

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2019</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information For calendar plan year 2019 or fiscal plan year beginning <u>10/01/2019</u> and ending <u>09/30/2020</u>
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>NIDEC RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶	<u>003</u>	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NIDEC MOTOR CORPORATION</u> <u>8050 WEST FLORISSANT AVE</u> <u>ST. LOUIS, MO 63136</u>	1c Effective date of plan <u>04/08/1998</u>	2b Employer Identification Number (EIN) <u>27-3330722</u>	2c Plan Sponsor's telephone number <u>314-595-8000</u>
		2d Business code (see instructions) <u>335900</u>	

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/13/2021	CARLA OTTO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 839
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 478 6a(2) 423 6b 215 6c 201 6d 839 6e 9 6f 848 6g 0 6h 4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1B b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (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
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For calendar plan year 2019 or fiscal plan year beginning 10/01/2019 and ending 09/30/2020	
A Name of plan NIDEC RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 NIDEC MOTOR CORPORATION	D Employer Identification Number (EIN) 27-3330722

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

(a) Name of insurance carrier PRINCIPAL LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	530051	850	10/01/2019	09/30/2020

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
0	0

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

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	(c) Amount	(d) Purpose	

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(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	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	2843522

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

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year.....	7b	
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.....	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 10/01/2019 and ending 09/30/2020

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

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

A Name of plan <u>NIDEC RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NIDEC MOTOR CORPORATION</u>	D Employer Identification Number (EIN) <u>27-3330722</u>	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I	Basic Information		
1	Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2019</u>		
2	Assets:		
	a Market value	2a	<u>34868171</u>
	b Actuarial value	2b	<u>33556603</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	<u>181</u>	<u>11528379</u>
	b For terminated vested participants.....	<u>180</u>	<u>2960157</u>
	c For active participants	<u>478</u>	<u>13255626</u>
	d Total.....	<u>839</u>	<u>27744162</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate	5	<u>5.58</u> %
6	Target normal cost.....	6	<u>583325</u>

Statement by Enrolled Actuary

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

SIGN HERE	<div style="border-bottom: 1px solid black; height: 30px; margin-bottom: 10px;"></div> <div style="text-align: center;">Signature of actuary</div> <div style="border-bottom: 1px solid black; height: 30px; margin-bottom: 10px;"></div> <div style="text-align: center;">Type or print name of actuary</div> <div style="border-bottom: 1px solid black; height: 30px; margin-bottom: 10px;"></div> <div style="text-align: center;">Firm name</div> <div style="border-bottom: 1px solid black; height: 30px; margin-bottom: 10px;"></div> <div style="text-align: center;">Address of the firm</div>	<div style="text-align: right; margin-bottom: 10px;"><u>07/02/2021</u></div> <div style="text-align: center;">Date</div> <div style="text-align: right; margin-bottom: 10px;"><u>20-06244</u></div> <div style="text-align: center;">Most recent enrollment number</div> <div style="text-align: right; margin-bottom: 10px;"><u>314-588-2500</u></div> <div style="text-align: center;">Telephone number (including area code)</div>
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4625 LINDELL BOULEVARD
SUITE 200
ST. LOUIS, MO 63108

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

**Schedule SB (Form 5500) 2019
v. 190130**

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	821074	1500000
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	821074	1500000
10 Interest on line 9 using prior year's actual return of <u>11.12</u> %	91303	166800
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.74</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	912377	1666800

Part III Funding Percentages

14 Funding target attainment percentage	14	111.65 %
15 Adjusted funding target attainment percentage	15	120.95 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	116.52 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) **31a** 583325**b** Excess assets, if applicable, but not greater than line 31a **31b** 583325**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 0**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 0**35** Balances elected for use to offset funding requirement Carryover balance 0 Prefunding balance 0 Total balance 0**36** Additional cash requirement (line 34 minus line 35) **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 0**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500) 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 10/01/2019 and ending 09/30/2020		
A Name of plan NIDEC RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 NIDEC MOTOR CORPORATION	D Employer Identification Number (EIN) 27-3330722	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 50 64	CONTRACT ADMINISTRATOR	54000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOCKTON INVESTMENT ADVISORS

20-8874282

(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 99	INVESTMENT ADVISORY	0	Yes ☒ No ☐	Yes ☐ No ☒	40000	Yes ☐ No ☒

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17	ACTUARY	15000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LOCKTON INVESTMENT ADVISORS	27 99	40000

(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.
PRINCIPAL LIFE INSURANCE COMPANY 42-0127290	INVESTMENT ADVISORY (PLAN)

(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:	SCOTT LESINSKI	b EIN:	53-0181291
c Position:	ENROLLED ACTUARY		
d Address:	101 S. HANLEY RD, SUITE 900 ST. LOUIS, MO 63105	e Telephone:	314-719-5900

Explanation: A DIFFERENT FIRM IS PROVIDING ACTUARIAL SERVICES TO THE PLAN BEGINNING WITH THE 2019 PLAN YEAR.

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 10/01/2019 and ending 09/30/2020

A Name of plan <u>NIDEC RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NIDEC MOTOR CORPORATION</u>	D Employer Identification Number (EIN) <u>27-3330722</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIQUID ASSETS SEP ACCT-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN <u>42-0127290-024</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>451621</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL U.S. PROPERTY SA-Z

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN <u>42-0127290-027</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2391901</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 10/01/2019 and ending 09/30/2020		
A Name of plan NIDEC RETIREMENT PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 NIDEC MOTOR CORPORATION	D Employer Identification Number (EIN) 27-3330722	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	3140957	2843522
(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)	31727215	35006625
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	34868172	37850147

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	40357
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	40357

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	34868172	37809790
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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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1195174	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1195174
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		15944
(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)		3074205
c Other income	2c		11236
d Total income. Add all income amounts in column (b) and enter total	2d		4296559

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1173914	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1173914
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	113907	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	67120	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		181027
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1354941

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2941618
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: BROWN SMITH & WALLACE LLP

(2) EIN: 43-1001367

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
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.).....		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		10000000
4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
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?.....		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 4289553. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2019</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2019 or fiscal plan year beginning 10/01/2019 and ending 09/30/2020		
A Name of plan NIDEC RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 NIDEC MOTOR CORPORATION		D Employer Identification Number (EIN) 27-3330722
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 42-0127290 36-3608252		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2019 v. 190130		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****14c**

