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 07/01/2019 and ending 06/30/2020

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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

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

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☐ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☒ special extension (enter description) IRS: DECLARED DISASTER AREA

Part II Basic Plan Information—enter all requested information

1a Name of plan
MARTIN SPROCKET & GEAR, INC. EMPLOYEES PROFIT SHARING TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1955

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)
MARTIN SPROCKET & GEAR, INC.

3100 SPROCKET DRIVE
ARLINGTON, TX 76015

2b Employer Identification Number (EIN) 75-0832268

2c Plan Sponsor's telephone number 817-258-3000

2d Business code (see instructions) 332110

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.	06/15/2021	JOE MARTIN
	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 ☐ Same as Plan Sponsor

ADMINISTRATIVE COMMITTEE OF TRUSTEES

PO BOX 91588
ARLINGTON, TX 76015-0088

3b Administrator's EIN: 51-6120767

3c Administrator's telephone number: 817-258-3000

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**	1808
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)**	1806
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1553
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	373
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1926
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	1926
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1926
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2J 2K

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

9a Plan funding arrangement (check all that apply)

(1)	☒	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☒	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2019

This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 07/01/2019 and ending 06/30/2020

A Name of plan
MARTIN SPROCKET & GEAR, INC. EMPLOYEES PROFIT SHARING TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MARTIN SPROCKET & GEAR, INC.

D Employer Identification Number (EIN)
75-0832268

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

1 Coverage Information:

(a) Name of insurance carrier
NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
39-0509570	67091	27209	158	07/01/2019	06/30/2020

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ SEE ATTACHED SCHEDULE

b	Premiums paid to carrier	**6b**	56924
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	**6d**	

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

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

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

a Type of contract: (1) [ ] deposit administration (2) [ ] immediate participation guarantee (3) [ ] guaranteed investment (4) [ ] other ▶

b	Balance at the end of the previous year			**7b**	0
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	0
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			**10b**	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

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

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

OMB No. 1210-0110

2019

This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 07/01/2019 and ending 06/30/2020

A Name of plan
MARTIN SPROCKET & GEAR, INC. EMPLOYEES PROFIT SHARING TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MARTIN SPROCKET & GEAR, INC.

D Employer Identification Number (EIN)
75-0832268

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

BOKF, NA

P.O. BOX 880
TULSA, OK 74101

73-0780382

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

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

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

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

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

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

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

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

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

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

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

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

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

JP MORGAN CHASE

PO BOX 710812
COLUMBUS, OH 43271-0812

76-0400240

(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?
19 27	INVESTMENT MANAGEMENT	336751	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LUTHER KING CAPITAL MANAGEMENT

310 COMMERCE ST
SUITE 1600
FT WORTH, TX 76102

75-0163033

(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	INVESTMENT MANAGEMENT	182833	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EAGLE ASSET MANAGEMENT, INC.

8800 CARILLON PKWY
ST PETERBURG, FL 33733-0520

75-1910325

(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	INVESTMENT MANAGEMENT	129479	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BOKF, NA

ONE WILLIAMS CENTER TOWER
TULSA, OK 74172

(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?
19 21 25 37 52 59 60 62 63 64	TRUSTEE	42756	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DECKER JONES, P.C.

801 CHERRY STREET, UNIT 46
FORT WORTH, TX 76102

75-2305837

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	ATTORNEY	296	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 07/01/2019 and ending 06/30/2020

A Name of plan
MARTIN SPROCKET & GEAR, INC. EMPLOYEES PROFIT SHARING TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MARTIN SPROCKET & GEAR, INC.

D Employer Identification Number (EIN)
75-0832268

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: JPM US ACTIVE CORE PLUS EQUITY FUND

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK,NA

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)
20-6201314-001	C	64324933

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 07/01/2019 and ending 06/30/2020

A Name of plan
MARTIN SPROCKET & GEAR, INC. EMPLOYEES PROFIT SHARING TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MARTIN SPROCKET & GEAR, INC.

