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. . . . . ▶ [ ]

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
SUPERIOR MACHINE COMPANY OF SC, INC. SAVINGS INCENTIVE PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/08/1971

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)
SUPERIOR MACHINE COMPANY OF SOUTH CAROLINA, INC.

692 NORTH CASHUA DRIVE
FLORENCE, SC 29502

2b Employer Identification Number (EIN) 57-0743770

2c Plan Sponsor's telephone number 843-468-9218

2d Business code (see instructions) 333900

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.	12/16/2020	CATHERINE ALLEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	140
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)**	118
a(2) Total number of active participants at the end of the plan year	**6a(2)**	129
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	26
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	155
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**.	**6f**	156
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	110
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2T 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)** [ ] **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)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE 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
SUPERIOR MACHINE COMPANY OF SC, INC. SAVINGS INCENTIVE PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SUPERIOR MACHINE COMPANY OF SOUTH CAROLINA, INC.

D Employer Identification Number (EIN)
57-0743770

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).. . . . . [X] 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

ACADIAN FUNDS

04-2929221

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

SCHWAB FUNDS

94-3106735

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

DREYFUS

13-5673135

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

FIDELITY INVESTMENTS

06-1194217

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

INVESCO FUNDS

58-2287224

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

HARBOR

04-2679462

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

JANUS

43-1804048

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

NORTHERN FUNDS

39-1777365

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

PIMCO FUNDS

95-2632339

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

NUVEEN

36-3817266

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

AMERICAN FUNDS

95-1411037

(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)

WELLS FARGO BANK, N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 49 50 60 62 64	SERVICE PROVIDER	22627	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

WELLS FARGO ADVISORS WBS

56-0898180

(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?
27 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	7637	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
WELLS FARGO ADVISORS WBS	27 52	7627
(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.	
WELLS FARGO BANK, N.A. 94-1347393	20 BASIS POINTS	

(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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

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

A Name of plan
SUPERIOR MACHINE COMPANY OF SC, INC. SAVINGS INCENTIVE PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SUPERIOR MACHINE COMPANY OF SOUTH CAROLINA, INC.

D Employer Identification Number (EIN)
57-0743770

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

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO CORE BOND TR

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
94-3222878-001	C	41303

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE RETURN F

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
46-6933767-001	C	2502857

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK US AGG BOND INDEX F

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-5699010-001	C	244223

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/TRP INST LG CAP GR MANAGED TR

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6648614-001	C	15699

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO STABLE RETURN FUND TR

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
46-6208187-001	C	9410

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK INTL EQUITY INDEX TR

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-2265229-001	C	33869

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK RUSSELL 2000 INDEX TR

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-2265233-001	C	17223

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK S&P 500 INDEX TR

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN 94-3224211-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64271

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK S&P MIDCAP INDEX TR

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN 52-2265235-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41502

a Name of MTIA, CCT, PSA, or 103-12 IE: WF ENHANCED STOCK MARKET CIT F

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN 56-6288528-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 421409

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/BLACKROCK U.S. AGG BOND INDEX TR

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN 20-5699010-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 80342

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/CAUSEWAY INTERNATIONAL VALUE TR

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN 47-6375784-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20987

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/DODGE & COX INTERMEDIATE BOND TR

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN 47-6566265-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27305

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/MFS VALUE TR

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN 45-6648640-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38909

a Name of MTIA, CCT, PSA, or 103-12 IE: WF/MULTI-MANAGER SMALL CAP TR

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN 45-6648658-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8322

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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
SUPERIOR MACHINE COMPANY OF SC, INC. SAVINGS INCENTIVE PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SUPERIOR MACHINE COMPANY OF SOUTH CAROLINA, INC.

D Employer Identification Number (EIN)
57-0743770

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	119859	167845
(9) Value of interest in common/collective trusts	1c(9)	3936671	3567631
(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)	1253277	1141599
(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	5309807	4877075
	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	5309807	4877075

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)	101751	
	(B) Participants	2a(1)(B)	341328	
	(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)		443079
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	8294	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8294
	(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)	24747	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		24747
	(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)		9886
(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)		-114170
c Other income	2c		645
d Total income. Add all **income** amounts in column (b) and enter total	2d		372481
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	757508	
(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)		757508
f Corrective distributions (see instructions)	2f		1605
g Certain deemed distributions of participant loans (see instructions)	2g		15414
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	30686	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		30686
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		805213
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-432732
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: BAUKNIGHT, PIETRAS AND STORMER, P.A **(2)** EIN: 57-0940019

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		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

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

A Name of plan
SUPERIOR MACHINE COMPANY OF SC, INC. SAVINGS INCENTIVE PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SUPERIOR MACHINE COMPANY OF SOUTH CAROLINA, INC.