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

a The corresponding number for the plan year immediately preceding the current plan year

b The corresponding number for the second preceding plan year

15a**15b**

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

a Enter the number of employers who withdrew during the preceding plan year

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers

16a**16b**

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____



NIDEC RETIREMENT PLAN

Financial Statements
with
Independent Auditor's Report

SEPTEMBER 30, 2020



THE FIRM FOR GROWTH.®

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THE FIRM FOR GROWTH.®

Independent Auditor's Report

To the Plan Administrator of the
Nidec Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Nidec Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of September 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

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. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note I, which was certified by the Principal Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of and for the years ended September 30, 2020 and 2019, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental Schedules of Assets (Held at End of Year) and Reportable Transactions as of and for the year ended September 30, 2020, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

Brown Smith Wallace, LLP

St. Louis, Missouri
July 12, 2021

NIDEC RETIREMENT PLAN

Statements of Net Assets Available for Benefits

September 30, 2020 and 2019

(See Independent Auditor's Report)

	2020	2019
ASSETS		
Investments, at fair value	\$ 37,850,147	\$ 34,868,172
Liabilities		
Accrued expenses	40,357	-
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 37,809,790</u>	<u>\$ 34,868,172</u>

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

NIDEC RETIREMENT PLAN

Statements of Changes in Net Assets Available for Benefits

Years Ended September 30, 2020 and 2019

(See Independent Auditor's Report)

	2020	2019
Additions:		
Net appreciation in fair value of investments	\$ 3,090,149	\$ 2,556,783
Interest and dividend income	1,195,174	806,846
Other income	11,236	15,000
Total additions:	4,296,559	3,378,629
Deductions:		
Benefits paid directly to participants	1,173,914	932,468
Plan expenses	181,027	173,030
Total deductions:	1,354,941	1,105,498
NET INCREASE	2,941,618	2,273,131
Net assets available for benefits at beginning of year	34,868,172	32,595,041
Net assets available for benefits at end of year	\$ 37,809,790	\$ 34,868,172

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

NIDEC RETIREMENT PLAN

Notes to Financial Statements

September 30, 2020

(See Independent Auditor's Report)

Note A – Description of the Plan

The following description of the Nidec Retirement Plan (formerly the Pension Plan for Kato Engineering, Inc. Employee Member of International Brotherhood of Electrical Workers Local 1999) (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a defined benefit plan sponsored by Nidec Motor Corporation (the "Company") covering employees of the following subsidiaries of the Company:

- Control Techniques – Americas, LLC
- Leroy-Somer North America Division (Lexington)
- Leroy-Somer Alternators North America/Kato
- Kato Engineering Employee Members of International Brotherhood of Electrical Workers Local 1999

Effective February 1, 2017, Nidec Corporation became the Plan's sponsor. Prior to February 1, 2017, the Plan was sponsored by Emerson Electric Company.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Effective April 1, 2019 the Company amended the Plan to freeze accruals for all non-union participants. Effective September 29, 2019, the Company closed the Plan to union new hires and effective October 1, 2019 increased the dollar per month multiplier by \$.25 for union participants.

Pension Benefits

Under terms of the Plan, participants are eligible for monthly benefit payments upon reaching the normal retirement age of 65. However, a participant whose employment with the Company is terminated, is eligible for early retirement benefit payments commencing at age 55, provided the credited service of the employee at separation is at least 10 years. Early retirement benefits are available and require age and service requirements under certain appendices of the Plan. Death benefits are paid pursuant to the applicable appendix of the Plan and applicable laws.

The Plan also contains provisions for disability death and automatic survivor benefits.

Vesting

Under the terms of the Plan, a participant who terminates before becoming entitled to retirement pension benefits is eligible for a pension benefit if the participant has completed five years or more of vesting services.

NIDEC RETIREMENT PLAN

Notes to Financial Statements - Continued

September 30, 2020

(See Independent Auditor's Report)

Note A – Description of the Plan (Continued)

Death and Disability Benefits

If an employee dies after becoming vested, the participant's surviving spouse shall be paid a survivor annuity for the life of the surviving spouse, equal to the annuity that would be payable to the surviving spouse under an automatic survivor benefit commencing at the date the employee would have become eligible for an early retirement benefit had the employee lived. Active employees who become totally disabled receive annual disability in accordance with the terms of the Plan document.

Contribution and Funding

Contributions from the Company are subject to Internal Revenue Code ("IRC") limitations and are based on actuarial calculations of normal cost. The Company satisfied the minimum funding requirements of ERISA. During the years ending 2020 and 2019, the Plan sponsor did not make contributions to the Plan

Note B – Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, disclosure of contingent assets and liabilities, the actuarial present value of accumulated Plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation

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

Purchases and sales of investments 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 valued investments includes the Plan's gains and losses on investments bought and sold as well as held.

NIDEC RETIREMENT PLAN

Notes to Financial Statements - Continued

September 30, 2020

(See Independent Auditor's Report)

Note B – Summary of Significant Accounting Policies (Continued)

Expenses

Investment management and certain administrative expenses are paid by the Plan. Expenses include Pension Benefit Guaranty Corporation ("PBGC") premiums and professional fees. Certain investments related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

Management has evaluated all subsequent events through July 12, 2021, which represents the date the financial statements were available to be issued.

Note C – Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

The asset 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.

NIDEC RETIREMENT PLAN

Notes to Financial Statements - Continued

September 30, 2020

(See Independent Auditor's Report)

Note C – Fair Value Measurements (Continued)

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

Mutual funds: Valued at the daily closing price as reported by the funds. Mutual funds held by the Plan are open-end mutual funds registered with the Securities Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Pooled separate accounts: Valued at the NAV of units of an insurance company pooled separate account. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by these investments less its liabilities. This practical expedient is not used when it is determined to be probable that the investment will sell for an amount different than the reported NAV.

