027	329
	iShares 1-3 Year Treasury Bond ETF					
	Purchase	185,310	-	185,310	185,310	-
	Sale	-	269,318	268,240	269,318	1,078
	iShares Russell Mid Cap ETF					
	Purchase	220,788	-	220,788	220,788	-
	Sale	-	230,067	218,006	230,067	12,061
	iShares Short Term Corporate ETF					
	Purchase	277,251	-	277,251	277,251	-
	Sale	-	385,353	380,118	385,353	5,235
	Sale	-	270,886	265,736	270,886	5,150
	iShares Core MSCI EAFE ETF					
	Sale	-	225,627	207,930	225,627	17,697

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset at Date of Transaction	(i) Net Gain (Loss)
	ClearBridge International Growth Fund					
	Purchase	219,084	-	219,084	219,084	-
	Nuveen Real Estate Securities Fund					
	Sale	-	177,125	173,173	177,125	3,952
	PGIM Total Return Bond Fund					
	Purchase	270,058	-	270,058	270,058	-
	Schwab US Tips ETF					
	Sale	-	209,150	208,502	209,150	648
	Vanguard 500 Index Fund					
	Sale	-	357,643	259,022	357,643	98,621
Category (iii)—Series of Transactions in Excess of 5 Percent of Net Assets						
* U.S. Bank, National Association:						
	American Beacon Stephens Mid-Cap Growth Fund					
	Purchases	$ 229,895	-	229,895	229,895	-
	Sales	-	136,259	126,840	136,259	9,419
	Baird Aggregate Bond Fund					
	Purchases	420,105	-	420,105	420,105	-
	Sales	-	103,499	101,117	103,499	2,382
	Fidelity International Index Fund					
	Purchases	241,661	-	241,661	241,661	-
	Sales	-	47,772	55,470	47,772	(7,698)
	Fidelity 500 Index Fund					
	Purchases	516,731	-	516,731	516,731	-
	Sales	-	74,393	82,130	74,393	(7,737)
	Fidelity Mid Cap Index Fund					
	Purchases	249,480	-	249,480	249,480	-
	Sales	-	10,895	11,491	10,895	(596)
	Fidelity Emerging Markets Index Fund					
	Purchases	242,373	-	242,373	242,373	-
	Sales	-	99,456	102,945	99,456	(3,489)
*	First American Treasury Obligations Fund					
	Purchases	1,270,918	-	1,270,918	1,270,918	-
	Sales	-	1,152,901	1,152,901	1,152,901	-

Morris Bean & Company
Pension Plan for Hourly Bargaining Unit Employees
EIN: 31-0510640; Plan #004
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended March 31, 2020

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset at Date of Transaction	Net Gain (Loss)
	Harding Loevner International Equity Fund					
	Sales	-	259,162	230,143	259,162	29,019
	Invesco QQQ Trust					
	Purchases	49,205	-	49,205	49,205	-
	Sales	-	277,514	165,279	277,514	112,235
	iShares Core US Aggregate Bond ETF					
	Purchases	424,345	-	424,345	424,345	-
	Sales	-	104,091	102,692	104,091	1,399
	iShares MSCI Emerging Markets ETF					
	Sales	-	297,200	300,082	297,200	(2,882)
	iShares 1-3 Year Treasury Bond ETF					
	Purchases	186,402	-	186,402	186,402	-
	Sales	-	434,441	432,721	434,441	1,720
	iShares Russell Mid Cap ETF					
	Purchases	222,253	-	222,253	222,253	-
	Sales	-	234,453	222,253	234,453	12,200
	iShares Iboxx High Yield ETF					
	Purchases	10,331	-	10,331	10,331	-
	Sales	-	286,733	303,408	286,733	(16,675)
	iShares Short Term Corporate ETF					
	Purchases	277,251	-	277,251	277,251	-
	Sales	-	656,239	645,854	656,239	10,385
	iShares Edge MSCI USA Quality ETF					
	Purchases	175,719	-	175,719	175,719	-
	Sales	-	28,704	33,109	28,704	(4,405)
	iShares Core MSCI EAFE ETF					
	Sales	-	261,790	241,661	261,790	20,129
	ClearBridge International Growth Fund					
	Purchases	224,782	-	224,782	224,782	-
	Sales	-	63,039	63,255	63,039	(216)
	Nuveen Real Estate Securities Fund					
	Sales	-	177,125	173,173	177,125	3,952

Morris Bean & Company
Pension Plan for Hourly Bargaining Unit Employees
EIN: 31-0510640; Plan #004
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended March 31, 2020