D Employer Identification Number (EIN)
57-0743770

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): 41-6257133

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

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

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

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_____

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Financial Statements
and Supplemental Schedule

Superior Machine Company of SC, Inc.
Savings Incentive Plan

Years Ended March 31, 2020 and 2019
with Report of Independent Auditors

Superior Machine Company of SC, Inc. Savings Incentive Plan
Financial Statements
and Supplemental Schedule
Years Ended March 31, 2020 and 2019

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Report of Independent Auditors

Retirement Committee
Superior Machine Company of SC, Inc. Savings Incentive Plan

We were engaged to audit the accompanying financial statements of the Superior Machine Company of SC, Inc. Savings Incentive Plan (the "Plan"), which comprise the statements of net assets available for plan benefits as of March 31, 2020 and 2019, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States; 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. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the Plan's investment information, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing the 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 certifications from the trustee as of and for the years ended March 31, 2020 and 2019, 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.

Retirement Committee
Superior Machine Company of SC, Inc. Savings Incentive Plan

Other Matter
The supplemental schedule, as listed in the accompanying table of contents, as of March 31, 2020 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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 schedule, 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 and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Baumright Pietras & Stormer, P.A.

November 18, 2020

Superior Machine Company of SC, Inc. Savings Incentive Plan
Statements of Net Assets Available for Plan Benefits

	March 31, 2020	March 31, 2019
Assets		
Investments, at fair value:		
Collective trusts	**$ 3,567,631**	$ 3,936,671
Mutual funds	**1,141,599**	1,253,277
Total investments	**4,709,230**	5,189,948
Participant loans receivable	**167,845**	119,859
Employee contributions receivable	**--**	12,572
Employer contributions receivable	**--**	3,787
Total assets	**4,877,075**	5,326,166
Liabilities		
Total liabilities	**--**	--
Net assets available for plan benefits	**$ 4,877,075**	$ 5,326,166

See accompanying notes.

Superior Machine Company of SC, Inc. Savings Incentive Plan
Statements of Changes in Net Assets Available for Plan Benefits

	Years Ended March 31, 2020	2019
Additions to net assets attributed to:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	**$ (104,284)**	$ 161,108
Interest and dividends	**25,392**	19,102
	(78,892)	180,210
Interest on participant loans receivable	**8,294**	6,025
Employee contributions, including rollovers	**328,756**	294,095
Employer contributions	**97,964**	88,623
Total net additions	**356,122**	568,953
Deductions from net assets attributed to:		
Benefits paid to participants, including rollovers	**774,527**	1,044,496
Administrative expenses	**30,686**	33,917
Total deductions	**805,213**	1,078,413
Net change	**(449,091)**	(509,460)
Net assets available for plan benefits, beginning	**5,326,166**	5,835,626
Net assets available for plan benefits, ending	**$ 4,877,075**	$ 5,326,166

See accompanying notes.

Superior Machine Company of SC, Inc. Savings Incentive Plan
Notes to Financial Statements
March 31, 2020 and 2019

1. Description of Plan

The following description of the Superior Machine Company of SC, Inc. Savings Incentive Plan (the "Plan") provides only general information. Participants may refer to the Plan's documents for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering employees of Superior Machine Company of SC, Inc. (the "Company"). There are no age or service requirements to make employee elective deferrals or receive employer contributions. Leased employees are excluded from participation in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan uses Wells Fargo Bank, N.A. ("Wells Fargo"), as its custodian and trustee and the Company as its Plan administrator.

Contributions

The Plan allows contribution of any portion of a participant's pre-tax compensation, subject to contribution limitations specified by law. The Plan has an automatic enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan, unless they affirmatively elect not to participate, with a default deferral rate set at 2% of eligible compensation. Participants who have attained age 50 before the end of the Plan year are eligible to make catch–up contributions. Participants may also contribute amounts representing rollover distributions from other qualified benefit plans.

The Company may make discretionary matching and/or a profit-sharing contributions. The Company made discretionary matching contributions of approximately $98,000 and $89,000 for the years ended March 31, 2020 and 2019, respectively.

Participant Accounts

Each participant's account is credited with the participant's contributions, allocations of the Company's discretionary contributions (if any), allocations of the Plan's earnings or losses, and charged with an allocation of any administrative expenses paid by the Plan. Participants direct their contributions into various investment options offered by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Forfeitures of the non-vested portion of terminated participant's account balances remain in the Plan. These forfeitures may be used to pay Plan expenses or reduce employer contributions.

1. Description of Plan (continued)

Vesting

Participants are immediately vested in their salary deferrals plus actual earnings or losses thereon. Vesting in the remainder of their account balance is based on years of continuous service. Participants are 50% vested in the Company's discretionary contributions at the end of two years of continuous service, with additional vesting of 50% after three years, resulting in 100% vesting, after the third year.