The following tables set forth by level, within the fair value hierarchy, of the Plan's assets at fair value as of September 30:

<u>Description</u>	<u>Assets at Fair Value as of September 30, 2020</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 35,006,625	\$ -	\$ -	\$ 35,006,625
Total assets in the fair value hierarchy	35,006,625	-	-	35,006,625
Investments measured at NAV	-	-	-	2,843,522
Total investments measured at fair value	\$ 35,006,625	\$ -	\$ -	\$ 37,850,147

<u>Description</u>	<u>Assets at Fair Value as of September 30, 2019</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 31,727,215	\$ -	\$ -	\$ 31,727,215
Total assets in the fair value hierarchy	31,727,215	-	-	31,727,215
Investments measured at NAV	-	-	-	3,140,957
Total investments measured at fair value	\$ 31,727,215	\$ -	\$ -	\$ 34,868,172

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

NIDEC RETIREMENT PLAN

Notes to Financial Statements - Continued

September 30, 2020

(See Independent Auditor's Report)

Note D – Investments Measured Using the Net Asset Value per Share Practical Expedient

The following table summarizes investments measured at fair value based on NAV per share as of September 30:

Investment	2020			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled separate accounts	\$2,843,522	-	Daily	Daily
Investment	2019			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled separate accounts	\$3,140,957	-	Daily	Daily

Note E – Plan Termination and PBGC Matters

The Company has not expressed any intention to terminate the Plan. However, in the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder and the Plan document.

Should the Plan be terminated at some future time, all participants become 100% vested in benefits earned as of the termination date.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

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

NIDEC RETIREMENT PLAN

Notes to Financial Statements - Continued

September 30, 2020

(See Independent Auditor's Report)

Note F – Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died and (3) present employees of their beneficiaries.

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

The significant actuarial assumptions used in the valuation as of October 1, 2019, are as follows:

Discount rate	2.70%
Mortality	RP-2014 Mortality Table, with no collar adjustments adjusted backwards to 2006 with scale MP-2014 and projected forward to 2018 using MP-2018 to the Pri-2012 tables projected using the MP-2019 mortality improvement projection scale.
Retirement age	Varies by age between 55 and 69 with 100% retired by age 70.

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

The actuarial present value of accumulated Plan benefits as of October 1, 2019, is as follows:

Actuarial present value of accumulated Plan benefits

Vested benefits

Active participants	\$ 19,570,119
Inactive participants with deferred benefits	4,687,880
Participants and/or beneficiaries currently receiving benefits	<u>14,152,734</u>
Total vested benefits	38,410,733
Non-vested benefits	<u>704,319</u>
Total actuarial present value of accumulated Plan benefits	<u>\$ 39,115,052</u>

NIDEC RETIREMENT PLAN

Notes to Financial Statements - Continued

September 30, 2020

(See Independent Auditor's Report)

Note F – Actuarial Present Value of Accumulated Plan Benefits (Continued)

The changes in actuarial present value of accumulated Plan benefits for the year ended September 30, 2019, consist of the following:

Actuarial present value of accumulated Plan benefits, October 1, 2018	\$ 32,853,783
Increase during the year attributable to:	
Benefits accumulated and (gains)/losses	(194,647)
Increase for interest due to the decrease in discount period	1,358,259
Benefits paid	(932,468)
Change in actuarial assumptions	<u>6,030,125</u>
Net increase	<u>6,261,269</u>
Actuarial present value of accumulated Plan benefits, September 30, 2019	<u>\$ 39,115,052</u>

Changes in assumptions since the prior valuation are as follows:

- The discount rate was updated from 4.20% to 2.70%.
- The mortality was changed to the RP-2014 mortality tables with no collar adjustments adjusted backward to 2006 with scale MP-2014 projections removed and projected generationally with scale MP-2019.

Note G – Income Tax Status

The Internal Revenue Service ("IRS") has determined, and informed the Company by a letter dated September 20, 2016, that the Plan was designed in accordance with the applicable regulations of the IRC. The Plan has been amended since receiving the determination letter; however, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and that the Plan continues to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or other applicable taxing authorities. The Plan administrator has analyzed the tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any periods in progress.

NIDEC RETIREMENT PLAN

Notes to Financial Statements - Continued

September 30, 2020

(See Independent Auditor's Report)

Note H – Risks and Uncertainties

The Plan's investments are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits and may impact the funded position of the Plan. As a result, the Plan may require additional funding in subsequent years.

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

Note I – Information Certified by the Trustee

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator has obtained certifications from the Trustee that all of the investment information provided by the Trustee and included in the accompanying financial statements and supplemental Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions is complete and accurate. Information as to the investments in the accounts of the Trustee, investment income, interest and all information appearing in the accompanying statements and the supplemental schedules are presented in reliance solely upon these certifications.

Note J – Parties-In-Interest

The Plan's investments were held at the Principal Trust Company, the trustee. The trustee charges fees for the management of the accounts. Fees charged to the Trust are ordinary and customary. These fees qualify as permitted party-in-interest transactions under ERISA.

Supplemental Schedules

NIDEC RETIREMENT PLAN
EIN#27-3330722 Plan 003

Schedule of Assets (Held at End of Year)

Form 5500 - Schedule H - Line 4i

September 30, 2020

(See Independent Auditor's Report)

	Identity of issue, Identity of Issue, Borrower	Description of Investment, Including Maturity Date, Rate of Interest,			Current
a) b)	Lessor, or Similar Party	c) Collateral, and Par or Maturity Value d)	Cost	e)	Value
	Mutual Funds:				
	Vanguard Long-Term Investment Grade Bond	Mutual Fund	\$ 20,834,249		\$ 21,703,002
	American Funds Europacific Growth R6	Mutual Fund	2,251,822		2,671,966
	Pimco Extended Duration Institution Fund	Mutual Fund	3,252,451		3,696,527
	Vanguard Total Stock Market Index Institutional Fund	Mutual Fund	<u>5,671,190</u>		<u>6,935,130</u>
	Total Mutual Funds:		32,009,712		35,006,625
	Pooled Separate Accounts:				
*	Principal Real Estate Individual US Property	Pooled Separate Account	2,152,984		2,391,901
*	Principal Liquid Assets Separate Account	Pooled Separate Account	<u>450,544</u>		<u>451,621</u>
	Total Pooled Separate Accounts:		<u>2,603,528</u>		<u>2,843,522</u>
	Total Investments:		<u>\$ 34,613,240</u>		<u>\$ 37,850,147</u>

* Represents party-in-interest to the Plan.

