

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 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is:	☒ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ▶ ☐	
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>ARIEL CORPORATION EMPLOYEE RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>002</u>		
	1c Effective date of plan <u>02/15/2010</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>ARIEL CORPORATION</u> <u>35 BLACKJACK ROAD</u> <u>MOUNT VERNON, OH 43050</u>	2b Employer Identification Number (EIN) <u>31-0721681</u>	2c Plan Sponsor's telephone number <u>740-397-0311</u>	2d Business code (see instructions) <u>331200</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.	08/03/2021	BRIAN HUPRICH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	1851
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	1758
a(2) Total number of active participants at the end of the plan year		6a(2)	1658
b Retired or separated participants receiving benefits.....		6b	5
c Other retired or separated participants entitled to future benefits		6c	115
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1778
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	1
f Total. Add lines 6d and 6e		6f	1779
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	1778
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	35
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: 2F 2H 2J 2K 2T 3F 2E 3D 2S			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) 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
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan ARIEL CORPORATION EMPLOYEE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 ARIEL CORPORATION	D Employer Identification Number (EIN) 31-0721681	

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
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

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

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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)

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04-2647786

(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?
37 64 65	RECORDKEEPER	82261	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>ARIEL CORPORATION EMPLOYEE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ARIEL CORPORATION</u>	D Employer Identification Number (EIN) <u>31-0721681</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>TRP STABLE VALUE A</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>52-1309931-001</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>13368672</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS FARGO STABLE VALUE FD C</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO, N.A.</u>		
c EIN-PN <u>52-2250946-001</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>19675</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>ARIEL CORPORATION EMPLOYEE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ARIEL CORPORATION</u>	D Employer Identification Number (EIN) <u>31-0721681</u>	

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	23123248686
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)	100208866566730
(2) Participant contributions.....		1b(2)	00
(3) Other		1b(3)	238227218000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	4626805996479
(2) U.S. Government securities		1c(2)	00
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	13615160
(B) All other.....		1c(3)(B)	1508961715267989
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	00
(B) Common		1c(4)(B)	00
(5) Partnership/joint venture interests		1c(5)	00
(6) Real estate (other than employer real property)		1c(6)	00
(7) Loans (other than to participants).....		1c(7)	00
(8) Participant loans		1c(8)	49080815303524
(9) Value of interest in common/collective trusts		1c(9)	1563730013388347
(10) Value of interest in pooled separate accounts		1c(10)	00
(11) Value of interest in master trust investment accounts		1c(11)	00
(12) Value of interest in 103-12 investment entities		1c(12)	00
(13) Value of interest in registered investment companies (e.g., mutual funds)		1c(13)	173614196217327601
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	00
(15) Other.....		1c(15)	00

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1) 60613111	56471874
(2)	Employer real property.....	1d(2) 0	0
e	Buildings and other property used in plan operation	1e 0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f 286340971	315589230
Liabilities			
g	Benefit claims payable	1g 0	0
h	Operating payables	1h 11700	11667
i	Acquisition indebtedness.....	1i 0	0
j	Other liabilities.....	1j 4775	0
k	Total liabilities (add all amounts in lines 1g through 1j)	1k 16475	11667
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l 286324496	315577563

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 12745115	
	(B) Participants	2a(1)(B) 8734898	
	(C) Others (including rollovers).....	2a(1)(C) 780047	
(2)	Noncash contributions	2a(2) 0	22260060
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A) 6330	
	(B) U.S. Government securities	2b(1)(B) 0	
	(C) Corporate debt instruments	2b(1)(C) 524868	
	(D) Loans (other than to participants)	2b(1)(D) 0	
	(E) Participant loans.....	2b(1)(E) 507663	
	(F) Other	2b(1)(F) 0	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	1038861
(2)	Dividends: (A) Preferred stock.....	2b(2)(A) 0	7137774
	(B) Common stock	2b(2)(B) 711339	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C) 6426435	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	
(3)	Rents	2b(3)	0
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A) 29454419	383223
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B) 29071196	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A) 0	11145878
	(B) Other	2b(5)(B) 11145878	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		262938
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		23988250
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		66216984

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	36871577	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		36871577
f Corrective distributions (see instructions)	2f		3566
g Certain deemed distributions of participant loans (see instructions).....	2g		6513
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	82261	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		82261
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		36963917

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		29253067
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

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 Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **REA & ASSOCIATES, INC.**