Participant Loans Receivable

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loans received are required to be repaid within one to five years, unless borrowed for the purchase of a primary residence, which requires the loan to be paid within one to ten years. A participant may have no more than one loan due to the Plan at any time. The loans are collateralized by the balance in the participants' accounts and bear interest at the prime rate plus 1% (determined at the time of issuance of each loan). All loans outstanding at March 31, 2020 bear interest at rates ranging from 4.25% to 6.25%. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

Upon retirement, permanent total disability, death, or termination of employment, participants or their beneficiaries may elect to receive their vested portion of Plan assets under several payout options specified in the Plan. Participants who have attained fifty-nine and a half years of age are permitted to withdraw all or part of their vested accounts as in-service distributions. Subject to certain conditions, participants may make hardship withdrawals from their balances in the Plan while employed.

Forfeited Accounts

At March 31, 2020 and 2019, there was no forfeited non-vested account balance. The Plan's provisions allow these amounts to be used for administrative expenses of the Plan or to reduce any employer contributions. For the years ended March 31, 2020 and 2019, no forfeited non-vested account balances were used for administrative expenses.

Administrative Expenses

The Plan pays all trustee, custodial, investment advisory and recordkeeping fees. The Company pays other administrative and professional fees.

1. Description of Plan (continued)

Plan Termination

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

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared in accordance with accounting principles generally accepted in the United States ("GAAP").

Estimates

The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets during the reported period. Actual results could differ from those estimates.

Participant Loans Receivable

Loans receivable from participants are measured at the unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as participant distributions.

Investment Valuation and Income Recognition

Investments are stated 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. See Note 4 for additional discussion of fair value measurements.

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.

2. Summary of Significant Accounting Policies (continued)

Risks and Uncertainties

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

Payment of Benefits

Benefits are recorded when paid.

3. Trustee Certification

Information disclosed in the accompanying financial statements as of, and for the years ended March 31, 2020 and 2019, related to investments, participant loans receivable, net appreciation (depreciation) in fair value of investments, and interest and dividends, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Wells Fargo.

4. Fair Value Measurements

GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of observable inputs other than quoted prices for identical assets; and Level 3 inputs to the valuation methodology are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. All of the Plan's mutual fund investments were valued using Level 1 inputs, based on quoted market prices.

The plan invests in collective trusts where the underlying investments primarily consist of investment contracts and security-backed contracts. The collective trusts are valued at the net asset value ("NAV") of units of the accounts. The NAV, as provided by the issuer, is used as a practical expedient to estimate fair value. The NAV of each account is based on the fair value of the underlying investments held less the account's liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the accounts, the account provider reserves the right to temporarily delay withdrawal from the accounts in order to ensure that security liquidations will be carried out in an orderly business manner.

4. Fair Value Measurements (continued)

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

5. Income Tax Status

On March 31, 2014, the Internal Revenue Service ("IRS") stated that the pre-approved plan document adopted by the Plan, as then designed, qualified under Section 401(a) of the Internal Revenue Code ("IRC"). The Plan has not received a determination letter specific to the Plan itself. The Plan has been amended and restated to comply with legislative actions since adopting the prototype.

The Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and believes the Plan is qualified and the related trust was tax-exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. No such liabilities were identified as of March 31, 2020 and 2019. The Plan is subject to routine audits by tax authorities; however, there are currently no audits in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to fiscal 2017.

6. Reconciliation of Audited Financial Statement to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 for that same period:

	March 31, 2020	2019
Net assets available for benefits per the financial statements	**$ 4,877,075**	$ 5,326,166
Adjustment for employer contribution receivable	**--**	(3,787)
Adjustment for employee contribution receivable	**--**	(12,572)
Net assets available for benefits per Form 5500	**$ 4,877,075**	$ 5,309,807

	Years Ended March 31, 2020	2019
Change in net assets per the financial statements	**$ (449,091)**	$ (509,460)
Adjustment for prior year employee contribution receivable	**12,572**	11,386
Adjustment for current year employee contribution receivable	**--**	(12,572)
Adjustment for prior year employer contribution receivable	**3,787**	3,651
Adjustment for current year employer contribution receivable	**--**	(3,787)
Change in net assets per Form 5500	**$ (432,732)**	$ (510,782)

7. Party-in-Interest Transactions

Plan investments are managed by Wells Fargo. Fees paid by the Plan to Wells Fargo for trustee, custodial, recordkeeping, and investment advisory services amounted to approximately $31,000 and $34,000 for the years ended March 31, 2020 and 2019, respectively.

These transactions, as well as participant loans receivable, qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

8. Subsequent Events

Management has evaluated events and transactions after March 31, 2020 through November 18, 2020, the date on which the financial statements were available to be issued, for subsequent events.

In March 2020, the President of the United States declared a national emergency in response to the coronavirus outbreak, also known as COVID-19, which was declared by the World Health Organization as a worldwide pandemic. As a result of the spread of COVID-19, economic uncertainties have arisen which have resulted in significant volatility in the investment markets. The impact of COVID-19 continues to evolve rapidly and at this time, the Company is not able to estimate its full impact on the Plan.

