

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; 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: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 100px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>ESCO TECHNOLOGIES INC. RETIREMENT PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>101</u>
		1c	Effective date of plan <u>10/01/1990</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>ESCO TECHNOLOGIES INC.</u> <u>9900A CLAYTON ROAD</u> <u>ST. LOUIS, MO 63124</u>	2b	Employer Identification Number (EIN) <u>43-1554045</u>
		2c	Plan Sponsor's telephone number <u>314-213-7200</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.	07/14/2021	DEBORAH HANLON
	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.

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3a Plan administrator's name and address ☐ Same as Plan Sponsor ESCO TECHNOLOGIES INC. VICE PRESIDENT-HUMAN RESOURCES 9900A CLAYTON ROAD ST. LOUIS, MO 63124	3b Administrator's EIN 43-1554045 3c Administrator's telephone number 314-213-7200
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 1397
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) 250 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I 3H 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
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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) ☐ 0 **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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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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>ESCO TECHNOLOGIES INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>101</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ESCO TECHNOLOGIES INC.</u>	D Employer Identification Number (EIN) <u>43-1554045</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>86832517</u>
b Actuarial value	2b <u>85411275</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>766</u> <u>44441728</u> <u>44441728</u>
b For terminated vested participants.....	<u>386</u> <u>17126822</u> <u>17126822</u>
c For active participants	<u>250</u> <u>13981599</u> <u>14019172</u>
d Total.....	<u>1402</u> <u>75550149</u> <u>75587722</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>5.43</u> %
6 Target normal cost.....	6 <u>430000</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	
Signature of actuary	<u>05/23/2021</u>
<u>MARY ANNE DUTEMPLE</u>	Date
Type or print name of actuary	<u>20-06665</u>
<u>WILLIS TOWERS WATSON US LLC</u>	Most recent enrollment number
Firm name	<u>314-719-5900</u>
<u>101 S HANLEY ROAD</u> <u>SUITE 900</u> <u>ST. LOUIS, MO 63105-3437</u>	Telephone number (including area code)
Address of the firm	

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

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

Schedule SB (Form 5500) 2019
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	2200000
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	2200000
10 Interest on line 9 using prior year's actual return of <u>9.30</u> %	0	204600
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		9130497
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>5.60</u> %		511308
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		9641805
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2404600

Part III Funding Percentages

14 Funding target attainment percentage	14	109.81 %
15 Adjusted funding target attainment percentage	15	104.16 %
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	101.10 %
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
08/13/2020	14200000	0			
08/17/2020	955746	0			
Totals ►			18(b)	15155746	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	14476344

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**

3

22 Weighted average retirement age**22**

63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) **31a** 430000**b** Excess assets, if applicable, but not greater than line 31a **31b** 430000**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** 14476344**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 14476344**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 ESCO TECHNOLOGIES INC. RETIREMENT PLAN	B Three-digit plan number (PN) ►	101
C Plan sponsor's name as shown on line 2a of Form 5500 ESCO TECHNOLOGIES INC.	D Employer Identification Number (EIN) 43-1554045	

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
AON HEWITT INVESTMENT CONSULTING
27-2436452

(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)

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50 15 17	NONE	1040724	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON HEWITT INVESTMENT CONSULTING

27-2436452

(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?
17 27 19 28 21 50	NONE	135790	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

COMMERCE BANK

48-0962626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 25 59 33	NONE	110205	Yes ☒ No ☐	Yes ☐ No ☒	9732	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)

UHY LLP

20-0694403

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	13479	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
AON HEWITT INVESTMENT CONSULTING	19 21 28	0
(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.	
GLOBAL REAL ESTATE FUND 27-2436452	ORDINARY FUND LEVEL FEES BASED ON .34% EXPENSE RATIO	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AON HEWITT INVESTMENT CONSULTING	19 21 28	0
(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.	
U.S. LONG GOVERNMENT BOND INDX FUND 27-2436452	ORDINARY FUND LEVEL FEES BASED ON .05% EXPENSE RATIO	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AON HEWITT INVESTMENT CONSULTING	19 21 28	0
(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.	
NON U.S. EQUITY FUND 27-2436452	ORDINARY FUND LEVEL FEES BASED ON .48% EXPENSE RATIO	

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
AON HEWITT INVESTMENT CONSULTING	19 21 28	0

(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.
SMALL CAP EQUITY INDEX FUND 27-2436452	ORDINARY FUND LEVEL FEES BASED ON .04% EXPENSE RATIO

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AON HEWITT INVESTMENT CONSULTING	19 21 28	0

(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.
MULTI-ASSET CREDIT FUND 27-2436452	ORDINARY FUND LEVEL FEES BASED ON .43% EXPENSE RATIO

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AON HEWITT INVESTMENT CONSULTING	19 21 28	0

(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.
INTERMEDIATE CREDIT BOND FUND 27-2436452	ORDINARY FUND LEVEL FEES BASED ON .15% EXPENSE RATIO

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
AON HEWITT INVESTMENT CONSULTING	19 21 28	0
(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.	
LONG CREDIT BOND FUND 27-2436452	ORDINARY FUND LEVEL FEES BASED ON .15% EXPENSE RATIO	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AON HEWITT INVESTMENT CONSULTING	19 21 28	0
(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.	
GLOBAL EQUITY FUND 27-2436452	ORDINARY FUND LEVEL FEES BASED ON .43% EXPENSE RATIO	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AON HEWITT INVESTMENT CONSULTING	19 21 28	0
(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.	
MID DURATION LONG CREDIT BOND FUND 27-2436452	ORDINARY FUND LEVEL FEES BASED ON .19% EXPENSE RATIO	

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
AON HEWITT INVESTMENT CONSULTING	19 21 28	0

(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.
NON U.S. EQUITY INDEX FUND 27-2436452	ORDINARY FUND LEVEL FEES BASED ON .07% EXPENSE RATIO

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AON HEWITT INVESTMENT CONSULTING	19 21 28	0

(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.
LARGE CAP EQUITY INDEX FUND 27-2436452	ORDINARY FUND LEVEL FEES BASED ON .01% EXPENSE RATIO

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AON HEWITT INVESTMENT CONSULTING	19 21 28	0

(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.
U.S. INTERMEDIATE GOV BOND INDEX FD 27-2436452	ORDINARY FUND LEVEL FEES BASED ON .04% EXPENSE RATIO

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <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 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2019</div> 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>ESCO TECHNOLOGIES INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>101</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ESCO TECHNOLOGIES INC.</u>	D Employer Identification Number (EIN) <u>43-1554045</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: <u>GLOBAL REAL ESTATE FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON HEWITT INVESTMENT CONSULTING</u>		
c EIN-PN <u>27-2436452-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>U.S. LONG GOVERNMENT BOND INDX FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON HEWITT INVESTMENT CONSULTING</u>		
c EIN-PN <u>27-2436452-014</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NON U.S. EQUITY FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON HEWITT INVESTMENT CONSULTING</u>		
c EIN-PN <u>27-2436452-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL CAP EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON HEWITT INVESTMENT CONSULTING</u>		
c EIN-PN <u>27-2436452-009</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MULTI-ASSET CREDIT FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON HEWITT INVESTMENT CONSULTING</u>		
c EIN-PN <u>27-2436452-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERMEDIATE CREDIT BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON HEWITT INVESTMENT CONSULTING</u>		
c EIN-PN <u>27-2436452-008</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG CREDIT BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON HEWITT INVESTMENT CONSULTING</u>		
c EIN-PN <u>27-2436452-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>