NIDEC RETIREMENT PLAN**EIN#27-3330722 Plan 003****Schedule of Reportable Transactions****Form 5500 - Schedule H - Item 4j**

For the year ended September 30, 2020

(See Independent Auditor's Report)

a) Identity of the parties involved	b) Description of asset	Number of transactions	c) Purchase price	d) Selling Price	i) Net gain or loss
Vanguard Long Term Investment Grade Bond	Mutual Fund	17	\$ 4,620,947	\$ -	\$ -
Vanguard Total Stock Market Index Institutional Fund	Mutual Fund	9	-	2,981,944	402,194

Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of credited service										Total
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	
Under 25	4	4									8
25–29	4	3	1								8
30–34	5	3	14	6							28
35–39	6	6	10	14	3	1					40
40–44	4	3	11	7	7	7					39
45–49		3	8	16	6	21					54
50–54	3	3	8	9	8	40	4	2			77
55–59	2	6	9	20	12	32	8	3	13	1	106
60–64		2	13	7	8	35	4	4	28	16	117
65–69			1	2		8		1	2	1	15
70 & up						2					2
Total	28	33	75	81	44	146	16	10	43	18	494

In each cell, the number is the count of active participants for each age/service combination. Average pay is not shown for plans with less than 1,000 active participants.

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

Discount rate sponsor elections																				
• Segment rates or full yield curve	Segment																			
• Look-back months	4																			
	Stabilized	Nonstabilized																		
• First 5 years	3.74%	2.74%																		
• Next 15 years	5.35%	3.96%																		
• Over 20 years	6.11%	4.44%																		
Mortality sponsor elections																				
• All participants	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2014 mortality tables improvements beyond 2006 removed with static mortality improvement based on the IRS methodology and projection scale MP-2017.																			
Other economic assumptions																				
• Salary increases	Not applicable																			
• Flat-dollar benefit increases	Not applicable																			
• Social Security taxable wage base increases	Not applicable																			
• Inflation	2.25% per year																			
• Expected investment return	Not applicable																			
• Expenses	\$180,000 added to current year normal cost																			
Demographic assumptions																				
• Withdrawal	Rates varying by age. See table A for a sample of the rates.																			
• Disability incidence	Rates varying by age. See table B for a sample of the rates.																			
• Retirement age	<table border="1"> <thead> <tr> <th>Attained age</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Under 55</td> <td>0%</td> </tr> <tr> <td>55-59</td> <td>7%</td> </tr> <tr> <td>60-61</td> <td>11%</td> </tr> <tr> <td>62</td> <td>30%</td> </tr> <tr> <td>63-64</td> <td>21%</td> </tr> <tr> <td>65</td> <td>30%</td> </tr> <tr> <td>66-69</td> <td>30%</td> </tr> <tr> <td>70 and above</td> <td>100%</td> </tr> </tbody> </table>		Attained age	Percentage	Under 55	0%	55-59	7%	60-61	11%	62	30%	63-64	21%	65	30%	66-69	30%	70 and above	100%
Attained age	Percentage																			
Under 55	0%																			
55-59	7%																			
60-61	11%																			
62	30%																			
63-64	21%																			
65	30%																			
66-69	30%																			
70 and above	100%																			
• Benefit commencement age for																				
— Future vested deferred	65																			
— Current vested deferred	65																			

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

• Spouse assumptions	Male participants	Female participants
— Percentage married	80%	80%
— Spouse age difference	3 years younger	3 years older
Form of payment – Union	Single Life	50% J&S
• Active retirements	20%	80%
• Future vested deferred	20%	80%
• Future disabilities	20%	80%
• Future deaths	0%	100%
• Current vested deferred	20%	80%
Form of payment – All others	Single life with 5 years certain	50% J&S
• Active retirements	100%	0%
• Future vested deferred	100%	0%
• Future disabilities	100%	0%
• Future deaths	0%	100%
• Current vested deferred	100%	0%
Unpredictable contingent event assumptions	Not applicable	

Rationale for economic assumptions

- Discount Rate – Assumption is prescribed by the IRS.
- Expenses – The expected expenses for the current year are based on the actual expenses paid from the trust for the prior year adjusted for the increase in the PBGC flat rate premium for the current year.

Rationale for demographic assumptions

- Mortality – This assumption is prescribed by the IRS
- Withdrawal – This assumption was based on an experience study performed by the prior actuary in 2012 and the plan sponsor's expectation that this period will continue to be representative of future experience.
- Retirement age – This assumption was based on an experience study performed by the prior actuary in 2012 and the plan sponsor's expectation that this period will continue to be representative of future experience.
- Benefit commencement age - This assumption was based on reviews of past experience and discussions with the plan sponsor and recognizes most of the early retirement benefits provided by the plan are not significantly subsidized so would not encourage early retirements.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Table A - number of terminations per 1,000 lives**

Attained age	Years of service		
	0-3	3-5	5+
20	200	150	150
25	200	150	150
30	200	150	120
35	200	150	100
40	200	150	90
45	200	150	80
50	200	150	70
55	200	150	60
60	200	150	50
65	0	0	0

Table B - number of disableds per 1,000 lives

Attained age	People becoming disabled during the year	
	Males	Females
39 or less	0.68	0.82
40-44	1.41	2.38
45-49	2.70	3.29
50-54	5.11	4.72
55-59	9.28	7.18
60-64	12.42	8.14

Actuarial methods for funding**Asset methods**

The asset valuation method is an average of the adjusted market value for each month during the last 24 months preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

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

Participant methods

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

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

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum funding methods

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

A detailed description of the calculation follows:

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

NIDEC RETIREMENT PLAN
EIN#27-3330722 Plan 003

Schedule of Reportable Transactions

Form 5500 - Schedule H - Item 4j

For the year ended September 30, 2020
(See Independent Auditor's Report)

a) Identity of the parties involved	b) Description of asset	Number of transactions	c) Purchase price	d) Selling Price	i) Net gain or loss
Vanguard Long Term Investment Grade Bond	Mutual Fund	17	\$ 4,620,947	\$ -	-
Vanguard Total Stock Market Index Institutional Fund	Mutual Fund	9	-	2,981,944	402,194

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2019**This Form is Open to Public
Inspection**For calendar plan year 2019 or fiscal plan year beginning 10/01/2019 and ending 09/30/2020▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A** Name of plan
NIDEC RETIREMENT PLAN**B** Three-digit
plan number (PN) ▶ 003**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

NIDEC MOTOR CORPORATION

D Employer Identification Number (EIN)