The Plan is considering several plan design options available under the recently enacted Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act") and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the "SECURE Act"), which allow certain eligible individuals to receive coronavirus-related relief for loan repayment, suspend required minimum distributions, and delay the commencement date for required minimum distributions. The optional features within these acts are currently being assessed by Plan management. Written amendments to the Plan to reflect these operational changes may be adopted at a later date in accordance with applicable law and IRS guidance.

There were no other subsequent events to report during that period.

SUPPLEMENTAL SCHEDULE

Superior Machine Company of SC, Inc. Savings Incentive Plan
Employer ID# 57-0743770/Plan #001
Schedule H, Part IV Line 4i - Schedule of Assets (Held at End of Year)
March 31, 2020

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Mutual Funds:			
	Janis Balanced Fund N #1451	Mutual fund	$ --	$ 831,875
	Pimco Real Return Fund Inst	Mutual fund	--	47,848
	BNY Mellon Midcap Index Fund	Mutual fund	--	41,572
	American WAS MUT INV-R6 #2601	Mutual fund	--	35,885
	Schwab Fund US Small Company Index	Mutual fund	--	33,744
	Janus Triton Fund-N #1474	Mutual fund	--	24,564
	Acadian Emerging Markets Equity Fund	Mutual fund	--	23,763
	American Funds Europacific GF R6 TR	Mutual fund	--	20,375
	Harbor International Instl #2011	Mutual fund	--	19,442
	Pimco High Yield Fund TR	Mutual fund	--	16,272
	Northern Global Real Estate Index TR	Mutual fund	--	15,296
	Oppenheimer International Bond TR	Mutual fund	--	10,685
	Fidelity Advangae New Insights- M #1280	Mutual fund	--	8,634
	Nuveen Mid Cap Val-I #785	Mutual fund	--	8,395
*	Wells Fargo Emerging Markets Equity Fund	Mutual fund	--	3,249
			$ --	$ 1,141,599
	Collective Trusts:			
*	WF/Stable Return Fund N	Collective trust	$ --	$ 2,502,857
*	WF/Enhanced Stock Market Fund CIT N	Collective trust	--	421,409
*	WF/BR US AGG BD Index CIT F	Collective trust	--	244,223
	Blackrock US AGG BD Index CIT TR	Collective trust	--	80,341
*	WF/Blackrock S&P 500 Index CIT TR	Collective trust	--	64,272
*	WF/Blackrock S&P Midcap Index CIT TR	Collective trust	--	41,503
*	Wells Fargo Core Bond CIT TR	Collective trust	--	41,303
*	WF/MFS Value CIT TR	Collective trust	--	38,909
*	WF/Blackrock Intl Eq Index CIT TR	Collective trust	--	33,869
*	WF/D&C Intermed BD CIT AT	Collective trust	--	27,304
*	WF/Causeway Intl Value CIT TR	Collective trust	--	20,987
*	WF/Blackrock RU 2000 Index CIT TR	Collective trust	--	17,224
*	WF/TRP Inst LCG MGD CIT AT	Collective trust	--	15,699
*	WF/Stable Return Fund TR	Collective trust	--	9,409
*	WF/Multi-Manager Small Cap CIT TR	Collective trust	--	8,322
			$ --	$ 3,567,631
*	**Participant Loans Receivable**	Interest Rate Range: 4.25% to 6.25%	$ --	$ 167,845

* Indicates a party-in-interest to the Plan.

Note: The above schedule was derived from information certified by Wells Fargo Bank, N.A. Cost information has been omitted for participant-directed funds.

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Financial Statements
and Supplemental Schedule

Superior Machine Company of SC, Inc.
Savings Incentive Plan

Years Ended March 31, 2020 and 2019
with Report of Independent Auditors

Superior Machine Company of SC, Inc. Savings Incentive Plan
Financial Statements
and Supplemental Schedule
Years Ended March 31, 2020 and 2019

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Report of Independent Auditors

Retirement Committee
Superior Machine Company of SC, Inc. Savings Incentive Plan

We were engaged to audit the accompanying financial statements of the Superior Machine Company of SC, Inc. Savings Incentive Plan (the "Plan"), which comprise the statements of net assets available for plan benefits as of March 31, 2020 and 2019, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States; 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. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the Plan's investment information, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing the 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 certifications from the trustee as of and for the years ended March 31, 2020 and 2019, 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.

Retirement Committee
Superior Machine Company of SC, Inc. Savings Incentive Plan

Other Matter
The supplemental schedule, as listed in the accompanying table of contents, as of March 31, 2020 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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 schedule, 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 and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Baumright Pietras & Stormer, P.A.