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset at Date of Transaction	Net Gain (Loss)
	PGIM Total Return Bond Fund					
	Purchases	447,523	-	447,523	447,523	-
	Sales	-	100,269	101,352	100,269	(1,083)
	Schwab US Tips ETF					
	Sales	-	209,150	208,502	209,150	648
	Vanguard 500 Index Fund					
	Purchases	29,659	-	29,659	29,659	-
	Sales	-	365,023	264,406	365,023	100,617

*Party-in-interest

There were no reportable category "ii" or "iv" transactions for the year ended March 31, 2020.
Note: "Reportable Transactions" are defined in Section 2520.103-6 of the Department of Labor's Regulations.

Morris Bean and Company
Retirement Plan for Hourly
Bargaining Unit Employees

Shortfall Amortization
Plan Year: 4/1/2019 to 3/31/2020
Valuation Date: 4/1/2019

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

Valuation Date	Amortization Method	Number of Future Installments	Installment	Value of Future Installments
04/01/2018	7-year	6	$4,294	$23,286
04/01/2019	7-year	7	$9,482	$58,354
Total			$13,776	$81,640

Shortfall Amortization Charge (sum of installments, no less than zero): $13,776

Morris Bean and Company
Retirement Plan for Hourly
Bargaining Unit Employees

Schedule of Active Participant Data
Plan Year: 4/1/2019 to 3/31/2020
Valuation Date: 4/1/2019

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	0	3	0	0	0	0	0	0	0	0	3
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
25-29	0	4	1	0	0	0	0	0	0	0	5
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
30-34	0	2	2	3	0	0	0	0	0	0	7
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
35-39	0	4	0	2	1	0	0	0	0	0	7
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
40-44	0	2	1	0	0	0	0	0	0	0	3
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
45-49	0	2	1	1	1	1	0	0	0	0	6
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
50-54	0	4	2	1	0	2	0	0	0	0	9
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
55-59	0	1	3	4	1	2	0	0	0	0	11
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
60-64	0	1	0	2	0	0	0	0	0	0	3
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65-69	0	0	0	1	1	0	0	0	0	2	4
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
70+	0	0	0	0	0	0	0	0	0	0	0
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total	0	23	10	14	4	5	0	0	0	2	58
Avg Mo Comp	n/a	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0

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

Average Age: 45.6 Average Service: 10

Morris Bean and Company
Retirement Plan for Hourly
Bargaining Unit Employees

Summary of Actuarial Assumptions and Method
Plan Year: 4/1/2019 to 3/31/2020
Valuation Date: 4/1/2019

	For Funding Min	For Funding Max	For 417(e)	For Actuarial Equiv.
Interest Rates	Seg 1: 3.74%	2.65%	Seg 1: 2.86%	Pre-Retirement: 5.00%
	Seg 2: 5.35%	3.95%	Seg 2: 4.00%	Post-Retirement: 5.00%
	Seg 3: 6.11%	4.48%	Seg 3: 4.42%	
Applicable Date	03/2019	03/2019	03/2019	
Pre-Retirement				
Turnover	Morris Bean Turnover Table		None	None
Mortality	Male-2019 Static Table - Combined Male Female-2019 Static Table - Combined Female		None	None
Assumed Ret Age	Normal retirement age 65		Normal retirement age 65	Normal retirement age 65
Pln-reltd expenses	$27,021.00			
Disability	Morris Bean Disability Table		None	None
Post-Retirement				
Mortality	Male-2019 Static Table - Combined Male Female-2019 Static Table - Combined Female		2019 Applicable Mortality Table from Notice 2018-02	Male-GA 51 (MALE) PROJECTION C TO 1971 SETBACK 1 YEAR Female-2019 Applicable Mortality Table from Notice 2018-02
Assumed Benefit Form For Funding			Normal Form	
Assumed Spouse's Age	Spouse assumed to be the same age as participant			Spouse assumed to be the same age as participant
	Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known			Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known
Calculated Effective Interest Rate			5.44%	

Morris Bean and Company
Retirement Plan for Hourly
Bargaining Unit Employees

Summary of Actuarial Assumptions and Method
Plan Year: 4/1/2019 to 3/31/2020
Valuation Date: 4/1/2019

Actuarial Cost Method	The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.