(2) EIN: **34-1310124**

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		5000000
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?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	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.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n		X	

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan ARIEL CORPORATION EMPLOYEE RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 ARIEL CORPORATION	D Employer Identification Number (EIN) 31-0721681

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
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): 04-6568107	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes ☐ No ☐ N/A
If the plan is a defined benefit plan, go to line 8.	
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.	
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
b Enter the amount contributed by the employer to the plan for this plan year	6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c
If you completed line 6c, skip lines 8 and 9.	
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes ☐ No ☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes ☐ No ☐ N/A

Part III	Amendments
----------	------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes ☐ No

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

Schedule R (Form 5500) 2020
v. 200204

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

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

15a

b The corresponding number for the second preceding plan year.....

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

Ariel Corporation
Employee Retirement Plan
Financial Statements

December 31, 2020 and 2019



Rea & associates

www.reacpa.com

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INDEPENDENT AUDITOR'S REPORT

To the Employee Benefit Plan Committee and participants of
Ariel Corporation Employee Retirement Plan
Mt. Vernon, Ohio 43050

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Ariel Corporation Employee Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified or provided by Fidelity Management Trust Company, the trustee of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the trustee as of December 31, 2020 and 2019, and for the years then ended, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets held at the end of the year as of December 31, 2020 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

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

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

Hea & Associates, Inc.

New Philadelphia, Ohio
July 29, 2021

ARIEL CORPORATION
EMPLOYEE RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2020 AND 2019

ASSETS

	<u>2020</u>	<u>2019</u>
Investments at fair value (see Note 5)	\$ 303,452,290	\$ 270,942,545
RECEIVABLES:		
Employer contribution	6,566,730	10,020,886
Notes receivable from participants	5,339,228	4,949,598
Other	<u>218,000</u>	<u>238,227</u>
	12,123,958	15,208,711
Cash and cash equivalents	<u>48,686</u>	<u>231,232</u>
Total assets	315,624,934	286,382,488
LIABILITIES:		
Other liabilities	<u>11,667</u>	<u>16,475</u>
Net assets available for benefits	<u><u>\$ 315,613,267</u></u>	<u><u>\$ 286,366,013</u></u>

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

ARIEL CORPORATION
EMPLOYEE RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019

	<u>2020</u>	<u>2019</u>
ADDITIONS TO NET ASSETS ATTRIBUTABLE TO:		
Contributions:		
Participants	\$ 8,734,898	\$ 9,872,066
Employer, net of forfeitures	12,745,115	17,196,995
Rollover	<u>780,047</u>	<u>1,725,150</u>
Total contributions	22,260,060	28,794,211
Investment income:		
Net appreciation in fair value of investments	39,674,071	33,438,929
Dividends and interest	<u>3,775,190</u>	<u>12,260,296</u>
Total investment income	43,449,261	45,699,225
Interest earned on notes receivable participants	<u>511,808</u>	<u>448,423</u>
Total additions	66,221,129	74,941,859
DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO:		
Benefits paid to participants	36,891,614	8,793,365
Administrative expenses	<u>82,261</u>	<u>110,422</u>
Total deductions	<u>36,973,875</u>	<u>8,903,787</u>
Change in net assets	29,247,254	66,038,072
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of the year	<u>286,366,013</u>	<u>220,327,941</u>
End of the year	<u><u>\$ 315,613,267</u></u>	<u><u>\$ 286,366,013</u></u>

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

ARIEL CORPORATION
EMPLOYEE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN

The following description of Ariel Corporation Employee Retirement Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution safe harbor retirement plan covering all employees of the company who have attained age 18 and are credited with three months of service. The Employee Benefit Plan Committee is responsible for oversight of the Plan. The Employee Benefit Plan Committee, along with investment advisors, determines the appropriateness of the Plan’s investment offerings and monitoring of investment performance. The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

The Plan provides for automatic deferrals for eligible Participants who do not make an affirmative election to defer (or not to defer) under the Plan. Participants are automatically entered into the plan withholding 3 percent from their paychecks, with an automatic 1 percent increase each Plan Year until a maximum of 6 percent is reached. Each year participants may contribute a percentage of their pre-tax or post-tax salary that is not more than the maximum amount allowed by law. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company provides a safe harbor matching contribution per the Plan agreement. The Company also may elect to make additional profit sharing contributions to the Plan as determined by the Board of Directors. The contributions are allocated among all participants so that each participant will be allocated the same percentage of their compensation. Profit sharing contributions were \$6,566,730 and \$10,020,886 for the years ended December 31, 2020 and 2019, respectively.