November 18, 2020

Superior Machine Company of SC, Inc. Savings Incentive Plan
Statements of Net Assets Available for Plan Benefits

	March 31, 2020	March 31, 2019
Assets		
Investments, at fair value:		
Collective trusts	**$ 3,567,631**	$ 3,936,671
Mutual funds	**1,141,599**	1,253,277
Total investments	**4,709,230**	5,189,948
Participant loans receivable	**167,845**	119,859
Employee contributions receivable	**--**	12,572
Employer contributions receivable	**--**	3,787
Total assets	**4,877,075**	5,326,166
Liabilities		
Total liabilities	**--**	--
Net assets available for plan benefits	**$ 4,877,075**	$ 5,326,166

See accompanying notes.

Superior Machine Company of SC, Inc. Savings Incentive Plan
Statements of Changes in Net Assets Available for Plan Benefits

	Years Ended March 31, 2020	2019
Additions to net assets attributed to:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	**$ (104,284)**	$ 161,108
Interest and dividends	**25,392**	19,102
	(78,892)	180,210
Interest on participant loans receivable	**8,294**	6,025
Employee contributions, including rollovers	**328,756**	294,095
Employer contributions	**97,964**	88,623
Total net additions	**356,122**	568,953
Deductions from net assets attributed to:		
Benefits paid to participants, including rollovers	**774,527**	1,044,496
Administrative expenses	**30,686**	33,917
Total deductions	**805,213**	1,078,413
Net change	**(449,091)**	(509,460)
Net assets available for plan benefits, beginning	**5,326,166**	5,835,626
Net assets available for plan benefits, ending	**$ 4,877,075**	$ 5,326,166

See accompanying notes.

Superior Machine Company of SC, Inc. Savings Incentive Plan
Notes to Financial Statements
March 31, 2020 and 2019

1. Description of Plan

The following description of the Superior Machine Company of SC, Inc. Savings Incentive Plan (the "Plan") provides only general information. Participants may refer to the Plan's documents for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering employees of Superior Machine Company of SC, Inc. (the "Company"). There are no age or service requirements to make employee elective deferrals or receive employer contributions. Leased employees are excluded from participation in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan uses Wells Fargo Bank, N.A. ("Wells Fargo"), as its custodian and trustee and the Company as its Plan administrator.

Contributions

The Plan allows contribution of any portion of a participant's pre-tax compensation, subject to contribution limitations specified by law. The Plan has an automatic enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan, unless they affirmatively elect not to participate, with a default deferral rate set at 2% of eligible compensation. Participants who have attained age 50 before the end of the Plan year are eligible to make catch–up contributions. Participants may also contribute amounts representing rollover distributions from other qualified benefit plans.

The Company may make discretionary matching and/or a profit-sharing contributions. The Company made discretionary matching contributions of approximately $98,000 and $89,000 for the years ended March 31, 2020 and 2019, respectively.

Participant Accounts

Each participant's account is credited with the participant's contributions, allocations of the Company's discretionary contributions (if any), allocations of the Plan's earnings or losses, and charged with an allocation of any administrative expenses paid by the Plan. Participants direct their contributions into various investment options offered by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Forfeitures of the non-vested portion of terminated participant's account balances remain in the Plan. These forfeitures may be used to pay Plan expenses or reduce employer contributions.

1. Description of Plan (continued)

Vesting

Participants are immediately vested in their salary deferrals plus actual earnings or losses thereon. Vesting in the remainder of their account balance is based on years of continuous service. Participants are 50% vested in the Company's discretionary contributions at the end of two years of continuous service, with additional vesting of 50% after three years, resulting in 100% vesting, after the third year.

Participant Loans Receivable

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loans received are required to be repaid within one to five years, unless borrowed for the purchase of a primary residence, which requires the loan to be paid within one to ten years. A participant may have no more than one loan due to the Plan at any time. The loans are collateralized by the balance in the participants' accounts and bear interest at the prime rate plus 1% (determined at the time of issuance of each loan). All loans outstanding at March 31, 2020 bear interest at rates ranging from 4.25% to 6.25%. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

Upon retirement, permanent total disability, death, or termination of employment, participants or their beneficiaries may elect to receive their vested portion of Plan assets under several payout options specified in the Plan. Participants who have attained fifty-nine and a half years of age are permitted to withdraw all or part of their vested accounts as in-service distributions. Subject to certain conditions, participants may make hardship withdrawals from their balances in the Plan while employed.

Forfeited Accounts

At March 31, 2020 and 2019, there was no forfeited non-vested account balance. The Plan's provisions allow these amounts to be used for administrative expenses of the Plan or to reduce any employer contributions. For the years ended March 31, 2020 and 2019, no forfeited non-vested account balances were used for administrative expenses.

Administrative Expenses

The Plan pays all trustee, custodial, investment advisory and recordkeeping fees. The Company pays other administrative and professional fees.