D Employer Identification Number (EIN)
75-0832268

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	6578284	6305
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4284164	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	349857	116219
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3666614	8037549
(2) U.S. Government securities	1c(2)	9316189	3056670
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	5036602	10758393
(B) All other	1c(3)(B)	22281014	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	61054235	26741090
(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)	38008	34723
(9) Value of interest in common/collective trusts	1c(9)	56673542	64324933
(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)	68864113	116548745
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	3648388	3630383

			(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	241791010	233255010
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	289382	0
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	289382	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	241501628	233255010

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)	0	
	(B) Participants	2a(1)(B)	6217166	
	(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)		6217166
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)	315340	
	(C) Corporate debt instruments	2b(1)(C)	554654	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	1205	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		871199
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	3070451	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	149550	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3220001
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	316230657	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	240508209	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		75722448
	(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)		-20638219
(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)		-43496568
c Other income	2c		74421
d Total income. Add all **income** amounts in column (b) and enter total	2d		21970448
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	29455979	
(2) To insurance carriers for the provision of benefits	2e(2)	58957	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		29514936
f Corrective distributions (see instructions)	2f		10015
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	42756	
(2) Contract administrator fees	2i(2)	296	
(3) Investment advisory and management fees	2i(3)	649063	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		692115
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		30217066
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-8246618
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: WEAVER & TIDWELL, L.L.P. **(2)** EIN: 75-0786316

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 07/01/2019 and ending 06/30/2020

A Name of plan
MARTIN SPROCKET & GEAR, INC. EMPLOYEES PROFIT SHARING TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MARTIN SPROCKET & GEAR, INC.

D Employer Identification Number (EIN)
75-0832268

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): 75-6012615

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_____

Martin Sprocket & Gear, Inc.
Employees' Profit Sharing Trust

Financial Report
June 30, 2020

weaver
Assurance • Tax • Advisory

CONTENTS

Page

Independent Auditor's Report 1

Financial Statements

Statements of Net Assets Available for Benefits 3

Statements of Changes in Net Assets Available for Benefits 4

Notes to Financial Statements 5

Supplementary Information

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) 13

Schedule H, Line 4j - Schedule of Reportable Transactions 16

All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted because of the absence of the conditions under which they would apply.

Independent Auditor's Report

To the Trustees of
Martin Sprocket & Gear, Inc.
Employees' Profit Sharing Trust

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Martin Sprocket & Gear, Inc. Employees' Profit Sharing Trust (the Trust), which comprise the statements of net assets available for benefits as of June 30, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America (U.S. GAAS). 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 Trust administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to certain information summarized in Note 3, which was certified by the trustee of the Trust, except for comparing such information with the related information included in the financial statements. We have been informed by the Trust administrator that the trustee holds the Trust's investment assets and executes investment transactions. The Trust administrator has obtained a certification from the trustee as of and for the years ended June 30, 2020 and 2019, that the information provided to the Trust 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.

The Trustees of
Martin Sprocket & Gear, Inc.
Employees' Profit Sharing Trust

Other Matter

The supplementary information, as listed in the table of contents, as of and for the year ended June 30, 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 supplementary information.

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 supplementary information, other than that derived from the information certified by the trustee, have been audited by us in accordance with U.S. GAAS and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Weaver and Tidwell, L.L.P.

WEAVER AND TIDWELL, L.L.P.

Fort Worth, Texas
June 15, 2021

Martin Sprocket & Gear, Inc.
Employees' Profit Sharing Trust
Statements of Net Assets Available for Benefits
June 30, 2020 and 2019

	2020	2019
ASSETS		
INVESTMENTS, at fair value		
Investments in marketable securities	$ 229,467,380	$ 229,803,979
Life insurance contracts	3,630,383	3,648,388
	233,097,763	233,452,367
RECEIVABLES		
Employer and employee contributions	-	4,284,164
Notes receivable from participants	34,723	38,008
Accrued income receivable	116,219	349,857
	150,942	4,672,029
CASH AND TEMPORARY CASH INVESTMENTS	6,305	3,666,614
Total assets	233,255,010	241,791,010
LIABILITIES		
Accounts payable	-	289,382
Total liabilities	-	289,382
NET ASSETS AVAILABLE FOR BENEFITS	$ 233,255,010	$ 241,501,628

The Notes to Financial Statements are
an integral part of these statements.

Martin Sprocket & Gear, Inc.
Employees' Profit Sharing Trust
Statements of Changes in Net Assets Available for Benefits
Years Ended June 30, 2020 and 2019

	2020	2019
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	$ 11,587,661	$ 11,865,559
Interest and dividends	4,091,200	3,850,163
Net investment income	15,678,861	15,715,722
Contributions		
Employer	-	4,240,863
Participants	6,217,166	5,942,295
Total contributions	6,217,166	10,183,158
Other income	74,421	192,419
Total additions	21,970,448	26,091,299
DEDUCTIONS		
Benefits paid to participants	29,465,994	17,573,971
Participants' insurance premiums	58,957	77,053
Administrative expenses	692,115	981,059
Total deductions	30,217,066	18,632,083
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	(8,246,618)	7,459,216
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	241,501,628	234,042,412
NET ASSETS AVAILABLE FOR BENEFITS, end of year	$ 233,255,010	$ 241,501,628

The Notes to Financial Statements are an integral part of these statements.