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

Morris Bean and Company
Retirement Plan for Hourly
Bargaining Unit Employees
Employer ID# 31-0510640: Plan No. 004

Quarterly Installment Payment: $17,386.00

Schedule SB, line 19 - Discounted Employer Contributions

Plan Year: 4/1/2019 to 3/31/2020
Valuation Date: 4/1/2019

Date	Amount	Year	Rate	Period	Adj Ctb
07-17-2019	17,386.00	2019	10.44%	07-17-2019 to 07-15-2019	
			5.44%	07-15-2019 to 04-01-2019	17,113.97
	52,614.00	2019	5.44%	07-17-2019 to 04-01-2019	51,803.67
01-14-2020	20,000.00	2019	5.44%	01-14-2020 to 04-01-2019	19,185.45
Totals:	**90,000.00**				**88,103.09**

19	Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year			
a	Contributions allocated toward unpaid minimum required contribution from prior years	**19a**	0.00
b	Contributions made to avoid benefit restrictions adjusted to valuation date	**19b**	0.00
c	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	**19c**	88,103.09

Morris Bean and Company
Retirement Plan for Hourly
Bargaining Unit Employees

Summary of Plan Provisions
Plan Year: 4/1/2019 to 3/31/2020
Valuation Date: 4/1/2019

Plan Effective Date	April 1, 1979
Plan Year	From April 1, 2019 to March 31, 2020
Eligibility	All employees not excluded by class are eligible to enter on the April 1 coincident with or preceding the completion of the following requirements: 1 year of service Minimum age 21 Salaried Employees excluded.
Normal Retirement Age	All participants are eligible to retire with their full retirement benefit on attainment of age 65
Normal Retirement Benefit	Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following: For service prior to April 1, 2016:-$13.00 per month multiplied by multiplied by years of service For service on or after April 1, 2016: - $14.00 per month multiplied by years of service Total service not to exceed 35 years. Credited years are years commencing with the date of hire and ending with the retirement year using only completed whole months.
Early Retirement Age	Attainment of age 55 Completion of 10 years of service from hire date
Early Retirement Benefit	6% per year (0.5% per month)
Normal Form of Benefit	A benefit payable for the life of the participant
Optional Forms of Benefit	The following forms of benefit payment are also available: Life Only - Payable for the life of the participant. Life With 10 Years Certain - Payable for the life of the participant. If the participant dies before receiving payments for 10 full years, payments will continue to his/her surviving beneficiary for the remainder of the 10-year period and then stop. Joint and 100% Survivor - Payable for the life of the participant and his/her beneficiary. Payments cease on the death of both. Joint and 75% Survivor - Payable for the life of the participant. If the participant dies before his/her beneficiary, 75% of the

benefit will continue for the life of the beneficiary.

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

Single Lump Sum - This is a one-time payment of the lump sum equivalent of the plan's normal form of benefit.

Accrued Benefit

The normal retirement benefit described above calculated based on service on the calculation date, and payable on the normal retirement date.

Termination Benefit

Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Credited Years	Vested Percent
1	0
2	0
3	0
4	0
5	100

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

Years with less than 1,000 hours

Top-Heavy Status

This plan is currently not top-heavy since it is a collectively-bargained plan.

Death Benefit

Survivor portion of a qualified joint and 50% survivor annuity payable to the surviving spouse.

Disability

Eligibility is 10 years of service. Equal to accrued benefit payable immediately

Morris Bean & Company
Pension Plan for Hourly Bargaining Unit Employees
EIN: 31-0510640; Plan #004
Schedule H, Line 4i - Schedule of Assets (Held At End of Year)
March 31, 2020

(a)	(b)	(c)	(d)	(e)
Issuer	Description of Investment	Shares	Cost	Current Value
*	U.S. Bank, National Association:			
	Investment cash		$ 1,536	1,536
	Registered investment companies:			
*	First American Treasury Obligations Fund	158,298	158,298	158,298
	AMG GW&K Emerging Wealth Equity Fund	3,698	44,928	36,201
	American Beacon Stephens Mid-Cap Growth Fund	4,066	103,056	90,383
	Fidelity International Index Fund	4,512	186,191	149,221
	Fidelity 500 Index Fund	4,058	434,601	365,530
	Fidelity Mid Cap Index Fund	10,460	237,990	180,328
	Fidelity Emerging Markets Index Fund	13,170	139,428	110,098
	Invesco QQQ Trust	640	89,886	121,856
	iShares Russell 2000 ETF	1,057	155,541	120,984
	iShares Edge MSCI USA Quality ETF	1,507	142,610	122,127
	ClearBridge International Growth Fund	3,351	161,527	150,654
	Vanguard Real Estate Index Fund	908	80,238	63,424
	Vanguard Value Index Fund	4,392	150,355	152,768
	Wells Fargo Special Mid Cap Value Fund	3,103	127,735	89,325
	Baird Aggregate Bond Fund	28,648	318,988	324,009
	Federated Institutional High Yield Bond Fund	14,512	144,258	124,805
	iShares Core US Aggregate Bond ETF	2,852	321,653	329,035
	PGIM Total Return Bond Fund	23,681	346,171	329,159
			$ 3,344,990	3,019,741