1. Description of Plan (continued)

Plan Termination

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

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared in accordance with accounting principles generally accepted in the United States ("GAAP").

Estimates

The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets during the reported period. Actual results could differ from those estimates.

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2. Summary of Significant Accounting Policies (continued)

Risks and Uncertainties

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

Payment of Benefits

Benefits are recorded when paid.

3. Trustee Certification

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SUPPLEMENTAL SCHEDULE

Superior Machine Company of SC, Inc. Savings Incentive Plan
Employer ID# 57-0743770/Plan #001
Schedule H, Part IV Line 4i - Schedule of Assets (Held at End of Year)
March 31, 2020

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	Schwab Fund US Small Company Index	Mutual fund	--	33,744
	Janus Triton Fund-N #1474	Mutual fund	--	24,564
	Acadian Emerging Markets Equity Fund	Mutual fund	--	23,763
	American Funds Europacific GF R6 TR	Mutual fund	--	20,375
	Harbor International Instl #2011	Mutual fund	--	19,442
	Pimco High Yield Fund TR	Mutual fund	--	16,272
	Northern Global Real Estate Index TR	Mutual fund	--	15,296
	Oppenheimer International Bond TR	Mutual fund	--	10,685
	Fidelity Advangae New Insights- M #1280	Mutual fund	--	8,634
	Nuveen Mid Cap Val-I #785	Mutual fund	--	8,395
*	Wells Fargo Emerging Markets Equity Fund	Mutual fund	--	3,249
			$ --	$ 1,141,599
	Collective Trusts:			
*	WF/Stable Return Fund N	Collective trust	$ --	$ 2,502,857
*	WF/Enhanced Stock Market Fund CIT N	Collective trust	--	421,409
*	WF/BR US AGG BD Index CIT F	Collective trust	--	244,223
	Blackrock US AGG BD Index CIT TR	Collective trust	--	80,341
*	WF/Blackrock S&P 500 Index CIT TR	Collective trust	--	64,272
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*	Wells Fargo Core Bond CIT TR	Collective trust	--	41,303
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*	WF/Blackrock Intl Eq Index CIT TR	Collective trust	--	33,869
*	WF/D&C Intermed BD CIT AT	Collective trust	--	27,304
*	WF/Causeway Intl Value CIT TR	Collective trust	--	20,987
*	WF/Blackrock RU 2000 Index CIT TR	Collective trust	--	17,224
*	WF/TRP Inst LCG MGD CIT AT	Collective trust	--	15,699
*	WF/Stable Return Fund TR	Collective trust	--	9,409
*	WF/Multi-Manager Small Cap CIT TR	Collective trust	--	8,322
			$ --	$ 3,567,631
*	**Participant Loans Receivable**	Interest Rate Range: 4.25% to 6.25%	$ --	$ 167,845

* Indicates a party-in-interest to the Plan.

Note: The above schedule was derived from information certified by Wells Fargo Bank, N.A. Cost information has been omitted for participant-directed funds.

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Financial Statements
and Supplemental Schedule

Superior Machine Company of SC, Inc.
Savings Incentive Plan

Years Ended March 31, 2020 and 2019
with Report of Independent Auditors

Superior Machine Company of SC, Inc. Savings Incentive Plan
Financial Statements
and Supplemental Schedule
Years Ended March 31, 2020 and 2019

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Report of Independent Auditors

Retirement Committee
Superior Machine Company of SC, Inc. Savings Incentive Plan

We were engaged to audit the accompanying financial statements of the Superior Machine Company of SC, Inc. Savings Incentive Plan (the "Plan"), which comprise the statements of net assets available for plan benefits as of March 31, 2020 and 2019, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States; 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. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion
As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the Plan's investment information, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing the 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 certifications from the trustee as of and for the years ended March 31, 2020 and 2019, 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.

Retirement Committee
Superior Machine Company of SC, Inc. Savings Incentive Plan

Other Matter
The supplemental schedule, as listed in the accompanying table of contents, as of March 31, 2020 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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 schedule, 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 and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Baumright Pietras & Stormer, P.A.

November 18, 2020

Superior Machine Company of SC, Inc. Savings Incentive Plan
Statements of Net Assets Available for Plan Benefits

	March 31, 2020	March 31, 2019
Assets		
Investments, at fair value:		
Collective trusts	**$ 3,567,631**	$ 3,936,671
Mutual funds	**1,141,599**	1,253,277
Total investments	**4,709,230**	5,189,948
Participant loans receivable	**167,845**	119,859
Employee contributions receivable	**--**	12,572
Employer contributions receivable	**--**	3,787
Total assets	**4,877,075**	5,326,166
Liabilities		
Total liabilities	**--**	--
Net assets available for plan benefits	**$ 4,877,075**	$ 5,326,166

See accompanying notes.