Martin Sprocket & Gear, Inc.
Employees' Profit Sharing Trust
Notes to Financial Statements

Note 1. Description of the Trust

The following description of the Martin Sprocket & Gear, Inc. Employees' Profit Sharing Trust (the Trust) provides only general information. Participants should refer to the Trust document, which is available from Trust management, for a more complete description of the Trust's provisions.

General

The Martin Sprocket & Gear, Inc. Employees' Profit Sharing Trust (the Trust) was established May 1, 1956 for the exclusive benefit of eligible employees of Martin Sprocket & Gear, Inc. and other associated companies which shall qualify for participation. The Trust is administered by the trustee(s) (consisting of one or more members) as selected and designated by the Board of Directors of Martin Sprocket & Gear, Inc. (the Company). Any employee shall initially be eligible to participate in the Trust on the entry date (July 1 and January 1 of each year) coinciding with or following the completion of six months of service.

Contributions

Each employee who elects to participate in the Trust is required to contribute to the Trust each year an amount equal to at least 3% of such employee's eligible compensation. Participants may make (at their sole election) voluntary contributions in such amount as they may determine, provided that such amount, when added to their required contribution, does not exceed 50% of their total aggregate compensation. For each of its taxable periods, the employer shall contribute to the Trust (from its current or accumulated profits) an amount determined by its Board of Directors provided, however, that the amount contributed shall not exceed the amount constituting an allowable deduction under Section 404(a)(3) of the Internal Revenue Code of 1986, as amended.

Participant Accounts

At each anniversary date (June 30), the net income of the Trust is allocated to the participants in the ratio which their interest in the Trust, determined as of the beginning of the year, bears to the total interest of all participants. Forfeitures are allocated to participant accounts based on the ratio of their balance in the Trust to the total balances in the Trust of those participants participating in the Trust at year end. At the end of each year, the employer contribution to the Trust is prorated among all qualifying participants in the ratio which the total aggregate compensation of each such participant for the Trust year bears to the sum of the total aggregate compensation of all such participants for the Trust year. Qualifying participants must have completed at least 1,000 hours of service during the Trust year and be participating in the Trust or be on leave of absence at the close of the year.

Vesting

Each participant shall have a fully vested interest at all times in the life insurance purchased on their life and may elect to receive same upon termination of their employment. The participant shall also be fully vested in that portion of their own contributions not used to purchase insurance. Each participant shall have a further vested interest in their proportionate share of employer contributions, net income and forfeitures as follows:

a. Upon completion of two (2) years of service, they shall have a vested interest of 20%. This vested interest shall increase 20% for each additional year of service so that at the end of six (6) years of service they shall be 100% vested.
b. In the event of the death or disability of a participant such amounts shall be fully vested.

Payment of Benefits

Upon separation of service due to death, disability or retirement or termination of employment, a participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or periodic payments of substantially equal amounts for a specified number of years not extending beyond the life expectancy of the participant or designated beneficiary. A participant, upon reaching their normal retirement date (the June 30th nearest their 65th birthday), shall be fully vested in their proportionate share of the Trust.

A participant who continues in active employment beyond their normal retirement date shall continue to participate in this Trust exactly as before, until they reach age 70 1/2, at which time the participant may elect to continue participation in the Trust exactly as before or they may elect to have their account balance distributed or distribution commenced. If said participant owns greater than 5% of the capital stock of the Company, the account balance of the participant must be distributed or distribution commenced upon the attainment of age 70 1/2. Participants who have attained 63 years of age and have been credited with 25 years of service on or before an anniversary date of the Plan is eligible to elect, as a pre-retirement withdrawal option, to receive a distribution of any portion up to the participant's total vested account.

Note 2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Trust's management determines the Trust's valuation policies utilizing information provided by the investment advisors, Trustees, and insurance company. See Note 4 for 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 in fair value of investments includes the Trust's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expense and are expensed when they are incurred. No allowance for credit losses has been recorded at June 30, 2020 and 2019. Delinquent participant loans are recorded as distributions on the basis of the terms of the Trust agreement.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Trust are paid by the Trust, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation in fair value of investments.