Participant Accounts

Each participant’s account is credited with the participant’s and employer contributions, allocations of plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Vesting

Participants are immediately 100% vested in their contributions and employer safe harbor matching contributions plus actual earnings thereon. All employer profit sharing contributions are fully vested after six years of credited service as required by the Pension Protection Act of 2006.

Investment Options

Upon enrollment in the Plan, a participant may direct contributions in any of several investment options with varying degrees of risk and volatility, allowing participants to allocate their investments in accordance with their own risk tolerances and time horizons. Participants may change their investment options at any time.

ARIEL CORPORATION
EMPLOYEE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN (Continued)

Notes Receivable from Participants

Participants may borrow from their accounts up to 50% of a participant's vested account, with a minimum of \$1,000, not to exceed \$50,000, at the discretion of the Plan's trustee. All loans are subject to the terms and conditions of the Plan. The loan interest rate, determined at inception is set at 10.00%, as defined, in accordance with the Plan's loan policy. The loan interest rate remain unchanged from inception at December 31, 2020 and 2019. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

Distributions can be paid due to a participant's retirement, death, total disability, in-service withdrawal, or termination of employment, subject to the conditions stated in the Plan document. Participants may elect to receive benefits in a lump sum distribution or installments. The Plan also provides for hardship withdrawals, which are subject to conditions stated in the Plan document.

Forfeited Accounts

Forfeitures are created when participants terminate employment before becoming entitled to their full benefit under the Plan. At December 31, 2020 and 2019 forfeited non-vested accounts totaled \$933 and \$13,262, respectively. Forfeitures reallocated and used as employer contributions for the years December 31, 2020 and 2019 were \$265,600 and \$173,318, respectively.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator 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 stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Employee Benefit Plan Committee determines the Plan's valuation policies utilizing information provided by the investment trustee. See Note 5 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon a distributable event. No allowance for credit losses has been recorded as of December 31, 2020 or 2019.

ARIEL CORPORATION
EMPLOYEE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of the Plan are paid directly by the Plan sponsor and are excluded from these financial statements. Fees related to administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Recordkeeping and other administrative expenses, including asset management fees, are included in net appreciation of fair value of investments.

Subsequent Event

Subsequent events have been evaluated through July 29, 2021, which is the date the financial statements were available to be issued.

NOTE 3: INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2020 and 2019, and net appreciation in fair value of investments, interest and dividends for the years ended December 31, 2020 and 2019, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Fidelity Management Trust Company (the trustee and record keeper of the Plan).

NOTE 4: NONPARTICIPANT-DIRECTED INVESTMENTS

Non-participant directed investments are due to profit sharing contributions from the plan sponsor. Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as followed:

	2020	2019
Net Assets:		
Common stocks	\$ 56,471,874	\$ 60,613,111
Registered investment companies	91,322,843	70,601,659
Corporate debt instruments	15,267,989	15,089,617
Interest bearing cash	996,479	4,626,805
Corporate debt instruments preferred	-	1,361,516
Common collective trust fund	19,675	19,272
Other receivables	244,600	238,227
Non-interest bearing cash	46,686	231,232
Operating payables	(11,667)	(16,475)
	<u>\$ 164,358,479</u>	<u>\$ 152,764,964</u>

ARIEL CORPORATION
EMPLOYEE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 4: NONPARTICIPANT-DIRECTED INVESTMENTS (Continued)

	<u>2020</u>
Change in Net Assets:	
Contributions	\$ 9,992,820
Net appreciation	25,006,934
Benefits paid to participants	(19,952,848)
Transfers to participant-directed investments	(3,179,184)
Forfeiture debit	(250,563)
Fees	<u>(23,644)</u>
	<u>\$ 11,593,515</u>

A participant who has attained age 55 may direct the Plan Sponsor to cause the Trustee to invest such after-tax profit sharing contributions in fixed income assets.

NOTE 5: FAIR VALUE MEASUREMENTS

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

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

Level 2 Inputs to the valuation methodology include:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

ARIEL CORPORATION
EMPLOYEE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 5: FAIR VALUE MEASUREMENTS (Continued)

Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

Cash and cash equivalents: Valued at the net asset value of shares by the Plan at year end.

Common stocks: Valued at closing price reported on the active market on which the individual securities are traded.