* Party-in-interest

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset at Date of Transaction	(i) Net Gain (Loss)
Category (i)—Single Transactions in Excess of 5 Percent of Net Assets						
* U.S. Bank, National Association:						
	American Beacon Stephens Mid-Cap Growth Fund					
	Purchase	$ 219,893	-	219,893	219,893	-
	Baird Aggregate Bond Fund					
	Purchase	270,058	-	270,058	270,058	-
	Fidelity International Index Fund					
	Purchase	229,989	-	229,989	229,989	-
	Fidelity 500 Index Fund					
	Purchase	353,830	-	353,830	353,830	-
	Fidelity Mid Cap Index Fund					
	Purchase	229,989	-	229,989	229,989	-
*	First American Treasury Obligations Fund					
	Purchase	183,809	-	183,809	183,809	-
	Purchase	255,314	-	255,314	255,314	-
	Sale	-	274,234	274,234	274,234	-
	Harding Loevner International Equity Fund					
	Sale	-	256,299	227,676	256,299	28,623
	iShares Core US Aggregate Bond ETF					
	Purchase	274,234	-	274,234	274,234	-
	iShares MSCI Emerging Markets ETF					
	Sale	-	205,027	204,698	205,027	329
	iShares 1-3 Year Treasury Bond ETF					
	Purchase	185,310	-	185,310	185,310	-
	Sale	-	269,318	268,240	269,318	1,078
	iShares Russell Mid Cap ETF					
	Purchase	220,788	-	220,788	220,788	-
	Sale	-	230,067	218,006	230,067	12,061
	iShares Short Term Corporate ETF					
	Purchase	277,251	-	277,251	277,251	-
	Sale	-	385,353	380,118	385,353	5,235
	Sale	-	270,886	265,736	270,886	5,150
	iShares Core MSCI EAFE ETF					
	Sale	-	225,627	207,930	225,627	17,697

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset at Date of Transaction	(i) Net Gain (Loss)
	ClearBridge International Growth Fund					
	Purchase	219,084	-	219,084	219,084	-
	Nuveen Real Estate Securities Fund					
	Sale	-	177,125	173,173	177,125	3,952
	PGIM Total Return Bond Fund					
	Purchase	270,058	-	270,058	270,058	-
	Schwab US Tips ETF					
	Sale	-	209,150	208,502	209,150	648
	Vanguard 500 Index Fund					
	Sale	-	357,643	259,022	357,643	98,621
Category (iii)—Series of Transactions in Excess of 5 Percent of Net Assets						
* U.S. Bank, National Association:						
	American Beacon Stephens Mid-Cap Growth Fund					
	Purchases	$ 229,895	-	229,895	229,895	-
	Sales	-	136,259	126,840	136,259	9,419
	Baird Aggregate Bond Fund					
	Purchases	420,105	-	420,105	420,105	-
	Sales	-	103,499	101,117	103,499	2,382
	Fidelity International Index Fund					
	Purchases	241,661	-	241,661	241,661	-
	Sales	-	47,772	55,470	47,772	(7,698)
	Fidelity 500 Index Fund					
	Purchases	516,731	-	516,731	516,731	-
	Sales	-	74,393	82,130	74,393	(7,737)
	Fidelity Mid Cap Index Fund					
	Purchases	249,480	-	249,480	249,480	-
	Sales	-	10,895	11,491	10,895	(596)
	Fidelity Emerging Markets Index Fund					
	Purchases	242,373	-	242,373	242,373	-
	Sales	-	99,456	102,945	99,456	(3,489)
*	First American Treasury Obligations Fund					
	Purchases	1,270,918	-	1,270,918	1,270,918	-
	Sales	-	1,152,901	1,152,901	1,152,901	-

Morris Bean & Company
Pension Plan for Hourly Bargaining Unit Employees
EIN: 31-0510640; Plan #004
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended March 31, 2020