Concentrations of Credit Risk

At June 30, 2020 and 2019, cash consisted of demand deposits in financial institutions which participate in the FDIC insurance program. From time to time, total cash held with the bank exceeds federally insured limits. The Trust believes it is not exposed to any significant credit risk with respect to cash.

Recent Accounting Pronouncements

In August 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2018-13, *Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement*. This ASU amends ASC 820, *Fair Value Measurement*, to add, remove and modify certain disclosure requirements for fair value measurements. This guidance is effective for annual reporting periods beginning after December 15, 2019, with early adoption permitted. Trust management does not expect this ASU to have a material impact on the Plan's financial statements.

Subsequent Events

The Trust has evaluated subsequent events through June 15, 2021, the date the financial statements were available to be issued.

Note 3. Certified Investments

Investment information disclosed in the accompanying financial statements and supplementary information, including investments in marketable securities held at June 30, 2020 and 2019, and net appreciation in fair value of investments and a portion of interest and dividends for the years then ended, was obtained or derived from information provided to Trust management and certified as complete and accurate by BOKF, NA, the trustee of the Trust. All investments are nonparticipant-directed.

The following is a summary of amounts certified by the Trustee at June 30, 2020 and 2019 and for the years then ended:

	2020		2019	
	Cost	Fair Value	Cost	Fair Value
Money market funds	$ 8,037,549	$ 8,037,549	$ 6,578,284	$ 6,578,284
Corporate obligations	10,242,907	10,758,393	21,897,214	22,281,014
Government obligations	2,992,031	3,056,670	13,914,304	14,352,791
Common stocks	15,526,577	26,741,090	40,754,276	61,054,235
Mutual funds	110,403,897	116,548,745	59,222,807	68,864,113
Collective trusts	28,287,359	64,324,933	28,287,359	56,673,542
	$ 175,490,320	$ 229,467,380	$ 170,654,244	$ 229,803,979
Net appreciation in fair value of investments		$ 11,587,661		$ 11,865,559
Interest and dividends		$ 4,091,200		$ 3,835,825

Note 4. Fair Value Measurements

FASB ASC 820, *Fair Value Measurement*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2020 and 2019.

Money market funds are valued at amortized cost, which approximates fair value.

Common stocks and certain mutual funds are valued at the last sales prices on the largest securities exchange in which such securities have been traded on the valuation date.

Collective trusts and certain mutual funds are valued based on their net asset value, as reported by the trust/fund manager, and as supported by the unit prices of actual purchases and sales transactions occurring as of or close to the financial statement date.

Corporate and government obligations are valued using information from the custodian, which is based on quoted prices available from well-known brokers.

Life insurance contracts are valued at cash surrender value, which approximates fair value, by discounting the cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

The following table sets forth by level, within the fair value hierarchy, the Trust's investments at fair value as of June 30, 2020 and 2019:

	2020	2019
Level 1:		
Money market funds	$ 8,037,549	$ 6,578,284
Mutual funds	66,538,887	22,984,790
Common stocks	26,741,090	61,054,235
	101,317,526	90,617,309
Level 2:		
Government obligations	3,056,670	14,352,791
Corporate obligations	10,758,393	22,281,014
	13,815,063	36,633,805
Level 3:		
Life insurance contracts	3,630,383	3,648,388
	3,630,383	3,648,388
Total investments in the fair value hierarchy	118,762,972	130,899,502
Investments measured at net asset value		
Mutual funds	50,009,858	45,879,323
Collective trusts	64,324,933	56,673,542
	$ 233,097,763	$ 233,452,367

Changes in Fair Value of Level 3 Assets and Related Gains and Losses

The following table sets forth a summary of changes in the fair value of the Trust's Level 3 assets for the years ended June 30, 2020 and 2019:

	Life Insurance Contracts	
	2020	2019
Balance, beginning of year	$ 3,648,388	$ 3,728,754
Realized and unrealized gains (losses)	74,421	192,419
Settlements	(92,426)	(272,785)
Balance, end of year	$ 3,630,383	$ 3,648,388

Gains and losses (realized and unrealized) included in change in net assets for the periods above are reported in other income in the statements of changes in net assets available for benefits.

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Trust's level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs:

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs
Life Insurance Contracts	$3,630,383	Cash surrender value, by discounting the cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.	Discount rate

Investments Measured Using the Net Asset Value Practical Expedient

The following tables summarize investments for which fair value is measured using the net asset value per share practical expedient as of June 30, 2020 and 2019.