Corporate bonds and debentures: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Mutual funds: Valued at the net asset value (NAV) of shares held by the plan at year end. NAV is based on the value of underlying assets owned by the fund, minus its liabilities and then divided by the number of shares outstanding. NAV is a quoted price in an active market.

Common/collective trust funds: Valued based on the NAV of units of the collective trust fund. The NAV as provided by the trustee, is used as a practical expedient to estimating fair value. The NAV is based on the fair value of the underlying investments held by the trust less its liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

Assets at Fair Value as of December 31, 2020

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 217,327,601	\$ -	\$ -	\$ 217,327,601
Cash and cash equivalents	996,479	-	-	996,479
Corporate bonds and debentures US corporate bonds	15,267,989	-	-	15,267,989
Common stock	56,471,874	-	-	56,471,874
Investments measured using NAV as a practical expedient (a)				13,388,347
Total assets at fair value	<u>\$ 290,063,943</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 303,452,290</u>

ARIEL CORPORATION
EMPLOYEE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 5: FAIR VALUE MEASUREMENTS (Continued)

Assets at Fair Value as of December 31, 2019

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 173,614,196	\$ -	\$ -	\$ 173,614,196
Cash and cash equivalents	4,626,805	-	-	4,626,805
Corporate bonds and debentures				
US corporate bonds	16,451,133	-	-	16,451,133
Common stock	60,613,111	-	-	60,613,111
Investments measured using NAV as a practical expedient (a)				15,637,300
Total assets at fair value	<u>\$ 255,305,245</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 270,942,545</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

For the year ended December 31, 2020, the Plan did not hold any Level 2 or Level 3 assets.

NOTE 6: RELATED PARTY TRANSACTIONS

Certain Plan investments are managed by Fidelity Management Trust Company. As defined by the Plan, Fidelity is the trustee and, therefore, these transactions qualify as party-in-interest. The Plan also issues loans to participants, which are secured by the vested balance in the participant's accounts, which are also considered party in interest transactions.

NOTE 7: PLAN TERMINATION

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

NOTE 8: TAX STATUS

The Plan adopted a volume submitter document provided by Fidelity, which obtained its latest opinion on March 31, 2014 from the Internal Revenue Service stating that the Plan as written is in compliance with applicable requirements of the Internal Revenue Code (IRC). The Plan was amended effective January 1, 2019. The volume submitter opinion letter has been relied upon by this Plan. The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

ARIEL CORPORATION
EMPLOYEE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 8: TAX STATUS (Continued)

Accounting principles generally accepted in the United States of America require management of an organization to evaluate tax positions taken by the organization and recognize a tax liability if the organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service.

Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9: RISKS AND UNCERTAINTIES

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

NOTE 10. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of the net assets available for benefits per the financial statements at December 31, 2020 and 2019 to the Form 5500:

	<u>2020</u>	<u>2019</u>
Net assets available for benefits per the financial statements	\$ 315,613,267	\$ 286,366,013
Cumulative deemed loans	<u>(35,704)</u>	<u>(41,517)</u>
Net assets available for benefits per Form 5500	<u><u>\$ 315,577,563</u></u>	<u><u>\$ 286,324,496</u></u>

The following is a reconciliation of notes receivable from participants per the financial statements at December 31, 2020 to the Form 5500:

	<u>2020</u>
Notes receivable from participants per the financial statements	\$ 5,339,228
Cumulative deemed loans	<u>(35,704)</u>
Notes receivable from participants per Form 5500	<u><u>\$ 5,303,524</u></u>

ARIEL CORPORATION
EMPLOYEE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 10. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500
(Continued)

The following is a reconciliation of the total additions to net assets available for benefits per the financial statements for the year ended December 31, 2020 to the Form 5500:

	<u>2020</u>
Total additions to net assets available for benefits per the financial statements	\$ 66,221,129
Change in deemed loans	<u>(4,145)</u>
Net increase in net assets available for benefits per Form 5500	<u><u>\$ 66,216,984</u></u>

The following is a reconciliation of the total deductions to net assets available for benefits per the financial statements for the year ended December 31, 2020 to the Form 5500:

	<u>2020</u>
Total deductions to net assets available for benefits per the financial statements	\$ 36,973,875
Change in deemed loans	<u>(9,958)</u>
Net increase in net assets available for benefits per Form 5500	<u><u>\$ 36,963,917</u></u>

The following is a reconciliation of the net change in net assets available for benefits per the financial statements for the year ended December 31, 2020 to the Form 5500:

	<u>2020</u>
Net increase in net assets available for benefits per the financial statements	\$ 29,247,254
Change in deemed loans	<u>5,813</u>
Net increase in net assets available for benefits per Form 5500	<u><u>\$ 29,253,067</u></u>

ARIEL CORPORATION
EMPLOYEE RETIRMENT PLAN
FORM 5500, SCHEDULE H, LINE 4I - EIN #31-0721681, PN 002

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF DECEMBER 31, 2020

(a)	(b) Identity of issue, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	T. Rowe Price Stable Value A	Common Collective Trust Fund	**	\$ 13,368,672
	Wells Fargo Stable Value Fund	Common Collective Trust Fund	17,454	19,675
	Subtotal of common collective trusts			\$ 13,388,347
	Abbott Laboratories	12,375 shares of common stock	405,405	1,354,939
	Accenture PLC Class A	7,450 shares of common stock	432,031	1,946,015
	Arthur J Gallagher and Co	10,550 share of common stock	1,023,326	1,305,141
	Amazon.com Inc	526 shares of common stock	910,367	1,713,145
	Amphenol Corp	16,750 shares of common stock	352,352	2,190,398
	ANSYS Inc	6,475 shares of common stock	204,749	2,355,605
	ASGN Inc	16,175 shares of common stock	677,815	1,351,098
	Blackrock Inc	2,610 shares of common stock	822,586	1,883,219
	Chemed Corp	2,230 shares of common stock	1,072,061	1,187,720
	Church & Dwight Co Inc	12,250 shares of common stock	837,858	1,068,568
	Costco Wholesale Group	5,650 shares of common stock	934,996	2,128,807
	Danaher Corp	9,900 shares of common stock	221,781	2,199,186
	Dover Corp	7,200 shares of common stock	170,893	909,000
	Facebook Inc Class A	5,775 shares of common stock	931,354	1,577,499
	Fiserv Inc	17,100 shares of common stock	260,343	1,947,006
	Fortive Corp	11,700 shares of common stock	280,824	828,594
	Gentex Corp	46,000 shares of common stock	491,330	1,560,780
	Gildan Activewear Inc	34,400 shares of common stock	521,831	963,544
	Goldman Sachs Group Inc	4,975 shares of common stock	647,171	1,311,957
	Graco Inc	20,775 shares of common stock	534,552	1,503,071
	Hartford Financial Services Group, Inc	13,450 shares of common stock	263,762	658,781
	Henry Schein Inc	14,650 shares of common stock	394,518	979,499
	Home Depot Inc	5,900 shares of common stock	218,864	1,567,158
	Ingredion, Inc	6,875 shares of common stock	434,616	540,856
	Marathon Petroleum	10,375 shares of common stock	689,958	429,110
	Marketaxess Holdings Inc	2,785 shares of common stock	927,389	1,589,010
	Neogen Corporation	11,500 shares of common stock	207,086	911,950
	Open Text Corporation	26,725 shares of common stock	340,688	1,214,919
	Pepsico Inc	8,000 shares of common stock	377,702	1,186,400
	RPM International Inc	12,425 shares of common stock	660,602	1,127,942
	Regeneron Pharmaceuticals Inc	2,150 shares of common stock	770,541	1,038,687
	Roper Technologies Inc	3,195 shares of common stock	947,032	1,377,333
	Ross Stores Inc	13,525 shares of common stock	410,461	1,661,005
	Skyworks Solution Inc	12,600 shares of common stock	526,526	1,926,288
	SS&C Technologies	14,850 shares of common stock	648,290	1,080,338
	Sysco Corporation	22,075 shares of common stock	803,185	1,639,290
	Thor Industries Inc	9,275 shares of common stock	578,975	862,482
	Unitedhealth Group Inc	4,675 shares of common stock	1,137,380	1,639,429
	Visa Inc CL A	9,425 shares of common stock	711,889	2,061,530
	Vontier Corporation	5,050 shares of common stock	56,438	168,670
	Zebra Technologies Corporation	3,970 shares of common stock	1,046,296	1,525,905
	Subtotal of common stocks			\$ 56,471,874

ARIEL CORPORATION
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FORM 5500, SCHEDULE H, LINE 4I - EIN #31-0721681, PN 002