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset at Date of Transaction	Net Gain (Loss)
	Harding Loevner International Equity Fund					
	Sales	-	259,162	230,143	259,162	29,019
	Invesco QQQ Trust					
	Purchases	49,205	-	49,205	49,205	-
	Sales	-	277,514	165,279	277,514	112,235
	iShares Core US Aggregate Bond ETF					
	Purchases	424,345	-	424,345	424,345	-
	Sales	-	104,091	102,692	104,091	1,399
	iShares MSCI Emerging Markets ETF					
	Sales	-	297,200	300,082	297,200	(2,882)
	iShares 1-3 Year Treasury Bond ETF					
	Purchases	186,402	-	186,402	186,402	-
	Sales	-	434,441	432,721	434,441	1,720
	iShares Russell Mid Cap ETF					
	Purchases	222,253	-	222,253	222,253	-
	Sales	-	234,453	222,253	234,453	12,200
	iShares Iboxx High Yield ETF					
	Purchases	10,331	-	10,331	10,331	-
	Sales	-	286,733	303,408	286,733	(16,675)
	iShares Short Term Corporate ETF					
	Purchases	277,251	-	277,251	277,251	-
	Sales	-	656,239	645,854	656,239	10,385
	iShares Edge MSCI USA Quality ETF					
	Purchases	175,719	-	175,719	175,719	-
	Sales	-	28,704	33,109	28,704	(4,405)
	iShares Core MSCI EAFE ETF					
	Sales	-	261,790	241,661	261,790	20,129
	ClearBridge International Growth Fund					
	Purchases	224,782	-	224,782	224,782	-
	Sales	-	63,039	63,255	63,039	(216)
	Nuveen Real Estate Securities Fund					
	Sales	-	177,125	173,173	177,125	3,952

Morris Bean & Company
Pension Plan for Hourly Bargaining Unit Employees
EIN: 31-0510640; Plan #004
Schedule H, Line 4j - Schedule of Reportable Transactions
Year Ended March 31, 2020

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset at Date of Transaction	Net Gain (Loss)
	PGIM Total Return Bond Fund					
	Purchases	447,523	-	447,523	447,523	-
	Sales	-	100,269	101,352	100,269	(1,083)
	Schwab US Tips ETF					
	Sales	-	209,150	208,502	209,150	648
	Vanguard 500 Index Fund					
	Purchases	29,659	-	29,659	29,659	-
	Sales	-	365,023	264,406	365,023	100,617

*Party-in-interest

There were no reportable category "ii" or "iv" transactions for the year ended March 31, 2020.
Note: "Reportable Transactions" are defined in Section 2520.103-6 of the Department of Labor's Regulations.

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 04/01/2019 and ending 03/31/2020

▶ **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
MORRIS BEAN & COMPANY RET PLAN FOR HOURLY BARGAINING UNIT EMPLOYEES

B Three-digit plan number (PN) ▶ 004

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

D Employer Identification Number (EIN)
31-0510640

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

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

Part I Basic Information

1 Enter the valuation date: Month 4 Day 1 Year 2019

2 Assets:

a Market value	2a	3,490,188
b Actuarial value	2b	3,490,188

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	112	2,822,088	2,822,088
b For terminated vested participants	25	189,423	189,423
c For active participants	59	535,321	560,317
d Total	196	3,546,832	3,571,828

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	5.44 %
6 Target normal cost	6	67,471

Statement by Enrolled Actuary

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

SIGN HERE

Gary D Dickson / [illegible] — Signature of actuary

12-8-20 — Date

Gary D. Dickson, FSA — Type or print name of actuary

20-03764 — Most recent enrollment number

JHBenefits Ltd — Firm name

(614)888-1005 — Telephone number (including area code)

100 Old Wilson Bridge Road
Suite 214
Worthington OH 43085 — 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)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of _____%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2611
	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 5.60 %		146
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		2757
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	97.71%
15	Adjusted funding target attainment percentage	15	97.71%
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	99.27%
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
07/17/2019	70,000				
01/14/2020	20,000				
			Totals ▶ 18(b)	90,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	88,103

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? [ ] Yes [X] 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**	1
22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		**31a**	67,471
b Excess assets, if applicable, but not greater than line 31a		**31b**	0
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	81,640		13,776
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**	81,247

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

36 Additional cash requirement (line 34 minus line 35)	**36**	81,247
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	88,103
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	6,856
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

Morris Bean and Company
Retirement Plan for Hourly
Bargaining Unit Employees

Plan Year: 4/1/2019 to 3/31/2020
Valuation Date: 4/1/2019

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