June 30, 2020	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
JPMorgan Core Bond Trust	$ 50,009,858	N/A	Daily	None
JP Morgan Chase Bank U.S. Active Core Equity Plus	$ 64,324,933	N/A	Daily	None

June 30, 2019	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
JPMorgan Core Bond Trust	$ 45,879,323	N/A	Daily	None
JP Morgan Chase Bank U.S. Active Core Equity Plus	$ 56,673,542	N/A	Daily	None

The JP Morgan Core Bond Trust mutual fund seeks to deliver total return from a portfolio of investment grade and intermediate and long-term bonds. The JP Morgan Chase Bank U.S. Active Core Equity Plus collective trust seeks to provide high total return primarily through a portfolio of U.S. large cap equity securities.

Note 5. Related-Party Transactions and Party-in-Interest Transactions

The Trust has a number of service providers. Such providers are parties in interest under ERISA.

Note 6. Trust Termination

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

Note 7. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated July 8, 2014, that the Trust is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Trust has been amended since receiving the determination letter, Trust management believes that the Trust is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Trust is qualified.

Note 8. Risks and Uncertainties

The Trust invests in various investment securities that are exposed to various risks, such as interest rate, market, and credit risks. Market values of investments may decline for a number of reasons, including changes in prevailing market and interest rates, increases in defaults, and credit rating downgrades. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in values of 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 benefits.

Supplementary Information

Martin Sprocket & Gear, Inc.
Employees' Profit Sharing Trust
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 075-0832268 Plan Number 001
June 30, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
Money Market Funds				
	Invesco Prem US Gov Money-Inst	Invesco Prem US Gov Money-Inst	$ 8,037,549	$ 8,037,549
Corporate Obligations				
	Chevron Corp	Chevron Corp, 2.895%, due 03/03/2024	519,065	537,200
	Exxon Mobil Corporation	Exxon Mobil Corporation, 2.222%, due 03/01/2021	555,768	546,205
	Bank of America Corp	Bank of America Corp, 3.300%, due 01/11/2023	507,065	533,640
	Berkshire Hathaway, Inc.	Berkshire Hathaway, Inc., 3.125%, due 03/15/2026	248,755	279,638
	Suntrust Bank	Suntrust Bank, 3.300%, due 05/15/2026	528,535	551,380
	Wells Fargo Co	Wells Fargo Co, 3.000%, due 01/22/2021	356,937	355,103
	Honeywell International	Honeywell International, 1.350%, due 06/01/2025	305,574	307,245
	Burlington North Santa Fe	Burlington North Santa Fe, 3.000%, due 03/15/2023	517,885	528,140
	Union Pacific Corp	Union Pacific Corp, 2.750%, due 04/15/2023	344,703	358,776
	AT&T Inc	AT&T Inc, 3.950%, due 01/15/2025	503,330	559,580
	Abbvie Inc	Abbvie Inc, 2.900%, due 11/06/2022	401,556	419,632
	Alphabet Inc	Alphabet Inc, 3.375%, due 02/25/2024	403,072	439,792
	Amazon Com Inc	Amazon Com Inc, 2.500%, due 11/29/2022	518,515	523,410
	Amgen Inc	Amgen Inc, 3.125%, due 05/01/2025	511,915	549,535
	Apple Inc	Apple Inc, 2.450%, due 08/04/2026	506,775	543,250
	Cisco Systems Inc	Cisco Systems Inc, 2.900%, due 03/04/2021	257,920	254,498
	Home Depot Inc	Home Depot Inc, 2.700%, due 04/01/2023	508,935	528,025
	Intel Corp	Intel Corp, 2.700%, due 12/15/2022	464,062	487,278
	Microsoft Corp	Microsoft Corp, 2.000%, due 08/08/2023	487,975	523,330
	Oracle Corp	Oracle Corp, 3.400%, due 07/08/2024	270,383	301,065
	Thermo Fisher Scientific	Thermo Fisher Scientific, 3.650%, due 12/15/2025	253,545	282,363
	Verizon Communications	Verizon Communications, 3.500%, due 11/01/2024	510,770	553,425
	Wal-Mart Stores, Inc.	Wal-Mart Stores, Inc., 2.550%, due 04/11/2023	509,905	527,495
	Schlumberger Investment	Schlumberger Investment, 3.650%, due 12/01/2023	249,962	268,388
			10,242,907	10,758,393
Government Obligations				
	U.S. Government	US Treas Bond, 1.500%, due 11/30/2021	2,992,031	3,056,670