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF DECEMBER 31, 2020

(a)	(b) Identity of issue, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Apache Corp	\$500,000 note at 2.625% interest, maturity date 1/15/23	482,035	501,250
	Arrow Electronic Inc	\$685,000 note at 3.875% interest, maturity date 1/12/28	707,284	772,123
	Autonation Inc	\$700,000 note at 3.800% interest, maturity date 11/15/27	709,464	773,982
	Avnet Inc	\$500,000 note at 4.875% interest, maturity date 12/1/22	516,250	536,467
	Avnet Inc	\$100,000 note at 4.625% interest, maturity date 4/15/26	113,113	113,167
	Bank of America Corp	\$500,000 note at 4.000% interest, maturity date 1/22/25	507,840	561,829
	Boeing Co	\$500,000 note at 4.508% interest, maturity date 5/1/23	531,379	540,385
	Campbell Soup Co	\$525,000 note at 3.650% interest, maturity date 3/15/23	523,433	560,537
	Cardinal Health Inc	\$700,000 note at 2.616% interest, maturity date 6/15/22	678,044	720,485
	Citigroup Inc	\$575,000 note at 3.875% interest, maturity date 3/26/25	586,017	641,756
	CSX Corp	\$525,000 note at 3.800% interest, maturity date 3/1/28	134,344	145,658
	Dominion RES Inc	\$250,000 note at 4.200% interest, maturity date 4/1/21	255,286	252,220
	FirstEnergy Corp	\$500,000 note at 3.900% interest, maturity date 7/15/27	550,625	550,943
	Fortune Brands Home & Security Inc	\$550,000 note at 4.000% interest, maturity date 6/15/25	565,488	622,176
	General Motors Financial Co Inc	\$25,000 note at 4.300% interest, maturity date 7/13/25	27,496	28,045
	General Motors Financial Co Inc	\$475,000 note at 5.250% interest, maturity date 3/1/26	549,422	559,981
	Goldman Sachs BDC Inc	\$600,000 note at 3.750% interest, maturity date 2/10/25	634,200	636,456
	Hillenbrand Inc	\$600,000 note at 4.500% interest, maturity date 9/15/26	656,580	728,813
	Juniper Network	\$475,000 note at 4.350% interest, maturity date 6/15/25	506,041	540,211
	Laboratory Corp of America	\$600,000 note at 3.600% interest, maturity date 2/1/25	603,342	662,860
	Lear Corp	\$500,000 note at 3.800% interest, maturity date 9/15/27	502,367	560,697
	Marriott International Inc	\$550,000 note at 3.600% interest, maturity date 4/15/24	559,839	586,257
	Marriott International Inc	\$25,000 note at 3.750% interest, maturity date 10/1/25	26,104	27,065
	Molson Coors Brewing Co	\$500,000 note at 3.000% interest, maturity date 7/15/26	526,375	544,957
	Sherwin Williams Co	\$65,000 note at 2.750% interest, maturity date 6/1/22	63,278	67,068
	Synchrony Financial	\$575,000 note at 4.250% interest, maturity date 8/15/24	629,665	635,230
	Sysco Corp	\$500,000 note at 2.500% interest, maturity date 7/15/21	493,250	504,971
	Textron Inc	\$600,000 note at 3.650% interest, maturity date 3/15/27	632,813	662,078
	Worthington Industries	\$500,000 note at 4.550% interest, maturity date 4/15/26	555,000	568,891
	Zimmer Holdings	\$600,000 note at 3.050% interest, maturity date 1/15/26	591,600	661,431
	Subtotal of corporate bonds and debentures			\$ 15,267,989

ARIEL CORPORATION
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FORM 5500, SCHEDULE H, LINE 4I - EIN #31-0721681, PN 002