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

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTING

c EIN-PN 27-2436452-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: MID DURATION LONG CREDIT BOND FUND

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTING

c EIN-PN 27-2436452-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: NON U.S. EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTING

c EIN-PN 27-2436452-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTING

c EIN-PN 27-2436452-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. INTERMEDIATE GOV BOND INDEX FD

b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTING

c EIN-PN 27-2436452-015	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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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)
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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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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 ESCO TECHNOLOGIES INC. RETIREMENT PLAN	B Three-digit plan number (PN) ►	101
C Plan sponsor's name as shown on line 2a of Form 5500 ESCO TECHNOLOGIES INC.	D Employer Identification Number (EIN) 43-1554045	

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)	10000000	0
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	1387	11
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	2132837	464657
(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)	75056488	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(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	87190712	464668

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	38224	8092
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	38224	8092

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	87152488	456576
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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)	15650000	
(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)		15650000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	35453	
(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)		35453
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(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)		5079972
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		20765425

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	36961145	
(2) To insurance carriers for the provision of benefits	2e(2)	69078739	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		106039884
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)	1166403	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	135790	
(4) Other	2i(4)	119260	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1421453
j Total expenses. Add all expense amounts in column (b) and enter total	2j		107461337

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-86695912
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: UHY LLP

(2) EIN: 20-0694403

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.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☒ Yes ☐ No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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 4286523. (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 ESCO TECHNOLOGIES INC. RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 101
C Plan sponsor's name as shown on line 2a of Form 5500 ESCO TECHNOLOGIES INC.		D Employer Identification Number (EIN) 43-1554045
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): 43-6334070		
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		3 403
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	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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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	<p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p>a Enter the percentage of plan assets held as: Stock: <u>28.3</u> % Investment-Grade Debt: <u>56.3</u> % High-Yield Debt: <u>8.0</u> % Real Estate: <u>4.6</u> % Other: <u>2.8</u> %</p> <p>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</p> <p>c What duration measure was used to calculate line 19(b)? ☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):</p>
20	<p>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.</p> <p>a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No</p> <p>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 _____</p>

**ESCO TECHNOLOGIES INC.
RETIREMENT PLAN**

**AUDITED FINANCIAL STATEMENTS
AND
SUPPLEMENTAL SCHEDULES**

**Period From October 1, 2020 to April 7, 2021
and Year Ended September 30, 2020**

ESCO TECHNOLOGIES INC. RETIREMENT PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
ESCO Technologies Inc. Retirement Plan

Report on the Financial Statements

We have audited the accompanying financial statements of the ESCO Technologies Inc. Retirement Plan (the Plan), which comprise the statements of net assets in liquidation as of April 7, 2021 and September 30, 2020, and the related statements of changes in net assets in liquidation for the period from October 1, 2020 to April 7, 2021, and for the year ended September 30, 2020, the statement of accumulated plan benefits as of September 30, 2019, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility for Financial Statements for the Period from October 1, 2020 to April 7, 2021

Our responsibility is to express an opinion on the financial statements for the period from October 1, 2020 to April 7, 2021 based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion on the financial statements for the period from October 1, 2020 to April 7, 2021.

Auditor's Responsibility for Financial Statements for the Year Ended September 30, 2020

Our responsibility is to express an opinion on the financial statements as of and for the year ended September 30, 2020 based on conducting the audit 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 on the financial statements as of and for the year ended September 30, 2020 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 on the Financial Statements for the Year Ended September 30, 2020

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Commerce Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator obtained certifications from the trustee as of and for the year ended September 30, 2020, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion on the Financial Statements for the Year Ended September 30, 2020

Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the Financial Statements for the year ended September 30, 2020 paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the financial statements.

Opinion on the Financial Statements for the Period from October 1, 2020 to April 7, 2021

In our opinion, the financial statements referred to in the first paragraph, of the ESCO Technologies Inc. Retirement Plan as of April 7, 2021, and for the period from October 1, 2020 to April 7, 2021, present fairly in all material respects, the net assets in liquidation as of April 7, 2021, and the changes in net assets in liquidation for the period from October 1, 2020 to April 7, 2021, in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter – Basis of Accounting

As described in Note 1 to the financial statements, on November 14, 2019, the Board of Directors approved a resolution to terminate the Plan effective February 29, 2020. Plan assets were fully distributed as of April 7, 2021. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting used to determine the amounts at which investments and the accumulated benefit information are stated, from the ongoing plan basis to the liquidation basis for periods after September 30, 2019. Our opinion is not modified with respect to that matter.

Other Matter – Supplemental Schedules

The supplemental Schedules of Assets (Held at End of Year) as of September 30, 2020 and Reportable Transactions for the year then ended, are required by the DOL'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 on the Financial Statement for the Year Ended September 30, 2020 paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content of the Year Ended September 30, 2020 Financial Statements in Compliance with DOL Rules and Regulations

The form and content of the information included in the year ended September 30, 2020 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, is presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "UHY LLP". The letters are stylized and cursive.

St. Louis, Missouri
July 12, 2021

ESCO TECHNOLOGIES INC. RETIREMENT PLAN

STATEMENTS OF NET ASSETS IN LIQUIDATION

	April 7, 2021	September 30, 2020
ASSETS		
Investments at fair value		
Cash equivalents	\$ -	\$ 464,657
Receivables		
Accrued interest receivable	-	11
Total assets	-	464,668
LIABILITIES		
Accrued expenses	-	8,092
NET ASSETS AVAILABLE FOR BENEFITS	\$ -	\$ 456,576

See notes to financial statements.

ESCO TECHNOLOGIES INC. RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS IN LIQUIDATION

	Period From October 1, 2020 to April 7, 2021	Year Ended September 30, 2020
INVESTMENT INCOME		
Net appreciation in fair value of investments	\$ -	\$ 5,079,972
Dividends	<u>56</u>	<u>35,453</u>
	56	5,115,425
COMPANY CONTRIBUTIONS	-	15,650,000
REFUND FROM INSURANCE COMPANY FOR ANNUITY CONTRACTS ON BEHALF OF PARTICIPANTS	<u>349,868</u>	<u>-</u>
Total additions	<u>349,924</u>	<u>20,765,425</u>
BENEFITS PAID TO PARTICIPANTS	15,290	36,961,145
PAYMENTS TO INSURANCE COMPANY FOR ANNUITY CONTRACTS ON BEHALF OF PARTICIPANTS	-	69,078,739
TRANSFER OUT TO PLAN SPONSOR	494,254	-
ADMINISTRATIVE EXPENSES	<u>296,956</u>	<u>1,421,453</u>
Total deductions	<u>806,500</u>	<u>107,461,337</u>
NET DECREASE	(456,576)	(86,695,912)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>456,576</u>	<u>87,152,488</u>
End of year	<u>\$ -</u>	<u>\$ 456,576</u>

See notes to financial statements.