Martin Sprocket & Gear, Inc.
Employees' Profit Sharing Trust
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 075-0832268 Plan Number 001 – Continued
June 30, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
Common Stock				
	Amazon.Com Inc	Common Stock	443,276	1,062,146
	Home Depot Inc	Common Stock	212,728	626,275
	Paypal Holdings Inc	Common Stock	240,049	1,095,907
	Toro Co	Common Stock	335,880	331,700
	VF Corp	Common Stock	409,105	365,640
	Keurig Dr Pepper Inc.	Common Stock	398,867	403,280
	Kimberly-Clark Corp	Common Stock	294,586	530,063
	Mondelez Intl Inc.	Common Stock	457,781	490,848
	Pepsico Inc.	Common Stock	252,150	529,040
	Proctor & Gamble Co	Common Stock	280,710	478,280
	Cabot Oil & Gas Corp	Common Stock	339,974	360,780
	Chevron Corp	Common Stock	206,864	247,167
	Conocophillips	Common Stock	1,030,570	924,440
	Bank of America Corp	Common Stock	590,877	593,750
	Comerica Inc	Common Stock	303,674	381,000
	Cullen/Frost Bankers Inc	Common Stock	476,687	629,432
	JPMorgan Chase & Co	Common Stock	346,654	462,305
	US Bancorp	Common Stock	263,558	349,790
	Alcon Inc.	Common Stock	395,148	401,240
	Amgen Inc	Common Stock	393,634	546,016
	Danaher Corp	Common Stock	112,899	596,801
	Merck & Co Inc	Common Stock	274,042	425,315
	Pfizer Inc	Common Stock	328,073	457,800
	Stryker Corp	Common Stock	323,165	306,323
	Thermo Fisher Scientific Inc	Common Stock	88,609	724,680
	Zoetis Inc	Common Stock	336,996	548,160
	Cintas Corp	Common Stock	650,545	799,080
	Franklin Electric Co	Common Stock	267,344	525,200
	Honeywell International Inc	Common Stock	203,674	508,957
	Idex Corp	Common Stock	230,093	241,011
	Roper Technologies Inc	Common Stock	99,196	516,386
	Union Pacific Corp	Common Stock	138,158	475,087
	Xylem Inc	Common Stock	231,915	214,368
	Adobe Inc.	Common Stock	60,708	881,503
	Akamai Technologies	Common Stock	263,966	568,648
	Apple Inc Com	Common Stock	134,828	912,000
	Microsoft Corp	Common Stock	177,362	963,620
	National Instruments Corp	Common Stock	288,318	387,100
	Oracle Corp	Common Stock	248,549	276,350
	Perkinelmer Inc	Common Stock	138,868	567,941
	Trimble Inc	Common Stock	394,665	647,850
	Air Products & Chemicals Inc.	Common Stock	421,086	603,650
	Ecolab Inc.	Common Stock	515,625	656,535
	FMC Corp	Common Stock	594,151	966,812
	Martin Marietta Materials	Common Stock	209,936	547,411
	AT&T Inc	Common Stock	379,848	394,955
	Alphabet Inc Cl A	Common Stock	534,611	787,018
	Facebook Inc-A	Common Stock	206,575	431,430
			15,526,577	26,741,090

Martin Sprocket & Gear, Inc.
Employees' Profit Sharing Trust
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 075-0832268 Plan Number 001 – Continued
June 30, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	**Description of investment, including maturity date, rate of interest, collateral, par, or maturity value**	**Cost**	**Current value**
	Mutual Funds			
	Goldman Sachs	Goldman Sachs Growth Strat-R6	2,113,810	2,751,337
	Goldman Sachs	Goldman Sachs Inc Builder-R6	50,800,638	48,383,654
	JPMorgan Chase	JPM Small Cap Equity-R6	10,606,128	15,403,897
	JPMorgan Chase	JPM Core Bond Trust	46,883,321	50,009,857
			110,403,897	116,548,745
	Collective Trusts			
	JPMorgan Chase	JPM US Active Core Plus Equity Fund	28,287,359	64,324,933
	Life Insurance Contracts			
	Northwestern Mutual Life Insurance Co.	Life Insurance Contracts	3,630,383	3,630,383
	Participant Notes Receivable			
*	Participant Notes Receivable	Interest rates of 3.25%; varying maturity dates	0	34,723
	Total assets (held at end of year)		$ 179,120,703	$ 233,132,486