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF DECEMBER 31, 2020

(a)	(b) Identity of issue, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Metwest Total Return Bond	Registered Investment Company	**	\$ 2,817,921
	DFA US Target Value Fund	Registered Investment Company	**	1,593,587
	Lord Abbett Developing Growth I	Registered Investment Company	**	7,677,046
	Vanguard International Value	Registered Investment Company	**	2,132,294
*	Fidelity Govt Income	Registered Investment Company	**	3,579
*	Fidelity 500 Index Portfolio	Registered Investment Company	**	9,672,268
*	Fidelity Freedom Index Income Investment	Registered Investment Company	**	352,593
*	Fidelity Freedom Low Priced Stock	Registered Investment Company	**	5,279,479
*	Fidelity Freedom Index 2005 Investment	Registered Investment Company	**	232,708
*	Fidelity Freedom Index 2010 Investment	Registered Investment Company	**	384,841
*	Fidelity Freedom Index 2020 Investment	Registered Investment Company	**	7,255,691
*	Fidelity Freedom Index 2025 Investment	Registered Investment Company	**	14,773,542
*	Fidelity Freedom Index 2030 Investment	Registered Investment Company	**	16,860,052
*	Fidelity Freedom Index 2035 Investment	Registered Investment Company	**	13,740,603
*	Fidelity Freedom Index 2040 Investment	Registered Investment Company	**	11,266,345
*	Fidelity Freedom Index 2045 Investment	Registered Investment Company	**	10,448,719
*	Fidelity Freedom Index 2050 Investment	Registered Investment Company	**	11,320,128
*	Fidelity Freedom Index 2015 Investment	Registered Investment Company	**	525,125
*	Fidelity Freedom Index 2055 Investment	Registered Investment Company	**	7,068,089
*	Fidelity Freedom Index 2060 Investment	Registered Investment Company	**	2,403,462
*	Fidelity Freedom Index 2065 Investment	Registered Investment Company	**	196,687
	Artisan International Institute	209,073.350 shares of Registered Investment Company		7,271,571
	DFA Emerging Markets Portfolio	489,729.061 shares of Registered Investment Company		15,994,551
	Dodge & Cox International Stock Fund	277,115.557 shares of Registered Investment Company		12,109,950
	Eaton Vance Emerging Markets	1,112,496.590 shares of Registered Investment Company		5,996,357
*	Fidelity Small Cap Value Fund	458,647.164 shares of Registered Investment Company		7,774,069
	Hartford Total Return Bond HLS Fund Class 1A	536,278.443 shares of Registered Investment Company		6,424,616
	Hartford Small Cap Growth Y	128,181.572 shares of Registered Investment Company		8,885,547
	Pimco Emerging Local Bond Inst	788,630.986 shares of Registered Investment Company		5,512,531
	Vanguard International Growth	77,366.915 shares of Registered Investment Company		12,401,143
	Western Asset Core Plus Bond Portfolio Inst	518,713.103 shares of Registered Investment Company		6,515,037
	Western Asset Total Return UNC	224,238.524 shares of Registered Investment Company		2,437,470
	Subtotal of registered investment company investments			\$ 217,327,601
	Interest Bearing Cash			996,479
		Loans, maturing at various dates through 2030; Interest rate:		
*	Notes receivable from participants	10.00%	**	5,303,524
	Total of all investments and notes receivable from participants			<u>\$ 308,755,814</u>

* Represents a party-in-interest

** Cost is not required for participant directed accounts

The above information has been certified by Fidelity Management Trust Company., the trustee, as complete and accurate.

ARIEL CORPORATION
EMPLOYEE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 8: TAX STATUS (Continued)

Accounting principles generally accepted in the United States of America require management of an organization to evaluate tax positions taken by the organization and recognize a tax liability if the organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service.

Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9: RISKS AND UNCERTAINTIES

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

NOTE 10. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of the net assets available for benefits per the financial statements at December 31, 2020 and 2019 to the Form 5500:

	<u>2020</u>	<u>2019</u>
Net assets available for benefits per the financial statements	\$ 315,613,267	\$ 286,366,013
Cumulative deemed loans	<u>(35,704)</u>	<u>(41,517)</u>
Net assets available for benefits per Form 5500	<u>\$ 315,577,563</u>	<u>\$ 286,324,496</u>

The following is a reconciliation of notes receivable from participants per the financial statements at December 31, 2020 to the Form 5500:

	<u>2020</u>
Notes receivable from participants per the financial statements	\$ 5,339,228
Cumulative deemed loans	<u>(35,704)</u>
Notes receivable from participants per Form 5500	<u>\$ 5,303,524</u>

ARIEL CORPORATION
EMPLOYEE RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 10. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500
(Continued)

The following is a reconciliation of the total additions to net assets available for benefits per the financial statements for the year ended December 31, 2020 to the Form 5500:

	<u>2020</u>
Total additions to net assets available for benefits per the financial statements	\$ 66,221,129
Change in deemed loans	<u>(4,145)</u>
Net increase in net assets available for benefits per Form 5500	<u>\$ 66,216,984</u>

The following is a reconciliation of the total deductions to net assets available for benefits per the financial statements for the year ended December 31, 2020 to the Form 5500:

	<u>2020</u>
Total deductions to net assets available for benefits per the financial statements	\$ 36,973,875
Change in deemed loans	<u>(9,958)</u>
Net increase in net assets available for benefits per Form 5500	<u>\$ 36,963,917</u>

The following is a reconciliation of the net change in net assets available for benefits per the financial statements for the year ended December 31, 2020 to the Form 5500:

	<u>2020</u>
Net increase in net assets available for benefits per the financial statements	\$ 29,247,254
Change in deemed loans	<u>5,813</u>
Net increase in net assets available for benefits per Form 5500	<u>\$ 29,253,067</u>

ARIEL CORPORATION
EMPLOYEE RETIRMENT PLAN
FORM 5500, SCHEDULE H, LINE 4I - EIN #31-0721681, PN 002

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF DECEMBER 31, 2020

(a)	(b) Identity of issue, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	T. Rowe Price Stable Value A	Common Collective Trust Fund	**	\$ 13,368,672
	Wells Fargo Stable Value Fund	Common Collective Trust Fund	17,454	19,675
	Subtotal of common collective trusts			\$ 13,388,347
	Abbott Laboratories	12,375 shares of common stock	405,405	1,354,939
	Accenture PLC Class A	7,450 shares of common stock	432,031	1,946,015
	Arthur J Gallagher and Co	10,550 share of common stock	1,023,326	1,305,141
	Amazon.com Inc	526 shares of common stock	910,367	1,713,145
	Amphenol Corp	16,750 shares of common stock	352,352	2,190,398
	ANSYS Inc	6,475 shares of common stock	204,749	2,355,605
	ASGN Inc	16,175 shares of common stock	677,815	1,351,098
	Blackrock Inc	2,610 shares of common stock	822,586	1,883,219
	Chemed Corp	2,230 shares of common stock	1,072,061	1,187,720
	Church & Dwight Co Inc	12,250 shares of common stock	837,858	1,068,568
	Costco Wholesale Group	5,650 shares of common stock	934,996	2,128,807
	Danaher Corp	9,900 shares of common stock	221,781	2,199,186
	Dover Corp	7,200 shares of common stock	170,893	909,000
	Facebook Inc Class A	5,775 shares of common stock	931,354	1,577,499
	Fiserv Inc	17,100 shares of common stock	260,343	1,947,006
	Fortive Corp	11,700 shares of common stock	280,824	828,594
	Gentex Corp	46,000 shares of common stock	491,330	1,560,780
	Gildan Activewear Inc	34,400 shares of common stock	521,831	963,544
	Goldman Sachs Group Inc	4,975 shares of common stock	647,171	1,311,957
	Graco Inc	20,775 shares of common stock	534,552	1,503,071
	Hartford Financial Services Group, Inc	13,450 shares of common stock	263,762	658,781
	Henry Schein Inc	14,650 shares of common stock	394,518	979,499
	Home Depot Inc	5,900 shares of common stock	218,864	1,567,158
	Ingredion, Inc	6,875 shares of common stock	434,616	540,856
	Marathon Petroleum	10,375 shares of common stock	689,958	429,110
	Marketaxess Holdings Inc	2,785 shares of common stock	927,389	1,589,010
	Neogen Corporation	11,500 shares of common stock	207,086	911,950
	Open Text Corporation	26,725 shares of common stock	340,688	1,214,919
	Pepsico Inc	8,000 shares of common stock	377,702	1,186,400
	RPM International Inc	12,425 shares of common stock	660,602	1,127,942
	Regeneron Pharmaceuticals Inc	2,150 shares of common stock	770,541	1,038,687
	Roper Technologies Inc	3,195 shares of common stock	947,032	1,377,333
	Ross Stores Inc	13,525 shares of common stock	410,461	1,661,005
	Skyworks Solution Inc	12,600 shares of common stock	526,526	1,926,288
	SS&C Technologies	14,850 shares of common stock	648,290	1,080,338
	Sysco Corporation	22,075 shares of common stock	803,185	1,639,290
	Thor Industries Inc	9,275 shares of common stock	578,975	862,482
	Unitedhealth Group Inc	4,675 shares of common stock	1,137,380	1,639,429
	Visa Inc CL A	9,425 shares of common stock	711,889	2,061,530
	Vontier Corporation	5,050 shares of common stock	56,438	168,670
	Zebra Technologies Corporation	3,970 shares of common stock	1,046,296	1,525,905
	Subtotal of common stocks			\$ 56,471,874