Superior Machine Company of SC, Inc. Savings Incentive Plan
Statements of Changes in Net Assets Available for Plan Benefits

	Years Ended March 31, 2020	2019
Additions to net assets attributed to:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	**$ (104,284)**	$ 161,108
Interest and dividends	**25,392**	19,102
	(78,892)	180,210
Interest on participant loans receivable	**8,294**	6,025
Employee contributions, including rollovers	**328,756**	294,095
Employer contributions	**97,964**	88,623
Total net additions	**356,122**	568,953
Deductions from net assets attributed to:		
Benefits paid to participants, including rollovers	**774,527**	1,044,496
Administrative expenses	**30,686**	33,917
Total deductions	**805,213**	1,078,413
Net change	**(449,091)**	(509,460)
Net assets available for plan benefits, beginning	**5,326,166**	5,835,626
Net assets available for plan benefits, ending	**$ 4,877,075**	$ 5,326,166

See accompanying notes.

Superior Machine Company of SC, Inc. Savings Incentive Plan
Notes to Financial Statements
March 31, 2020 and 2019

1. Description of Plan

The following description of the Superior Machine Company of SC, Inc. Savings Incentive Plan (the "Plan") provides only general information. Participants may refer to the Plan's documents for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering employees of Superior Machine Company of SC, Inc. (the "Company"). There are no age or service requirements to make employee elective deferrals or receive employer contributions. Leased employees are excluded from participation in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Plan uses Wells Fargo Bank, N.A. ("Wells Fargo"), as its custodian and trustee and the Company as its Plan administrator.

Contributions

The Plan allows contribution of any portion of a participant's pre-tax compensation, subject to contribution limitations specified by law. The Plan has an automatic enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan, unless they affirmatively elect not to participate, with a default deferral rate set at 2% of eligible compensation. Participants who have attained age 50 before the end of the Plan year are eligible to make catch–up contributions. Participants may also contribute amounts representing rollover distributions from other qualified benefit plans.

The Company may make discretionary matching and/or a profit-sharing contributions. The Company made discretionary matching contributions of approximately $98,000 and $89,000 for the years ended March 31, 2020 and 2019, respectively.

Participant Accounts

Each participant's account is credited with the participant's contributions, allocations of the Company's discretionary contributions (if any), allocations of the Plan's earnings or losses, and charged with an allocation of any administrative expenses paid by the Plan. Participants direct their contributions into various investment options offered by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Forfeitures of the non-vested portion of terminated participant's account balances remain in the Plan. These forfeitures may be used to pay Plan expenses or reduce employer contributions.

1. Description of Plan (continued)

Vesting

Participants are immediately vested in their salary deferrals plus actual earnings or losses thereon. Vesting in the remainder of their account balance is based on years of continuous service. Participants are 50% vested in the Company's discretionary contributions at the end of two years of continuous service, with additional vesting of 50% after three years, resulting in 100% vesting, after the third year.

Participant Loans Receivable

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loans received are required to be repaid within one to five years, unless borrowed for the purchase of a primary residence, which requires the loan to be paid within one to ten years. A participant may have no more than one loan due to the Plan at any time. The loans are collateralized by the balance in the participants' accounts and bear interest at the prime rate plus 1% (determined at the time of issuance of each loan). All loans outstanding at March 31, 2020 bear interest at rates ranging from 4.25% to 6.25%. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

Upon retirement, permanent total disability, death, or termination of employment, participants or their beneficiaries may elect to receive their vested portion of Plan assets under several payout options specified in the Plan. Participants who have attained fifty-nine and a half years of age are permitted to withdraw all or part of their vested accounts as in-service distributions. Subject to certain conditions, participants may make hardship withdrawals from their balances in the Plan while employed.

Forfeited Accounts

At March 31, 2020 and 2019, there was no forfeited non-vested account balance. The Plan's provisions allow these amounts to be used for administrative expenses of the Plan or to reduce any employer contributions. For the years ended March 31, 2020 and 2019, no forfeited non-vested account balances were used for administrative expenses.

Administrative Expenses

The Plan pays all trustee, custodial, investment advisory and recordkeeping fees. The Company pays other administrative and professional fees.

1. Description of Plan (continued)

Plan Termination

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

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared in accordance with accounting principles generally accepted in the United States ("GAAP").

Estimates

The preparation of financial statements in conformity with GAAP requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of changes in net assets during the reported period. Actual results could differ from those estimates.

Participant Loans Receivable

Loans receivable from participants are measured at the unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as participant distributions.

Investment Valuation and Income Recognition

Investments are stated 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. See Note 4 for additional discussion of fair value measurements.

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.

2. Summary of Significant Accounting Policies (continued)

Risks and Uncertainties

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

Payment of Benefits

Benefits are recorded when paid.