* Party in interest

Martin Sprocket & Gear, Inc.
Employees' Profit Sharing Trust
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 075-0832268 Plan Number 001
Year Ended June 30, 2020

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Invesco	Invesco Prem US Gov Money-Inst	$ 170,686,336	$ -	$ -	$ -	$ 170,686,336	$ 170,686,336	$ -
Invesco	Invesco Prem US Gov Money-Inst	-	169,227,071	-	-	169,227,071	169,227,071	-
Goldman Sachs Inc.	Goldman Sachs Inc. Builder-R6	53,448,570	-	-	-	53,448,570	53,448,570	-

Martin Sprocket & Gear, Inc.
Employees' Profit Sharing Trust
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 075-0832268 Plan Number 001
Year Ended June 30, 2020

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Invesco	Invesco Prem US Gov Money-Inst	$ 170,686,336	$ -	$ -	$ -	$ 170,686,336	$ 170,686,336	$ -
Invesco	Invesco Prem US Gov Money-Inst	-	169,227,071	-	-	169,227,071	169,227,071	-
Goldman Sachs Inc.	Goldman Sachs Inc. Builder-R6	53,448,570	-	-	-	53,448,570	53,448,570	-

Martin Sprocket & Gear, Inc.
Employees' Profit Sharing Trust
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 075-0832268 Plan Number 001
June 30, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
Money Market Funds				
	Invesco Prem US Gov Money-Inst	Invesco Prem US Gov Money-Inst	$ 8,037,549	$ 8,037,549
Corporate Obligations				
	Chevron Corp	Chevron Corp, 2.895%, due 03/03/2024	519,065	537,200
	Exxon Mobil Corporation	Exxon Mobil Corporation, 2.222%, due 03/01/2021	555,768	546,205
	Bank of America Corp	Bank of America Corp, 3.300%, due 01/11/2023	507,065	533,640
	Berkshire Hathaway, Inc.	Berkshire Hathaway, Inc., 3.125%, due 03/15/2026	248,755	279,638
	Suntrust Bank	Suntrust Bank, 3.300%, due 05/15/2026	528,535	551,380
	Wells Fargo Co	Wells Fargo Co, 3.000%, due 01/22/2021	356,937	355,103
	Honeywell International	Honeywell International, 1.350%, due 06/01/2025	305,574	307,245
	Burlington North Santa Fe	Burlington North Santa Fe, 3.000%, due 03/15/2023	517,885	528,140
	Union Pacific Corp	Union Pacific Corp, 2.750%, due 04/15/2023	344,703	358,776
	AT&T Inc	AT&T Inc, 3.950%, due 01/15/2025	503,330	559,580
	Abbvie Inc	Abbvie Inc, 2.900%, due 11/06/2022	401,556	419,632
	Alphabet Inc	Alphabet Inc, 3.375%, due 02/25/2024	403,072	439,792
	Amazon Com Inc	Amazon Com Inc, 2.500%, due 11/29/2022	518,515	523,410
	Amgen Inc	Amgen Inc, 3.125%, due 05/01/2025	511,915	549,535
	Apple Inc	Apple Inc, 2.450%, due 08/04/2026	506,775	543,250
	Cisco Systems Inc	Cisco Systems Inc, 2.900%, due 03/04/2021	257,920	254,498
	Home Depot Inc	Home Depot Inc, 2.700%, due 04/01/2023	508,935	528,025
	Intel Corp	Intel Corp, 2.700%, due 12/15/2022	464,062	487,278
	Microsoft Corp	Microsoft Corp, 2.000%, due 08/08/2023	487,975	523,330
	Oracle Corp	Oracle Corp, 3.400%, due 07/08/2024	270,383	301,065
	Thermo Fisher Scientific	Thermo Fisher Scientific, 3.650%, due 12/15/2025	253,545	282,363
	Verizon Communications	Verizon Communications, 3.500%, due 11/01/2024	510,770	553,425
	Wal-Mart Stores, Inc.	Wal-Mart Stores, Inc., 2.550%, due 04/11/2023	509,905	527,495
	Schlumberger Investment	Schlumberger Investment, 3.650%, due 12/01/2023	249,962	268,388
			10,242,907	10,758,393
Government Obligations				
	U.S. Government	US Treas Bond, 1.500%, due 11/30/2021	2,992,031	3,056,670