ESCO TECHNOLOGIES INC. RETIREMENT PLAN
STATEMENT OF ACCUMULATED PLAN BENEFITS
September 30, 2019

ACTUARIAL PRESENT VALUE OF
ACCUMULATED PLAN BENEFITS

Vested benefits

Participants currently receiving benefits

\$ 53,615,678

Participants with deferred benefits

24,471,511

Active employees

19,622,922

Total vested benefits

97,710,111

Nonvested benefits

95,620

TOTAL ACTUARIAL PRESENT VALUE OF
ACCUMULATED PLAN BENEFITS

\$ 97,805,731

See notes to financial statements.

ESCO TECHNOLOGIES INC. RETIREMENT PLAN
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
Year Ended September 30, 2019

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, Beginning	<u>\$ 86,990,716</u>
CHANGE FROM	
Actuarial losses	696,877
Decrease in the discount period	3,518,953
Actual benefits paid	(4,438,442)
Changes in plan assumptions	<u>11,037,627</u>
NET INCREASE	<u>10,815,015</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS, Ending	<u><u>\$ 97,805,731</u></u>

See notes to financial statements.

ESCO TECHNOLOGIES INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

April 7, 2021 and September 30, 2020

NOTE 1 — DESCRIPTION OF PLAN

The following description of the ESCO Technologies Inc. Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan was adopted effective October 1, 1990 and is a defined benefit noncontributory pension plan. The Plan is sponsored by ESCO Technologies Inc. (the Company) covering certain employees at Doble Engineering Company; ETS-Lindgren Inc.; PTI Technologies Inc.; VACCO Industries; and employees at the corporate headquarters of the Company. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Commerce Bank, N.A. (Commerce) serves as the trustee of the Plan.

The Plan is administered by the Company's Human Resources and Compensation Committee (Committee). The Committee has overall responsibility for the operation and administration of the Plan. In addition, the Company's Audit and Finance Committee determines the appropriateness of the Plan's investment policy and monitors investment performance. The Human Resources and Compensation Committee and the Audit and Finance Committee report to the Company's Board of Directors.

On November 14, 2019, the Board of Directors elected to terminate the plan effective February 29, 2020. As of April 7, 2021, plan assets were fully distributed as lump-sum payments to participants or payments to insurance company for the purchase of an annuity contract on behalf of participants.

Funding Policy

The Company's funding policy is to contribute an amount equal to the minimum required contribution under ERISA. The Company may contribute more than the minimum. The required minimum contributions were \$-0- for the period from October 1, 2020 to April 7, 2021 and year ended September 30, 2020. The Company authorized contributions of \$-0- and \$15,650,000 for the period from October 1, 2020 to April 7, 2021 and year ended September 30, 2020, respectively.

Vesting

Effective November 14, 2019, all participants are 100% vested.

Retirement Benefits

The Plan was amended to freeze benefit accruals (for both pay and pension credited service) at December 31, 2008 for Doble Engineering Company and December 31, 2003 for all other participating subsidiaries.

Under terms of the Plan, participants are eligible for monthly benefit payments upon reaching the normal retirement age. Monthly benefit payments are determined by application of a benefit formula times the participant's years of pension credited service. The Plan contains provisions for early retirement, postponed retirement, death and automatic survivor benefits.

ESCO TECHNOLOGIES INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
April 7, 2021 and September 30, 2020

NOTE 1 — DESCRIPTION OF PLAN (Continued)

Retirement Benefits (Continued)

Terminated participants may elect, after attaining the age required by the Plan, with ten years of vesting service, to begin receiving the benefits provided under the terms of the Plan based on the participants' pension credited service. All active and terminated vested participants were offered a lump-sum distribution as part of the Plan liquidation.

Death and Disability Benefits

If a participant dies after becoming vested, the participant's surviving spouse shall be paid an annuity for the life of the surviving spouse equal to 50% of the participant's retirement commencing at the date the participant would have become eligible for retirement benefit had the participant lived.

Active employees who become totally disabled receive monthly disability benefits as described in the Plan document. Disability benefits are paid until normal retirement age at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age. The disability benefit was terminated prospectively effective November 14, 2019.

NOTE 2 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan as of April 7, 2021 and for the period from October 1, 2020 to April 7, 2021, and for the year ended and as of September 30, 2020, have been prepared on the liquidation basis of accounting. There were no material changes to the financial statements of the Plan as a result of the change to the liquidation basis of accounting from 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 requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

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

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the period.

ESCO TECHNOLOGIES INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
April 7, 2021 and September 30, 2020

NOTE 2 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Administrative expenses are generally paid directly from Plan assets. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets in liquidation.

Actuarial Present Value of Accumulated Plan Benefits

As a result of the Plan's termination, all benefits were settled in 2020 and 2021. Distributions include the monthly annuities prior to the settlement of the Plan as well as the distributions arising from the Plan termination, which include lump-sum payments for participants who elected a lump-sum distribution and the annuity payment purchases for participants who elected or were already enrolled for annuity payments. As a result, there was no actuarial valuation performed as of October 1, 2020.

Prior to the Plan's termination, the Plan elected to present its actuarially computed present value of accumulated plan benefits as of the beginning of the Plan year. Accumulated plan benefits were those future payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service, which employees have rendered to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants with vested rights or their beneficiaries, (b) beneficiaries of vested participants who have died, and (c) present employees or their beneficiaries based upon service rendered to the valuation date.

The actuarial present value of accumulated plan benefits was determined by the Plan's consulting actuaries and is that amount which results from applying actuarial assumptions 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, and withdrawal, or retirement) between the valuation date and the expected date of payment.

The computation of the actuarial present value of accumulated plan benefits was made as of October 1, 2019. Had the valuation been performed as of September 30, there would be no material differences.

The significant actuarial assumptions used in the valuation as of September 30, 2019 are as follows:

Mortality:	RP-2014 Table
Average Retirement Age:	63
Discount Rate	3.05%
Rate of Return on Assets:	5.75%
Salary Increase Rate:	Due to benefit freeze, the salary increase is no longer applicable

ESCO TECHNOLOGIES INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
April 7, 2021 and September 30, 2020

NOTE 2 — SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Actuarial Present Value of Accumulated Plan Benefits (Continued)

There were three key actuarial assumption changes from prior year in preparation of the September 30, 2019 valuation: the discount rate used to value the pension obligations decreased from 4.15% to 3.05%; the expected long-term return on plan assets was decreased from 6.00% to 5.75%, and the mortality table was updated to reflect one additional year of projected mortality improvement. These changes have been reflected in the statement of changes in accumulated plan benefits as “changes in plan assumptions” for the year ended September 30, 2019.

Subsequent Events

Subsequent events were evaluated through July 12, 2021, which is the date the financial statements were available to be issued.