3. Trustee Certification

Information disclosed in the accompanying financial statements as of, and for the years ended March 31, 2020 and 2019, related to investments, participant loans receivable, net appreciation (depreciation) in fair value of investments, and interest and dividends, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Wells Fargo.

4. Fair Value Measurements

GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of observable inputs other than quoted prices for identical assets; and Level 3 inputs to the valuation methodology are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. All of the Plan's mutual fund investments were valued using Level 1 inputs, based on quoted market prices.

The plan invests in collective trusts where the underlying investments primarily consist of investment contracts and security-backed contracts. The collective trusts are valued at the net asset value ("NAV") of units of the accounts. The NAV, as provided by the issuer, is used as a practical expedient to estimate fair value. The NAV of each account is based on the fair value of the underlying investments held less the account's liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the accounts, the account provider reserves the right to temporarily delay withdrawal from the accounts in order to ensure that security liquidations will be carried out in an orderly business manner.

4. Fair Value Measurements (continued)

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

5. Income Tax Status

On March 31, 2014, the Internal Revenue Service ("IRS") stated that the pre-approved plan document adopted by the Plan, as then designed, qualified under Section 401(a) of the Internal Revenue Code ("IRC"). The Plan has not received a determination letter specific to the Plan itself. The Plan has been amended and restated to comply with legislative actions since adopting the prototype.

The Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and believes the Plan is qualified and the related trust was tax-exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. No such liabilities were identified as of March 31, 2020 and 2019. The Plan is subject to routine audits by tax authorities; however, there are currently no audits in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to fiscal 2017.

6. Reconciliation of Audited Financial Statement to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 for that same period:

	March 31, 2020	2019
Net assets available for benefits per the financial statements	**$ 4,877,075**	$ 5,326,166
Adjustment for employer contribution receivable	**--**	(3,787)
Adjustment for employee contribution receivable	**--**	(12,572)
Net assets available for benefits per Form 5500	**$ 4,877,075**	$ 5,309,807

	Years Ended March 31, 2020	2019
Change in net assets per the financial statements	**$ (449,091)**	$ (509,460)
Adjustment for prior year employee contribution receivable	**12,572**	11,386
Adjustment for current year employee contribution receivable	**--**	(12,572)
Adjustment for prior year employer contribution receivable	**3,787**	3,651
Adjustment for current year employer contribution receivable	**--**	(3,787)
Change in net assets per Form 5500	**$ (432,732)**	$ (510,782)

7. Party-in-Interest Transactions

Plan investments are managed by Wells Fargo. Fees paid by the Plan to Wells Fargo for trustee, custodial, recordkeeping, and investment advisory services amounted to approximately $31,000 and $34,000 for the years ended March 31, 2020 and 2019, respectively.

These transactions, as well as participant loans receivable, qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

8. Subsequent Events

Management has evaluated events and transactions after March 31, 2020 through November 18, 2020, the date on which the financial statements were available to be issued, for subsequent events.

In March 2020, the President of the United States declared a national emergency in response to the coronavirus outbreak, also known as COVID-19, which was declared by the World Health Organization as a worldwide pandemic. As a result of the spread of COVID-19, economic uncertainties have arisen which have resulted in significant volatility in the investment markets. The impact of COVID-19 continues to evolve rapidly and at this time, the Company is not able to estimate its full impact on the Plan.

The Plan is considering several plan design options available under the recently enacted Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act") and the Setting Every Community Up for Retirement Enhancement Act of 2019 (the "SECURE Act"), which allow certain eligible individuals to receive coronavirus-related relief for loan repayment, suspend required minimum distributions, and delay the commencement date for required minimum distributions. The optional features within these acts are currently being assessed by Plan management. Written amendments to the Plan to reflect these operational changes may be adopted at a later date in accordance with applicable law and IRS guidance.

There were no other subsequent events to report during that period.

SUPPLEMENTAL SCHEDULE

Superior Machine Company of SC, Inc. Savings Incentive Plan
Employer ID# 57-0743770/Plan #001
Schedule H, Part IV Line 4i - Schedule of Assets (Held at End of Year)
March 31, 2020

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Mutual Funds:			
	Janis Balanced Fund N #1451	Mutual fund	$ --	$ 831,875
	Pimco Real Return Fund Inst	Mutual fund	--	47,848
	BNY Mellon Midcap Index Fund	Mutual fund	--	41,572
	American WAS MUT INV-R6 #2601	Mutual fund	--	35,885
	Schwab Fund US Small Company Index	Mutual fund	--	33,744
	Janus Triton Fund-N #1474	Mutual fund	--	24,564
	Acadian Emerging Markets Equity Fund	Mutual fund	--	23,763
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*	WF/Multi-Manager Small Cap CIT TR	Collective trust	--	8,322
			$ --	$ 3,567,631
*	**Participant Loans Receivable**	Interest Rate Range: 4.25% to 6.25%	$ --	$ 167,845

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