Martin Sprocket & Gear, Inc.
Employees' Profit Sharing Trust
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 075-0832268 Plan Number 001 – Continued
June 30, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
Common Stock				
	Amazon.Com Inc	Common Stock	443,276	1,062,146
	Home Depot Inc	Common Stock	212,728	626,275
	Paypal Holdings Inc	Common Stock	240,049	1,095,907
	Toro Co	Common Stock	335,880	331,700
	VF Corp	Common Stock	409,105	365,640
	Keurig Dr Pepper Inc.	Common Stock	398,867	403,280
	Kimberly-Clark Corp	Common Stock	294,586	530,063
	Mondelez Intl Inc.	Common Stock	457,781	490,848
	Pepsico Inc.	Common Stock	252,150	529,040
	Proctor & Gamble Co	Common Stock	280,710	478,280
	Cabot Oil & Gas Corp	Common Stock	339,974	360,780
	Chevron Corp	Common Stock	206,864	247,167
	Conocophillips	Common Stock	1,030,570	924,440
	Bank of America Corp	Common Stock	590,877	593,750
	Comerica Inc	Common Stock	303,674	381,000
	Cullen/Frost Bankers Inc	Common Stock	476,687	629,432
	JPMorgan Chase & Co	Common Stock	346,654	462,305
	US Bancorp	Common Stock	263,558	349,790
	Alcon Inc.	Common Stock	395,148	401,240
	Amgen Inc	Common Stock	393,634	546,016
	Danaher Corp	Common Stock	112,899	596,801
	Merck & Co Inc	Common Stock	274,042	425,315
	Pfizer Inc	Common Stock	328,073	457,800
	Stryker Corp	Common Stock	323,165	306,323
	Thermo Fisher Scientific Inc	Common Stock	88,609	724,680
	Zoetis Inc	Common Stock	336,996	548,160
	Cintas Corp	Common Stock	650,545	799,080
	Franklin Electric Co	Common Stock	267,344	525,200
	Honeywell International Inc	Common Stock	203,674	508,957
	Idex Corp	Common Stock	230,093	241,011
	Roper Technologies Inc	Common Stock	99,196	516,386
	Union Pacific Corp	Common Stock	138,158	475,087
	Xylem Inc	Common Stock	231,915	214,368
	Adobe Inc.	Common Stock	60,708	881,503
	Akamai Technologies	Common Stock	263,966	568,648
	Apple Inc Com	Common Stock	134,828	912,000
	Microsoft Corp	Common Stock	177,362	963,620
	National Instruments Corp	Common Stock	288,318	387,100
	Oracle Corp	Common Stock	248,549	276,350
	Perkinelmer Inc	Common Stock	138,868	567,941
	Trimble Inc	Common Stock	394,665	647,850
	Air Products & Chemicals Inc.	Common Stock	421,086	603,650
	Ecolab Inc.	Common Stock	515,625	656,535
	FMC Corp	Common Stock	594,151	966,812
	Martin Marietta Materials	Common Stock	209,936	547,411
	AT&T Inc	Common Stock	379,848	394,955
	Alphabet Inc Cl A	Common Stock	534,611	787,018
	Facebook Inc-A	Common Stock	206,575	431,430
			15,526,577	26,741,090

Martin Sprocket & Gear, Inc.
Employees' Profit Sharing Trust
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 075-0832268 Plan Number 001 – Continued
June 30, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	**Description of investment, including maturity date, rate of interest, collateral, par, or maturity value**	**Cost**	**Current value**
	Mutual Funds			
	Goldman Sachs	Goldman Sachs Growth Strat-R6	2,113,810	2,751,337
	Goldman Sachs	Goldman Sachs Inc Builder-R6	50,800,638	48,383,654
	JPMorgan Chase	JPM Small Cap Equity-R6	10,606,128	15,403,897
	JPMorgan Chase	JPM Core Bond Trust	46,883,321	50,009,857
			110,403,897	116,548,745
	Collective Trusts			
	JPMorgan Chase	JPM US Active Core Plus Equity Fund	28,287,359	64,324,933
	Life Insurance Contracts			
	Northwestern Mutual Life Insurance Co.	Life Insurance Contracts	3,630,383	3,630,383
	Participant Notes Receivable			
*	Participant Notes Receivable	Interest rates of 3.25%; varying maturity dates	0	34,723
	Total assets (held at end of year)		$ 179,120,703	$ 233,132,486

* Party in interest