27-3330722

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500**Part I Basic Information****1** Enter the valuation date: Month 10 Day 01 Year 2019**2** Assets:**a** Market value..... **2a** 34,868,171**b** Actuarial value..... **2b** 33,556,603**3** Funding target/participant count breakdown**a** For retired participants and beneficiaries receiving payment..... (1) Number of participants 181 (2) Vested Funding Target 11,528,379 (3) Total Funding Target 11,528,379**b** For terminated vested participants..... 180 2,960,157 2,960,157**c** For active participants..... 478 12,649,143 13,255,626**d** Total..... 839 27,137,679 27,744,162**4** If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐**a** Funding target disregarding prescribed at-risk assumptions..... **4a****b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... **4b****5** Effective interest rate..... **5** 5.58%**6** Target normal cost..... **6** 583,325**Statement by Enrolled Actuary**

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

**SIGN
HERE**

Barron E. Weber

Signature of actuary

BARRON E. WEBER

Type or print name of actuary

MERCER

Firm name

4625 Lindell Boulevard
SUITE 200
ST. LOUIS MO 63108

Address of the firm

7/2/2021

Date

2006244

Most recent enrollment number

314-588-2500

Telephone number (including area code)

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2019
v. 190130

Part II Beginning of Year Carryover and Prefunding Balances

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	821,074	1,500,000
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8).....	821,074	1,500,000
10	Interest on line 9 using prior year's actual return of <u>11.12%</u>	91,303	166,800
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year).....		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.74%</u>		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
c	Total available at beginning of current plan year to add to prefunding balance.....		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	912,377	1,666,800

Part III Funding Percentages

Part III	Funding Percentages		
14	Funding target attainment percentage	14	111.65%
15	Adjusted funding target attainment percentage.....	15	120.95%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	116.52%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV	Contributions and Liquidity Shortfalls
----------------	---

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

[illegible]

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	583,325	
b Excess assets, if applicable, but not greater than line 31a	31b	583,325	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 62.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	7.0%	10,000	700.00	38,500
56	7.0%	9,300	651.00	36,456
57	7.0%	8,649	605.43	34,510
58	7.0%	8,044	563.05	32,657
59	7.0%	7,481	523.64	30,895
60	11.0%	6,957	765.26	45,915
61	11.0%	6,192	681.08	41,546
62	30.0%	5,511	1,653.16	102,496
63	21.0%	3,857	810.05	51,033
64	21.0%	3,047	639.94	40,956
65	30.0%	2,407	722.22	46,944
66	30.0%	1,685	505.55	33,366
67	30.0%	1,180	353.89	23,710
68	30.0%	826	247.72	16,845
69	30.0%	578	173.40	11,965
70	100.0%	405	404.61	28,323
Total			10,000.00	616,117
Average				61.61

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions****Appendix 1-Control Techniques**

Effective date and plan year	Original plan: 01/01/1975 Restated plan: 02/01/2017 Plan year: October 1 – September 30
Status of the plan	The plan is frozen effective 03/31/2019 and no new employees are eligible to participate in the plan.
Significant events that occurred during the year	Plan was frozen effective 03/31/2019.
Definitions	
• Covered employees	An employee classified as an employee of Control Techniques-Americas LLC and is paid on a salaried basis.
• Participation	Employees must be hired before 01/01/2016 and no further employees become participants after 10/01/2016.
• Vesting service	One year of service for each calendar year in which an individual completes at least 1,000 hours of service.
• Vesting eligibility	5 years of Vesting Service.
• Credited service	One year of service for each calendar year in which an individual completes at least 1,000 hours of service.
• Compensation	All cash pay received by an Employee.
• Final average compensation	The average of the highest five consecutive calendar years of Compensation.
• Average Social Security Wage Base	The average of the Social Security Wage Bases (SSWB) during the 35 calendar years ending with the calendar year and individual attains Social Security Retirement Age. In determining a participant's Average SSWB for any particular calendar year, it is assumed that the SSWB in effect at the beginning of such calendar year, respectively, will remain in effect for all future years.
Normal retirement	
• Eligibility	Later of age 65 or the fifth anniversary of participation.
• Benefit	Frozen benefit as of 09/30/16 for participants with less than 45 points on 10/01/16. For all other participants, benefit was frozen as of 04/01/2019. (A) minus (B): (A) The sum of (1) and (2) (1) Credited Service on or after 01/01/1980 (up to a maximum of 35 years) multiplied by the greater of (a) or (b): (a) 0.75% of Final Average Compensation up to the Average SSWB plus 1.25% of Final Average Compensation in excess of the Average SSWB (b) \$85. (2) 0.75% of Final Average Compensation multiplied by Credited Service in excess of 35 years. Emerson Plan Benefit at 01/31/2017.

Schedule SB, Part V — Summary of Plan Provisions

Early retirement	
• Eligibility	Age 55 with 10 years of service.
• Benefit	Normal Retirement Benefit, reduced by 4.0% per year.
Late retirement	
• Eligibility	Retirement after Normal Retirement Date.
• Benefit	Normal Retirement Benefit, including earnings and service to actual retirement.
Disability	
• Eligibility	Immediate: 15 years of service. Deferred: No service requirement.
• Benefit	Immediate: \$1,200 payable until Normal Retirement Date. Deferred: Normal Retirement Benefit payable at Normal Retirement Date.
Pre-retirement death	
• Eligibility	Regular: 5 years of Vesting Service. Alternative: Age 40 with 10 years of service. Special: Age 60 with 10 years of service.
• Benefit	Regular: 50% of Normal Retirement Benefit reduced for early commencement and for 50% joint and survivor option. Alternative: 40% of Normal Retirement Benefit payable for ten years or remarriage or death if earlier. Special: Early Retirement Benefit payable for one year.
Form of benefits	
• Automatic form for unmarried participants	5 Year Certain and Continuous.
• Automatic form for married participants	50% Joint and Survivor annuity.
• Optional forms	5 and 10 Year Certain and Continuous, 50%/66⅔%/75%/100% Joint and Survivor.
• Optional form conversion factors	UP-1984 Mortality Table, 6.5% interest rate.
Miscellaneous	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2019, the limit is \$225,000.

Appendix 2—Leroy-Somer-Lexington

Effective date and plan year	Original plan: 04/26/1999 Restated plan: 02/01/2017 Plan year: October 1 – September 30
Status of the plan	The plan is frozen effective 03/31/2019 and no new employees are eligible to participate in the plan.
Significant events that occurred during the year	Plan was frozen effective 03/31/2019.