NOTE 3 — FAIR VALUE MEASUREMENTS

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

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

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets and liabilities in active markets;
- quoted prices for identical or similar assets and liabilities in inactive markets;
- inputs other than quoted market 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 fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

ESCO TECHNOLOGIES INC. RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
April 7, 2021 and September 30, 2020

NOTE 3 — 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 April 7, 2021 and September 30, 2020.

Money Market Fund: valued based on available quoted market prices.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value are as follows:

	Investments at Fair Value as of April 7, 2021			
	Level 1	Level 2	Level 3	Total
Money Market Fund	\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>
	Investments at Fair Value as of September 30, 2020			
	Level 1	Level 2	Level 3	Total
Money Market Fund	\$ <u>464,657</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>464,657</u>

NOTE 4 — RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain fees incurred by the Plan for investment management services are included in net appreciation in fair value of investments. In addition AHGT and related entities (Aon), received direct payments from the Plan for investment management services of \$-0- and \$135,790 for the period October 1, 2020 to April 7, 2021 and the year ended September 30, 2020, respectively. Aon provides investment management services to the Plan and therefore, these transactions qualify as exempt party-in-interest transactions under ERISA.

NOTE 5 — TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company by letter dated September 27, 2016, that the Plan and the related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. The plan administrator believes that the Plan was operated in compliance with the applicable requirements of the IRC.

The Plan received a favorable determination letter dated April 29, 2020, relative to the resolution to terminate the Plan effective February 29, 2020.

NOTE 6 — CERTIFIED BY TRUSTEE

Information regarding investments held at September 30, 2020, and net appreciation in fair value of investments and dividends for the year then ended, disclosed in the accompanying financial statements and supplemental schedules, was obtained or derived from data provided to the plan administrator and certified to as complete and accurate by Commerce, the trustee of the Plan.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of October 1, 2019

Attained Age	Attained Years of Credited Service ¹									
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over
Under 25	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0
35-39	2	2	0	0	0	0	0	0	0	0
40-44	1	4	0	1	0	0	0	0	0	0
45-49	1	11	6	3	1	0	0	0	0	0
50-54	0	8	16	5	5	5	0	0	0	0
55-59	2	14	12	12	21	11	5	0	0	0
60-64	0	6	10	12	17	19	4	1	0	0
65-69	0	6	6	6	5	2	3	3	0	0
70 & over	0	0	1	1	0	0	0	0	0	0

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: ESCO Technologies Inc. Retirement Plan

EIN / PN: 43-1554045/101

Plan Sponsor: ESCO Technologies Inc.

Valuation Date: October 1, 2019

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Assumptions and methods for contribution purposes

Actuarial Assumptions and Methods — Contributions

Economic Assumptions

Interest rate basis

- Applicable month July 2019
- Interest rate basis Segment Rates from Fourth Month Preceding Valuation Date

Interest rates Reflecting Stabilization

- First segment rate 3.74%
- Second segment rate 5.35%
- Third segment rate 6.11%
- Effective interest rate 5.43%

Annual rates of increase N/A

Plan-related expenses \$430,000

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Plan Name: ESCO Technologies Inc. Retirement Plan
EIN / PN: 43-1554045/101
Plan Sponsor: ESCO Technologies Inc.
Valuation Date: October 1, 2019

SCHEDULE SB ATTACHMENTS

Mortality:

■ Healthy

Single blended table of rates for non-annuitants based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2017 and annuitants based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2017.

■ Disabled

Single blended table of rates for non-annuitants based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2017 and annuitants based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2017.

Termination

Rates varying by age

Representative Termination Rates

Percentage leaving during the year	
Attained Age	Rates
25	9.66%
40	6.44%
55	1.17%

Disability

The rates at which participants become disabled by age and gender are shown below:

Percentage becoming disabled during the year		
Age	Males	Females
25	0.068%	0.082%
40	0.141%	0.238%
55	0.928%	0.718%

Plan Name: ESCO Technologies Inc. Retirement Plan
EIN / PN: 43-1554045/101
Plan Sponsor: ESCO Technologies Inc.
Valuation Date: October 1, 2019

SCHEDULE SB ATTACHMENTS

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year	
Age	Rates
55-61	2%
62	15%
63-64	10%
65	100%

Benefit commencement date	Upon retirement or at age 65 if employment terminates prior to eligibility for retirement.
Form of payment	5-year Certain and Life Annuity (Life annuity for PTI and Doble participants)
Percent married	80% of participants. Used to value pre-retirement surviving spouse benefits.
Spouse age	Wife three years younger than husband.
At-risk assumptions	For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Plan Name: ESCO Technologies Inc. Retirement Plan
EIN / PN: 43-1554045/101
Plan Sponsor: ESCO Technologies Inc.
Valuation Date: October 1, 2019

SCHEDULE SB ATTACHMENTS

Actuarial value of assets Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.00% (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including contributions receivable (discounted using the effective interest rate for the prior plan year).

Benefits not valued All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with ESCO Technologies Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

The plan pays small benefits (with a present value up to \$5,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.

The mortality table used to calculate the funding target and target normal cost was updated to reflect the new tables, based on RP-2014 and subsequently Society of Actuaries studies, published by IRS in October 2017 in regulation §1.430(h)(3)-1.

The assumed plan-related expenses added to the target normal cost were changed from \$775,000 for the prior valuation to \$430,000 for the current valuation to account for expected expenses to be paid from the trust prior to the Date of Plan Termination of February 29, 2020.

There have been no changes in methods since the prior valuation.

Plan Name: ESCO Technologies Inc. Retirement Plan
EIN / PN: 43-1554045/101
Plan Sponsor: ESCO Technologies Inc.
Valuation Date: October 1, 2019

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor furnished participant data as of October 1, 2019. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions for Contributions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

Assumptions Rationale – Significant Demographic Assumptions

Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by termination patterns different than assumed.
Retirement	Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Part V – Statement of Actuarial Assumptions and Methods, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Plan Name: ESCO Technologies Inc. Retirement Plan
EIN / PN: 43-1554045/101
Plan Sponsor: ESCO Technologies Inc.
Valuation Date: October 1, 2019

ESCO TECHNOLOGIES INC. RETIREMENT PLAN
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year ended September 30, 2020