Schedule SB, Part V — Summary of Plan Provisions

Definitions	
• Covered employees	An employee classified as Leroy-Somer Division of the Company at the Lexington, Tennessee location.
• Participation	Employees must be hired before 01/01/2016 and no further employees become participants after 10/01/2016.
• Vesting service	One year of service for each calendar year in which an individual completes at least 1,000 hours of service.
• Vesting eligibility	5 years of Vesting Service.
• Credited service	One year of service for each calendar year in which an individual completes at least 1,000 hours of service.
• Compensation	All cash pay received by an Employee.
• Final average compensation	The average of the highest five consecutive calendar years of Compensation.
Normal retirement	
• Eligibility	Age 65.
• Benefit	Frozen benefit as of 09/30/2016 for participants with less than 45 points on 10/01/2016. For all other participants, benefit was frozen as of 04/01/2019. (A) minus (B): (A) 1% times Final Average Compensation times Credited Service. (B) Emerson Plan Benefit at 01/31/2017.
Early retirement	
• Eligibility	Age 55 with 10 years of service.
• Benefit	Normal Retirement Benefit, reduced by 4.0% per year to age 60, then 5.0% per year.
Late retirement	
• Eligibility	Retirement after Normal Retirement Date.
• Benefit	Normal Retirement Benefit, including earnings and service to actual retirement.
Disability	
• Eligibility	Immediate: 15 years of service and eligible for Social Security. Deferred: No service requirement.
• Benefit	Immediate: \$1,200 payable until Normal Retirement Date. Deferred: Service accrual continues until Normal Retirement Date.
Pre-retirement death	
• Eligibility	Regular: 5 years of Vesting Service. Alternative: Age 40 with 10 years of service. Special: Age 60 with 10 years of service.
• Benefit	Regular: 50% of Normal Retirement Benefit reduced for early commencement and for 50% joint and survivor option. Alternative: 40% of Normal Retirement Benefit payable for ten years or remarriage or death if earlier. Special: Early Retirement Benefit payable for one year.

Schedule SB, Part V — Summary of Plan Provisions

Form of benefits	
• Automatic form for unmarried participants	5 Year Certain and Continuous.
• Automatic form for married participants	50% Joint and Survivor annuity.
• Optional forms	5 and 10 Year Certain and Continuous, 50%/66⅔%/75%/100% Joint and Survivor, Social Security Option.
• Optional form conversion factors	UP-1984 Mortality Table, 6.5% interest rate.
Miscellaneous	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2019, the limit is \$225,000.

Appendix 3-Kato NonUnion

Effective date and plan year	Original plan: 06/15/1999 Restated plan: 02/01/2017 Plan year: October 1 – September 30
Status of the plan	The plan is frozen effective 03/31/2019 and no new employees are eligible to participate in the plan.
Significant events that occurred during the year	Plan was frozen effective 3/31/2019.
Definitions	
• Covered employees	An employee classified as Leroy-Somer Alternators North America/Kato and is not excluded by application of the Collective Bargaining Exclusion.
• Participation	Employees must be hired before 01/01/2016 and no further employees become participants after 10/01/2016.
• Vesting service	One year of service for each calendar year in which an individual completes at least 1,000 hours of service.
• Vesting eligibility	5 years of Vesting Service.
• Credited service	One year of service for each calendar year in which an individual completes at least 1,000 hours of service.
• Compensation	All cash pay received by an Employee on or after 06/15/1999.
• Final average compensation	The average of the highest five consecutive calendar years of Compensation.
• Average Social Security Wage Base	The average of the Social Security Wage Bases (SSWB) during the 35 calendar years ending with the calendar year and individual attains Social Security Retirement Age. In determining a participant's Average SSWB for any particular calendar year, it is assumed that the SSWB in effect at the beginning of such calendar year, respectively, will remain in effect for all future years.
Normal retirement	
• Eligibility	Age 65.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	<p>Frozen benefit as of 09/30/2016 for participants with less than 45 points on 10/01/2016. For all other participants, benefit was frozen as of 04/01/2019.</p> <p>Greater of (A) and (B) minus (C) and (D):</p> <p>(A) .75% times Final Average Compensation not in excess of the Average SSWB times Credited Service (up to a maximum of 35 years)</p> <p>Plus</p> <p>1.25% times Final Average Compensation in excess of the Average SSWB</p> <p>Plus</p> <p>0.75% times Final Average Compensation times Credited Service in excess of 35 years</p> <p>(B) For participants prior to 06/15/1999, 1.5% times Final Average Compensation times Credited Service (up to a maximum of 16 years)</p> <p>Plus</p> <p>1% times Final Average Compensation times Credited Service (up to a maximum of 10 years) in excess of 16 years.</p> <p>(C) Accrued benefit as of 06/15/1999</p> <p>(D) Emerson Plan Benefit at 01/31/2017.</p>
Early retirement	
• Eligibility	Age 55 with 10 years of service.
• Benefit	Normal Retirement Benefit, reduced by 4.0% per year to age 60, then 5.0% per year.
Late retirement	
• Eligibility	Retirement after Normal Retirement Date.
• Benefit	Normal Retirement Benefit, including earnings and service to actual retirement.
Disability	
• Eligibility	<p>Immediate: 15 years of service and eligible for Social Security.</p> <p>Deferred: No service requirement.</p>
• Benefit	<p>Immediate: \$1,200 payable until Normal Retirement Date.</p> <p>Deferred: Service accrual continues until Normal Retirement Date.</p>
Pre-retirement death	
• Eligibility	<p>Regular: 5 years of Vesting Service.</p> <p>Alternative: Age 40 with 10 years of service.</p> <p>Special: Age 60 with 10 years of service.</p>
• Benefit	<p>Regular: 50% of Normal Retirement Benefit reduced for early commencement and for 50% joint and survivor option.</p> <p>Alternative: 40% of Normal Retirement Benefit payable for ten years or remarriage or death if earlier.</p> <p>Special: Early Retirement Benefit payable for one year.</p>

Schedule SB, Part V — Summary of Plan Provisions

Form of benefits	
• Automatic form for unmarried participants	5 Year Certain and Continuous.
• Automatic form for married participants	50% Joint and Survivor annuity.
• Optional forms	10 Year Certain and Continuous, 50%/66⅔%/75%/100% Joint and Survivor, Social Security Option.
• Optional form conversion factors	UP-1984 Mortality Table, 6.5% interest rate.
Miscellaneous	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2019, the limit is \$225,000.