{a} Identity of Party Involved	{b} Description of Asset	{c} Purchase Price	{d} Selling Price	{e} Value of Purchases	{f} Cost of Sales	{g} Net Gain or {Loss}
Series of transactions in excess of 5% of Plan assets:						
Financial Square	TR Government Institutional Class	\$105,959,464	\$ -	\$105,959,464	\$ -	\$ -
		\$ -	\$107,627,644	\$ -	\$107,627,644	\$ -
Aon Hewitt Group Trust (AHGT)	Non-US Equity Index Fund	\$ -	\$ 5,097,663	\$ -	\$ 4,697,050	\$ 400,613
Aon Hewitt Group Trust (AHGT)	Global Equity Fund	\$ -	\$ 4,828,626	\$ -	\$ 2,958,241	\$ 1,870,385
Aon Hewitt Group Trust (AHGT)	Mid Duration Long Credit Fund	\$ -	\$ 5,016,565	\$ -	\$ 4,538,926	\$ 477,639
Aon Hewitt Group Trust (AHGT)	US Large Government Bond	\$ 250,000	\$ -	\$ 250,000	\$ -	\$ -
		\$ -	\$ 21,689,248	\$ -	\$ 16,180,476	\$ 5,508,772
Aon Hewitt Group Trust (AHGT)	SSGA International US Government Bond	\$ 550,000	\$ -	\$ 550,000	\$ -	\$ -
		\$ -	\$ 3,712,490	\$ -	\$ 3,481,381	\$ 231,109
Aon Hewitt Group Trust (AHGT)	High Yield Bond Fund	\$ -	\$ 6,353,946	\$ -	\$ 4,742,349	\$ 1,611,597
Aon Hewitt Group Trust (AHGT)	Large Cap Equity Index Fund	\$ -	\$ 6,296,979	\$ -	\$ 4,294,635	\$ 2,002,344
Aon Hewitt Group Trust (AHGT)	Long Credit Bond Fund	\$ 32,450,000	\$ -	\$ 32,450,000	\$ -	\$ -
		\$ -	\$ 51,262,394	\$ -	\$ 45,479,682	\$ 5,782,712
Aon Hewitt Group Trust (AHGT)	Intermediate Credit Bond Fund	\$ 2,020,000	\$ -	\$ 2,020,000	\$ -	\$ -
		\$ -	\$ 3,800,000	\$ -	\$ 3,399,241	\$ 400,759

ESCO Technologies Inc.
 EIN: 43-1554045
 ESCO Technologies Inc. Retirement Plan
 Plan Number: 101
 Required information for line 4j of Form 5500 - Schedule H, Part IV

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.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection																				
For calendar plan year 2019 or fiscal plan year beginning <u>10/01/2019</u> and ending <u>09/30/2020</u>																						
▶ 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 ESCO Technologies Inc. Retirement Plan		B Three-digit plan number (PN) ▶ <u>101</u>																				
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ESCO Technologies Inc.		D Employer Identification Number (EIN) 43-1554045																				
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: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">a Market value.....</td> <td style="width: 10%; text-align: center;">2a</td> <td style="width: 20%; text-align: right;">86,832,517</td> </tr> <tr> <td>b Actuarial value.....</td> <td style="text-align: center;">2b</td> <td style="text-align: right;">85,411,275</td> </tr> </table>			a Market value.....	2a	86,832,517	b Actuarial value.....	2b	85,411,275														
a Market value.....	2a	86,832,517																				
b Actuarial value.....	2b	85,411,275																				
3 Funding target/participant count breakdown <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;"></th> <th style="width: 15%; text-align: center;">(1) Number of participants</th> <th style="width: 15%; text-align: center;">(2) Vested Funding Target</th> <th style="width: 20%; text-align: center;">(3) Total Funding Target</th> </tr> <tr> <td>a For retired participants and beneficiaries receiving payment.....</td> <td style="text-align: center;">766</td> <td style="text-align: right;">44,441,728</td> <td style="text-align: right;">44,441,728</td> </tr> <tr> <td>b For terminated vested participants.....</td> <td style="text-align: center;">386</td> <td style="text-align: right;">17,126,822</td> <td style="text-align: right;">17,126,822</td> </tr> <tr> <td>c For active participants.....</td> <td style="text-align: center;">250</td> <td style="text-align: right;">13,981,599</td> <td style="text-align: right;">14,019,172</td> </tr> <tr> <td>d Total.....</td> <td style="text-align: center;">1,402</td> <td style="text-align: right;">75,550,149</td> <td style="text-align: right;">75,587,722</td> </tr> </table>				(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	a For retired participants and beneficiaries receiving payment.....	766	44,441,728	44,441,728	b For terminated vested participants.....	386	17,126,822	17,126,822	c For active participants.....	250	13,981,599	14,019,172	d Total.....	1,402	75,550,149	75,587,722
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target																			
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c For active participants.....	250	13,981,599	14,019,172																			
d Total.....	1,402	75,550,149	75,587,722																			
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐ <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">a Funding target disregarding prescribed at-risk assumptions.....</td> <td style="width: 10%; text-align: center;">4a</td> <td style="width: 20%;"></td> </tr> <tr> <td>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.....</td> <td style="text-align: center;">4b</td> <td></td> </tr> </table>			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															
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 5.43%																						
6 Target normal cost..... 6 430,000																						
Statement by Enrolled Actuary <small>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.</small>																						
SIGN HERE	Mary Anne Dutemple <i>MAD</i> Signature of actuary	05/23/2021 Date																				
Mary Anne Dutemple Type or print name of actuary		2006665 Most recent enrollment number																				
Willis Towers Watson US LLC Firm name		314-719-5900 Telephone number (including area code)																				
101 S Hanley Road Suite 900 St. Louis MO 63105-3437 Address of the firm																						
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐																						

Part 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 3
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	430,000										
b Excess assets, if applicable, but not greater than line 31a	31b	430,000										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	0	0	b Waiver amortization installment	0	0
	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									
35 Balances elected for use to offset funding requirement		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	14,476,344										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	14,476,344										
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 ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	ESCO Technologies Inc.
EIN/PN	43-1554045/101
Plan Name	ESCO Technologies Inc. Retirement Plan
Valuation Date	October 1, 2019
Enrolled Actuary	Mary Anne Dutemple
Enrollment Number	20-06665

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 15

Reconciliation of differences between valuation results and amounts used to calculate AFTAP as of October 1, 2019

The AFTAP reported on line 15 is the AFTAP that was in effect on the Date of Plan Termination of February 29, 2020, which is the presumed AFTAP based on the certified AFTAP for the plan year beginning October 1, 2018.

Plan Name: ESCO Technologies Inc. Retirement Plan
EIN / PN: 43-1554045/101
Plan Sponsor: ESCO Technologies Inc.
Valuation Date: October 1, 2019

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of October 1, 2019

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

Age	Retirement Rate	Assumed Number Eligible	Assumed Number Retiring	Age * Number Retiring
55	2%	1,000.0	20.0	1,100.0
56	2%	980.0	19.6	1,097.6
57	2%	960.4	19.2	1,094.9
58	2%	941.2	18.8	1,091.8
59	2%	922.4	18.4	1,088.4
60	2%	903.9	18.1	1,084.7
61	2%	885.8	17.7	1,080.7
62	15%	868.1	130.2	8,073.6
63	10%	737.9	73.8	4,648.8
64	10%	664.1	66.4	4,250.3
65	100%	597.7	597.7	38,850.8
			1,000.0	63,461.6
				/ 1,000
			Weighted Average Retirement Age	63

Plan Name: ESCO Technologies Inc. Retirement Plan
EIN / PN: 43-1554045/101
Plan Sponsor: ESCO Technologies Inc.
Valuation Date: October 1, 2019

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

ESCO Retirement Plan (Excluding PTI Hourly, PTI Salaried, Vacco and Doble)

Plan Provisions

The most recent amendment reflected in the following plan provisions became effective February 10, 2016.

Covered employees	Non-union employees.
Participation date	April 1 or October 1 following one year of Vesting Service. No new participants after December 31, 2003.

Definitions

Vesting service	One year for each 1,000-hour calendar year of employment.
Pension service	One year for each 1,000-hour calendar year of employment. For employees of the following locations, include pension service earned on or after the specified date.

Location	Pension Service Date
ETS	January 1, 1996
PTA	January 1, 2000

Pensionable pay	All cash pay received including severance pay. Excludes any payments deferred for more than one year, severance pay that constitutes a parachute payment, any reimbursed item, any payment under a stock option plan or performance share plan, and any payment for a stock appreciation right. Includes amounts contributed through salary reduction to a 401(k) or cafeteria plan but excludes any other employer contributions to or benefits from a qualified plan.
Average earnings	The average of the highest five consecutive calendar years of pensionable pay.
Covered compensation	The average of the maximum wages upon which Social Security taxes were based during the 35 calendar years ending with the calendar year in which the participant's termination date falls, or, if earlier, the calendar year ending December 31, 2003.

Plan Name:	ESCO Technologies Inc. Retirement Plan
EIN / PN:	43-1554045/101
Plan Sponsor:	ESCO Technologies Inc.
Valuation Date:	October 1, 2019

SCHEDULE SB ATTACHMENTS

Normal retirement date (NRD) First of month coinciding with or next following the attainment of age 65.

Pension benefit The sum of (A) and (B) less (C):

(A) For pension service limited to 35 years, the sum of (1), (2), and (3) where:

(1) .85%/1.00% of average earnings (breakpoint \$16,000) times pension service prior to 1/1/1975. Minimum of \$85 for each year.

(2) 1.40%/2.00% of average earnings (breakpoint \$16,000) times contributory pension service prior to 1/1/1975.

(3) 1.00%/1.50% of average earnings (breakpoint covered compensation) times pension service after 1/1/1975. Minimum of \$85 for each year.

(B) 1.00% of average earnings times pension service in excess of 35 years.

(C) Emerson benefit as of 10/1/1990.

Eligibility for Benefits

Normal retirement	Pension benefit determined as of NRD.
Early retirement	Retire before NRD and on or after both attaining age 55 and completing 10 years of vesting service.
Postponed retirement	Retirement after NRD.
Deferred vested	Termination for reasons other than death or retirement after completing five years of vesting service.
Disability	Become disabled while employed and are eligible to receive disability benefits under the Social Security Act.
Preretirement spouse benefits	Die while eligible for deferred vested, early, normal, or postponed retirement benefits, with a surviving spouse.
Preretirement non-spouse benefits	Die on or after both attaining age 60 and completing 10 years of vesting service. Must be actively employed at the time of death.
In-service benefit	A participant who remains employed until NRD may elect to receive a monthly in-service benefit commencing as of NRD.

Plan Name: ESCO Technologies Inc. Retirement Plan
EIN / PN: 43-1554045/101
Plan Sponsor: ESCO Technologies Inc.
Valuation Date: October 1, 2019

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD.
Early retirement	Pension benefit determined as of ERD, with an early retirement reduction of 1/3 of 1% for each full month between the participant's ERD and NRD after the participant attains age 60, and a reduction of 5/12 of 1% for each full month by which the participant's ERD precedes age 60.
Postponed retirement	Pension benefit determined as of actual retirement date.
Termination with deferred vested benefit	Pension determined as of termination date, payable as of NRD.
Disability:	
■ Immediate	If eligible for Social Security and attained 15 years of pension credited service, \$100 payable monthly until NRD.
■ Deferred	If eligible for Social Security, pension benefit payable at NRD.
Preretirement spouse benefits:	
■ After ERD	50% of early retirement benefit, reduced for the 50% J&S election, payable for life of spouse.
■ After attainment of both age 40 and 10 years of vesting service and before ERD	40% of pension benefit payable until earliest of 10 years, remarriage or death.
■ After vested and before attainment of both age 40 and 10 years of vesting service	50% of the earliest early retirement benefit, reduced for the 50% J&S election, deferred to ERD, payable for life of spouse.
■ Preretirement non-spouse benefits	The early retirement benefit payable for one year.
■ In-Service benefit	Pension benefit calculated as a normal retirement or postponed retirement benefit.

Plan Name: ESCO Technologies Inc. Retirement Plan
EIN / PN: 43-1554045/101
Plan Sponsor: ESCO Technologies Inc.
Valuation Date: October 1, 2019

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment

The normal form of payment is for life or 60 months, whichever period is longer. Optional forms of a certain-and-life annuity (120 months) and a joint-and-survivor annuity (50%, 75%, or 100%) are available. Preretirement spouse benefits are payable only as described above.

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes

A resolution was adopted by the plan sponsor to terminate the plan with a Date of Plan Termination of February 29, 2020.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: ESCO Technologies Inc. Retirement Plan
EIN / PN: 43-1554045/101
Plan Sponsor: ESCO Technologies Inc.
Valuation Date: October 1, 2019

SCHEDULE SB ATTACHMENTS

ESCO Retirement Plan (PTI Salaried Only)

Plan Provisions

Effective date	Most recent amendment effective February 10, 2016.
Covered employees	Non-union employees.
Participation date	Date that employee completes one year of service. No new participants after December 31, 2003.

Definitions

Vesting service	Years and completed months of employment.
Pension service	Years and completed months of employment earned on or after March 1, 1984 (on or after January 1, 1967 for employees who transferred from HR Textron after its acquisition of PTI).
Pensionable pay	All cash pay received, excluding: Any payments deferred for more than one year, severance pay, awards and prizes, any reimbursed item, payments of vacation or holiday pay in lieu of time off, any payment under a stock option plan or performance share plan, and any payment for a stock appreciation right. Includes amounts contributed through salary reduction to a 401(k) or cafeteria plan but excludes any other employer contributions to or benefits from a qualified plan.
Average earnings	The average of the highest five consecutive calendar years of pensionable pay.
Covered compensation	The average of the maximum wages upon which Social Security taxes were based during the 35 calendar years ending with the calendar year in which the participant's termination date falls, or, if earlier, the calendar year ending December 31, 2003.
Normal retirement date (NRD)	First of month coinciding with or next following age 65.
Pension benefit	For pension service limited to 35 years, 1.00%/1.50% of average earnings (breakpoint 82.5% of covered compensation) times pension service. The pension benefit is frozen as of December 31, 2003.

Plan Name: ESCO Technologies Inc. Retirement Plan
EIN / PN: 43-1554045/101
Plan Sponsor: ESCO Technologies Inc.
Valuation Date: October 1, 2019

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Pension benefit determined as of NRD.
Early retirement	Retire before NRD and on or after both attaining age 55 and completing 10 years of vesting service.
Postponed retirement	Retirement after NRD.
Deferred vested	Termination for reasons other than death or retirement after completing five years of vesting service.
Preretirement spouse benefits	Die while eligible for deferred vested, early, normal, or postponed retirement benefits, with a surviving spouse.
Preretirement non-spouse benefits	Die while eligible for early, normal, or postponed retirement benefits with a selected annuitant.
In-service benefit	A participant who remains employed until NRD may elect to receive a monthly in-service benefit commencing as of NRD.

Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD.
Early retirement	Pension benefit determined as of ERD, with an early retirement reduction of 1/3 of 1% for each full month between the participant's ERD and NRD after the participant attains age 60, and a reduction of 5/12 of 1% for each full month by which the participant's ERD precedes age 60.
Postponed retirement	Pension benefit determined as of actual retirement date.
Termination with deferred vested benefit	Pension determined as of termination date, payable as of NRD.
Preretirement spouse benefits:	
■ After ERD	50% of early retirement benefit, reduced for the 50% J&S election, payable for life of spouse.

Plan Name: ESCO Technologies Inc. Retirement Plan
EIN / PN: 43-1554045/101
Plan Sponsor: ESCO Technologies Inc.
Valuation Date: October 1, 2019

SCHEDULE SB ATTACHMENTS

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|-------------------------------------|--|
| ■ After vested | 50% of the earliest early retirement benefit, reduced for the 50% J&S election, deferred to ERD, payable for life of spouse. |
| ■ Preretirement non-spouse benefits | 50% of earliest retirement benefit, reduced for the 50% J&S election, deferred to ERD, payable for life of annuitant. |
| ■ In-Service benefit | Pension benefit calculated as a normal retirement or postponed retirement benefit. |

Other Plan Provisions

- | | |
|------------------------------------|---|
| Forms of payment | The normal form of payment is for life. Optional forms of a joint-and-survivor annuity (50%, 75%, or 100%) are available. Preretirement spouse benefits are payable only as described above. |
| Maximum on benefits and pay | All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. |

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name:	ESCO Technologies Inc. Retirement Plan
EIN / PN:	43-1554045/101
Plan Sponsor:	ESCO Technologies Inc.
Valuation Date:	October 1, 2019

SCHEDULE SB ATTACHMENTS

ESCO Retirement Plan (Vacco Only)

Plan Provisions

Effective date	Most recent amendment effective February 10, 2016.
Covered employees	All employees.
Participation date	April 1 or October 1 following one year of Vesting Service. No new participants after December 31, 2003.

Definitions

Vesting service	One year for each 1,000-hour calendar year of employment.
Pension service	One year for each 1,000-hour calendar year of employment after October 1, 1978.
Pensionable pay	All cash pay received including severance pay. Excludes any payments deferred for more than one year, severance pay that constitutes a parachute payment, any reimbursed item, any payment under a stock option plan or performance share plan, and any payment for a stock appreciation right. Includes amounts contributed through salary reduction to a 401(k) or cafeteria plan but excludes any other employer contributions to or benefits from a qualified plan.
Average earnings	The average of the highest five consecutive calendar years of pensionable pay.
Covered compensation	The average of the maximum wages upon which Social Security taxes were based during the 35 calendar years ending with the calendar year in which the participant reaches his Social Security Retirement date, or, if earlier, the calendar year ending December 31, 2003.
Normal retirement date (NRD)	First of month coinciding with or next following age 65.

Plan Name: ESCO Technologies Inc. Retirement Plan
EIN / PN: 43-1554045/101
Plan Sponsor: ESCO Technologies Inc.
Valuation Date: October 1, 2019

SCHEDULE SB ATTACHMENTS

Pension benefit	The sum of (A) and (B):
(A)	For pension service limited to 35 years: .70%/1.20% of average earnings (breakpoint covered compensation) times pension service after 10/1/1978)
(B)	.70% of average earnings time pension service in excess of 35 years.

Eligibility for Benefits

Normal retirement	Pension benefit determined as of NRD.
Early retirement	Retire before NRD and on or after both attaining age 55 and completing 10 years of vesting service.
Postponed retirement	Retirement after NRD.
Deferred vested	Termination for reasons other than death or retirement after completing five years of vesting service.
Disability	Become disabled while employed and are eligible to receive disability benefits under the Social Security Act.
Preretirement spouse benefits	Die while eligible for deferred vested, early, normal, or postponed retirement benefits, with a surviving spouse.
Preretirement non-spouse benefits	Die on or after both attaining age 60 and completing 10 years of vesting service. Must be actively employed at the time of death.
In-service benefit	A participant who remains employed until NRD may elect to receive a monthly in-service benefit commencing as of NRD.

Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD.
Early retirement	Pension benefit determined as of ERD, with an early retirement reduction of 1/3 of 1% for each full month between the participant's ERD and NRD after the participant attains age 60, and a reduction of 5/12 of 1% for each full month by which the participant's ERD precedes age 60.
Postponed retirement	Pension benefit determined as of actual retirement date.

Plan Name: ESCO Technologies Inc. Retirement Plan
EIN / PN: 43-1554045/101
Plan Sponsor: ESCO Technologies Inc.
Valuation Date: October 1, 2019

SCHEDULE SB ATTACHMENTS

Termination deferred with vested benefit Pension determined as of termination date, payable as of NRD.

Disability:

- Immediate If eligible for Social Security and attained 15 years of pension credited service, \$100 payable monthly until NRD.
- Deferred If eligible for Social Security, pension benefit payable at NRD.

Preretirement spouse benefits:

- After ERD 50% of early retirement benefit, reduced for the 50% J&S election, payable for life of spouse.
- After attainment of both age 40 and 10 years of vesting service and before ERD 40% of pension benefit payable until earliest of 10 years, remarriage or death.
- After vested and before attainment of both age 40 and 10 years of vesting service 50% of the earliest early retirement benefit, reduced for the 50% J&S election, deferred to ERD, payable for life of spouse.
- Preretirement non-spouse benefit The early retirement benefit payable for one year.
- In-Service benefit Pension benefit calculated as a normal retirement or postponed retirement benefit.

Other Plan Provisions

Forms of payment The normal form of payment is for life or 60 months, whichever period is longer. Optional forms of a certain-and-life annuity (120 months), a life annuity, and a joint-and-survivor annuity (50%, 75%, or 100%) are available. Preretirement spouse benefits are payable only as described above.

Plan Name: ESCO Technologies Inc. Retirement Plan
EIN / PN: 43-1554045/101
Plan Sponsor: ESCO Technologies Inc.
Valuation Date: October 1, 2019

SCHEDULE SB ATTACHMENTS

**Maximum on benefits
and pay**

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: ESCO Technologies Inc. Retirement Plan
EIN / PN: 43-1554045/101
Plan Sponsor: ESCO Technologies Inc.
Valuation Date: October 1, 2019

SCHEDULE SB ATTACHMENTS

ESCO Retirement Plan (PTI Hourly)

Plan Provisions

Effective date	Most recent amendment effective February 10, 2016.
Covered employees	Non-union hourly employees.
Participation date	Date of employment. No new participants after December 31, 2003.