Appendix 4-Kato Union

Effective date and plan year	Original plan: 04/08/1998 Restated plan: 02/01/2017 Plan year: October 1 – September 30
Status of the plan	The plan has ongoing benefit accruals and no new employees are eligible to participate in the plan effective September 29, 2019.
Significant events that occurred during the year	Plan was closed to new entrants effective September 29, 2019.
Definitions	
• Covered employees	An employee who is a member of the bargaining unit represented by International Brotherhood of Electrical Workers, AFL-CIO, Local 1999.
• Participation	First of the month following one year of Vesting Service. Effective September 29, 2019 plan is closed to new entrants.
• Vesting service	One year of service for each Employment Year in which an individual completes at least 1,000 hours of service.
• Vesting eligibility	5 years of Vesting Service.
• Credited service	One year of service for each calendar year in which an individual completes at least 1,600 hours of service. Partial year of service equal to hours of service divided by 1,600 in years where more than 1,000 hours and fewer than 1,600 hours are completed or in the year that employment commences or terminates and fewer than 1,600 hours are completed.
Normal retirement	
• Eligibility	Age 65.
• Benefit	(A) minus (B): (A) \$390 times Credited Service for terminations on or after 10/01/2011 and before 10/01/2012 \$396 times Credited Service for terminations on or after 10/01/2012 and before 10/01/2013 \$402 times Credited Service for terminations on or after 10/01/2013 and before 10/01/2014

Schedule SB, Part V — Summary of Plan Provisions

\$408 times Credited Service for terminations on or after 10/01/2014 and before 10/01/2015

\$414 times Credited Service for terminations on or after 10/01/2015 and before 10/01/2016

\$420 times Credited Service for terminations on or after 10/01/2016 and before 10/01/2017

\$426 times Credited Service for terminations on or after 10/01/2017 and before 10/01/2019

\$429 times Credited Service for terminations on or after 10/01/2019

(B) Reliance Benefit effective 04/07/1998.

Unreduced retirement

- Eligibility Age 62 with 10 years of service.
- Benefit Benefit is equal to the Normal Retirement Benefit. In the event the participant is receiving a benefit under the plan, but is not eligible to receive Reliance Plan Benefit, the entire benefit determined pursuant to sub section (A) will be paid by the plan without offset until such time as a participant is first eligible to commence the Reliance Plan Benefit, at which time the offset described in the section (B) will be applied.

Early retirement

- Eligibility Age 55 with 10 years of service.
- Benefit Normal Retirement Benefit, reduced actuarially for early payment. Early retirement factors are as follows –

Age	Percentage of benefit payable
55	0.491200
56	0.523600
57	0.557200
58	0.595600
59	0.636400
60	0.682000
61	0.733600
62	0.788800
63	0.852400
64	0.922000

Late retirement

- Eligibility Retirement after Normal Retirement Date.
- Benefit Normal Retirement Benefit including service to actual retirement.

Disability

- Eligibility 5 years of Vesting Service.
- Benefit Normal Retirement Benefit payable at Normal Retirement Date.

Schedule SB, Part V — Summary of Plan Provisions

Pre-retirement death	
• Eligibility	5 years of Vesting Service.
• Benefit	50% of Normal Retirement Benefit reduced for early commencement and for 50% joint and survivor option.
Form of benefits	
• Automatic form for unmarried participants	Life annuity.
• Automatic form for married participants	50% Joint and Survivor annuity.
• Optional forms	Life annuity, 50%/75% Joint and Survivor.
• Optional form conversion factors	UP-1984 Mortality Table, 6.5% interest rate.
Miscellaneous	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2019, the limit is \$225,000.

Appendix 5 – Corporate

Effective date and plan year	Original plan: 01/01/1975 Restated plan: 02/01/2017 Plan year: October 1 – September 30
Status of the plan	The plan is frozen effective 3/31/2019 and no new employees are eligible to participate in the plan.
Significant events that occurred during the year	Plan was frozen effective 03/31/2019.
Definitions	
• Covered employees	An employee classified as a Non-Union employee of the Corporate Division.
• Participation	Employees must be hired before 1/1/2016 and no further employees become participants after 10/1/2016.
• Vesting service	One year of service for each calendar year in which an individual completes at least 1,000 hours of service.
• Vesting eligibility	5 years of Vesting Service.
• Credited service	One year of service for each calendar year in which an individual completes at least 1,000 hours of service.
• Compensation	All cash pay received by an Employee.
• Final average compensation	The average of the highest five consecutive calendar years of Compensation.
• Average Social Security Wage Base	The average of the Social Security Wage Bases (SSWB) during the 35 calendar years ending with the calendar year and individual attains Social Security Retirement Age. In determining a participant's Average SSWB for any particular calendar year, it is assumed that the SSWB in effect at the beginning of such calendar year, respectively, will remain in effect for all future years.

Schedule SB, Part V — Summary of Plan Provisions**Normal retirement**

- Eligibility Age 65.
- Benefit Frozen benefit as of 09/30/16 for participants with less than 45 points on 10/01/16. For all other participants, benefit was frozen as of 04/01/2019.
(A) minus (B):
 - (A) The sum of (1) and (2)
 - (1) Credited Service (up to a maximum of 35 years) multiplied by the greater of (a) or (b):
 - (a) 1.0% of Final Average Compensation up to the Average SSWB plus 1.5% of Final Average Compensation in excess of the Average SSWB
 - (b) \$85.
 - (2) 1.0% of Final Average Compensation multiplied by Credited Service in excess of 35 years.
 - (B) Emerson Plan Benefit at 01/31/2017.

Early retirement

- Eligibility Age 55 with 10 years of service.
- Benefit Normal Retirement Benefit, reduced by 4.0% per year to age 60, then 5.0% per year.

Late retirement

- Eligibility Retirement after Normal Retirement Date.
- Benefit Normal Retirement Benefit, including earnings and service to actual retirement.

Disability

- Eligibility Immediate: 15 years of service.
Deferred: No service requirement.
- Benefit Immediate: \$1,200 payable until Normal Retirement Date.
Deferred: Service accrual continues until Normal Retirement Date.