Definitions

Vesting service	One year for each 1,000-hour calendar year of employment.
Pension service	For each calendar year after 12/31/1981, one-tenth of a year for each 180 hours of service credited during such year (up to a maximum of one year for any calendar year). Prior to 1/1/1982, pension service equals vesting service. For employees of the PTA location: include pension service earned on or after January 1, 2000.
Pensionable pay	Not applicable.
Normal retirement date (NRD)	First of month coinciding with or next following the age 65.
Pension benefit	\$240 times Pension Service, frozen as of December 31, 2003.

Eligibility for Benefits

Normal retirement	Pension benefit determined as of NRD.
Early retirement	Retire before NRD and on or after both attaining age 55 and completing 10 years of vesting service.
Postponed retirement	Retirement after NRD.
Deferred vested	Termination for reasons other than death or retirement after completing five years of vesting service.
Disability	Become disabled while employed, after 10 years of pension service, and are eligible to receive disability benefits under the Social Security Act.

Plan Name: ESCO Technologies Inc. Retirement Plan
EIN / PN: 43-1554045/101
Plan Sponsor: ESCO Technologies Inc.
Valuation Date: October 1, 2019

SCHEDULE SB ATTACHMENTS

Preretirement spouse benefits	Die while eligible for deferred vested, early, normal, or postponed retirement benefits, with a surviving spouse.
In-service benefit	A participant who remains employed until NRD may elect to receive a monthly in-service benefit commencing as of NRD.

Benefits Paid Upon the Following Events

Normal retirement	Pension benefit determined as of NRD.
Early retirement	Pension benefit determined as of ERD, with an early retirement reduction of 1/3 of 1% for each full month between the participant's ERD and NRD after the participant attains age 60, and a reduction of 5/12 of 1% for each full month by which the participant's ERD precedes age 60.
Postponed retirement	Pension benefit determined as of actual retirement date.
Termination with deferred vested benefit	Pension determined as of termination date, payable as of NRD.
Disability	Pension benefit determined as of date of disability, payable 6 months after eligible for Social Security benefits.
Preretirement spouse benefits:	
■ After ERD	50% of early retirement benefit, reduced for the 50% J&S election, payable for life of spouse.
■ After vested	50% of the earliest early retirement benefit, reduced for the 50% J&S election, deferred to ERD, payable for life of spouse.
■ In-Service benefit	Pension benefit calculated as a normal retirement or postponed retirement benefit.

Plan Name: ESCO Technologies Inc. Retirement Plan
EIN / PN: 43-1554045/101
Plan Sponsor: ESCO Technologies Inc.
Valuation Date: October 1, 2019

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	The normal form of payment is for life. Optional forms of a certain-and-life annuity (60 months or 120 months) and a joint-and-survivor annuity (25%, 50%, 75%, or 100%) are available. Preretirement spouse benefits are payable only as described above.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: ESCO Technologies Inc. Retirement Plan
EIN / PN: 43-1554045/101
Plan Sponsor: ESCO Technologies Inc.
Valuation Date: October 1, 2019

SCHEDULE SB ATTACHMENTS

ESCO Retirement Plan (Doble Only)

Plan Provisions

Effective date	Most recent amendment effective February 10, 2016.
Covered employees	Any employee of Doble Engineering Company who met the participation requirements prior to December 31, 2008.

Participation requirements:

■ Age	Attained age 21.
■ Service	One year of service of at least 1,000 hours worked.
■ Date of employment	No new participants after December 31, 2008.

Definitions

Doble plan	Doble Engineering Company Retirement Income Plan, as in effect on merger date.
Merger date	September 30, 2009.
Pension benefit	Frozen accrued benefit under Doble Plan as of December 31, 2008.

Eligibility of Benefits

Normal retirement	Later of attained age 65 or five years after the first day of the plan year in which his/her entry date occurred.
Early retirement	Retire before normal retirement age and on or after both attaining age 60 and completing 10 years of vesting service.
Postponed retirement	Retirement after normal retirement age with no maximum age.
Deferred vested:	
■ Vesting percentage	100% after five years of vesting
Form	Same as normal retirement benefit with income deferred until normal retirement date.

Plan Name: ESCO Technologies Inc. Retirement Plan
EIN / PN: 43-1554045/101
Plan Sponsor: ESCO Technologies Inc.
Valuation Date: October 1, 2019

SCHEDULE SB ATTACHMENTS

Disability	<p>If not covered under the employer's long-term disability plan:</p> <p>Age: Attained age 60.</p> <p>Service: Ten years of vesting service.</p> <p>If covered under the employer's long-term disability plan:</p> <p>Not eligible for disability benefit. Benefit at normal retirement date would be the participant's retirement benefit.</p>
Survivor annuity death benefit	<p>Die while eligible for deferred vested, early, normal or postponed retirement benefits, with a surviving spouse.</p>
In-service benefit	<p>A participant who remains employed until NRD may elect to receive a monthly in-service benefit commencing as of NRD.</p>

Benefits Paid Upon the Following Events

Normal retirement	<p>Doble frozen benefit determined as of NRD.</p>
Early retirement	<p>Doble frozen benefit determined as of ERD, with an early retirement reduction of $6\frac{2}{3}$ of 1% for each year up to 5 that ERD precedes NRD.</p>
Postponed retirement	<p>Doble frozen benefit determined as of actual retirement date.</p>
Termination with deferred vested benefit	<p>Doble frozen plan determined as of termination date, payable as of NRD.</p>
Disability	<p>Doble frozen benefit determined as of date of disability, or if earlier, December 31, 2008. Service and compensation while disabled do not accrue beyond December 31, 2008.</p>
Survivor annuity death benefit	<p>If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his/her earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day.</p>
In-Service benefit	<p>Pension benefit calculated as a normal retirement or postponed retirement benefit.</p>

Plan Name:	ESCO Technologies Inc. Retirement Plan
EIN / PN:	43-1554045/101
Plan Sponsor:	ESCO Technologies Inc.
Valuation Date:	October 1, 2019

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment

The normal form of payment is for life. Optional forms of a certain-and-life annuity (60, 120 or 180 months) and a joint-and-survivor annuity (50%, 75%, or 100%) are available. Preretirement spouse benefits are payable only as described above.

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: ESCO Technologies Inc. Retirement Plan
EIN / PN: 43-1554045/101
Plan Sponsor: ESCO Technologies Inc.
Valuation Date: October 1, 2019

SUPPLEMENTAL SCHEDULES

ESCO TECHNOLOGIES INC. RETIREMENT PLAN
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
September 30, 2020

{a}	{b} Identify of Issuer, Borrower, Lessor, or Similar Party	{c} Description of Investments Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	{d} Cost	{e} Current Value
*	Financial Square	Tr Government Institutional Class	<u>\$ 464,657</u>	<u>\$ 464,657</u>

* Represents a party-in-interest transaction that is not a "prohibited investment" under ERISA.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The assumed plan-related expenses added to the target normal cost were changed from \$ 775,000 for the prior valuation to \$ 430,000 for the current valuation to account for expected expenses to be paid from the trust prior to the Date of Plan Termination of February 29, 2020.

Plan Name: ESCO Technologies Inc. Retirement Plan
EIN / PN: 43-1554045/101
Plan Sponsor: ESCO Technologies Inc.
Valuation Date: October 1, 2019