Pre-retirement death

- Eligibility Regular: 5 years of Vesting Service.
Special: Age 60 with 10 years of service.
- Benefit Regular: 50% of Normal Retirement Benefit reduced for early commencement and for 50% joint and survivor option.
Special: Early Retirement Benefit payable for one year.

Form of benefits

- Automatic form for unmarried participants 5 Year Certain and Continuous.
- Automatic form for married participants 50% Joint and Survivor annuity.
- Optional forms 5 and 10 Year Certain and Continuous, 50%/66⅔%/75%/100% Joint and Survivor, Social Security Option.
- Optional form conversion factors UP-1984 Mortality Table, 6.5% interest rate.

Schedule SB, Part V — Summary of Plan Provisions**Miscellaneous**

- Maximum benefits Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2019, the limit is \$225,000.

Appendix 9-Emerson Motor Company

Effective date and plan year	Original plan: 01/01/1975 Restated plan: 02/01/2017 Plan year: October 1 – September 30
Status of the plan	The plan is frozen effective 03/31/2019 and no new employees are eligible to participate in the plan.
Significant events that occurred during the year	Plan was frozen effective 03/31/2019.
Definitions	
Covered employees	An employee classified as an employee of Emerson Motor Company.
Participation	Employees must be hired before 01/01/2016 and no further employees become participants after 10/01/2016.
Vesting service	One year of service for each calendar year in which an individual completes at least 1,000 hours of service.
Vesting eligibility	5 years of Vesting Service.
Credited service	One year of service for each calendar year in which an individual completes at least 1,000 hours of service.
Compensation	All cash pay received by an Employee.
Final average compensation	The average of the highest five consecutive calendar years of Compensation.
Average Social Security Wage Base	The average of the Social Security Wage Bases (SSWB) during the 35 calendar years ending with the calendar year and individual attains Social Security Retirement Age. In determining a participant's Average SSWB for any particular calendar year, it is assumed that the SSWB in effect at the beginning of such calendar year, respectively, will remain in effect for all future years.
Normal retirement	
Eligibility	Age 65.
Benefit	Frozen benefit as of 09/30/16 for participants with less than 45 points on 10/01/16. For all other participants, benefit was frozen as of 04/01/2019. (A) minus (B): (A) The sum of (1) and (2) (1) Credited Service (up to a maximum of 35 years) multiplied by the greater of (a) or (b): (a) 1.0% of Final Average Compensation up to the Average SSWB plus 1.5% of Final Average Compensation in excess of the Average SSWB (b) \$85. (2) 1.0% of Final Average Compensation multiplied by Credited Service in excess of 35 years.

Schedule SB, Part V — Summary of Plan Provisions

(B) Emerson Plan Benefit at 01/31/2017.

Early retirement

- Eligibility Age 55 with 10 years of service.
- Benefit Normal Retirement Benefit, reduced by 4.0% per year to age 60, then 5.0% per year.

Late retirement

- Eligibility Retirement after Normal Retirement Date.
- Benefit Normal Retirement Benefit, including earnings and service to actual retirement.

Disability

- Eligibility Immediate: 15 years of service.
Deferred: No service requirement.
- Benefit Immediate: \$1,200 payable until Normal Retirement Date.
Deferred: Service accrual continues until Normal Retirement Date.

Pre-retirement death

- Eligibility Regular: 5 years of Vesting Service.
Special: Age 60 with 10 years of service.
- Benefit Regular: 50% of Normal Retirement Benefit reduced for early commencement and for 50% joint and survivor option.
Special: Early Retirement Benefit payable for one year.

Form of benefits

- Automatic form for unmarried participants 5 Year Certain and Continuous.
- Automatic form for married participants 50% Joint and Survivor annuity.
- Optional forms 5 and 10 Year Certain and Continuous, 50%/66⅔%/75%/100% Joint and Survivor, Social Security Option.
- Optional form conversion factors UP-1984 Mortality Table, 6.5% interest rate.

Miscellaneous

- Maximum benefits Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2019, the limit is \$225,000.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated in its entirety effective February 1, 2017 are included in this valuation.

- **Most recent plan amendments included:** The First Amendment to the Nidec Retirement Plan, executed on March 29, 2019, is included because it was adopted by the valuation date and is effective by the end of the plan year.
- **Plan amendments excluded:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation.

Schedule SB, Part V — Summary of Plan Provisions

- **Late retirement increases:**

- *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation does not include increases for current participants over age 70½. There is only a small portion of the population for which this applies.
- *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.

- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.

- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

- **IRC Section 436 benefit restrictions:**

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

- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.

Plan provision changes since prior valuation

Maximum benefit amounts under IRS rules were updated from 2018 to 2019.

NIDEC RETIREMENT PLAN
EIN#27-3330722 Plan 003

Schedule of Assets (Held at End of Year)

Form 5500 - Schedule H - Line 4i

September 30, 2020

(See Independent Auditor's Report)

Identity of issue, Identity of Issue, Borrower		Description of Investment, Including Maturity Date, Rate of Interest,		Current	
a) b)	Lessor, or Similar Party	c) Collateral, and Par or Maturity Value d)	Cost	e)	Value
Mutual Funds:					
	Vanguard Long-Term Investment Grade Bond	Mutual Fund	\$ 20,834,249		\$ 21,703,002
	American Funds Europacific Growth R6	Mutual Fund	2,251,822		2,671,966
	Pimco Extended Duration Institution Fund	Mutual Fund	3,252,451		3,696,527
	Vanguard Total Stock Market Index Institutional Fund	Mutual Fund	5,671,190		6,935,130
	Total Mutual Funds:		32,009,712		35,006,625
Pooled Separate Accounts:					
*	Principal Real Estate Individual US Property	Pooled Separate Account	2,152,984		2,391,901
*	Principal Liquid Assets Separate Account	Pooled Separate Account	450,544		451,621
	Total Pooled Separate Accounts:		2,603,528		2,843,522
	Total Investments:		\$ 34,613,240		\$ 37,850,147

* Represents party-in-interest to the Plan.

Schedule SB, line 24 — Change in Actuarial Assumptions

Actuarial assumption changes since prior valuation

- Interest discounts and mortality rates were updated from 2018 to 2019 in accordance with PPA.
- The expense component of normal cost increased from \$140,000 to \$180,000 to reflect our expectations for the current plan year.