

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>11/01/2019</u> and ending <u>10/31/2020</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.)
	☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final 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 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information —enter all requested information						
1a	Name of plan <u>VANAIR MANUFACTURING, INC. EMPLOYEES' INVESTMENT FUND</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">1b</td> <td>Three-digit plan number (PN) ▶ <u>001</u></td> </tr> <tr> <td>1c</td> <td>Effective date of plan <u>01/01/1984</u></td> </tr> </table>	1b	Three-digit plan number (PN) ▶ <u>001</u>	1c	Effective date of plan <u>01/01/1984</u>		
1b	Three-digit plan number (PN) ▶ <u>001</u>						
1c	Effective date of plan <u>01/01/1984</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>VANAIR MANUFACTURING, INC.</u> <u>10896 WEST 300 NORTH</u> <u>MICHIGAN CITY, IN 46360</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">2b</td> <td>Employer Identification Number (EIN) <u>38-2511358</u></td> </tr> <tr> <td>2c</td> <td>Plan Sponsor's telephone number <u>219-879-5100</u></td> </tr> <tr> <td>2d</td> <td>Business code (see instructions) <u>333900</u></td> </tr> </table>	2b	Employer Identification Number (EIN) <u>38-2511358</u>	2c	Plan Sponsor's telephone number <u>219-879-5100</u>	2d	Business code (see instructions) <u>333900</u>
2b	Employer Identification Number (EIN) <u>38-2511358</u>						
2c	Plan Sponsor's telephone number <u>219-879-5100</u>						
2d	Business code (see instructions) <u>333900</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	BILL ANDERSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/03/2021	BILL ANDERSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
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	5 184
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) 160 6a(2) 149 6b 0 6c 25 6d 174 6e 0 6f 174 6g 127 6h 3
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: 2A 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (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)** ☐ **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 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 **11/01/2019** and ending **10/31/2020**

A Name of plan VANAIR MANUFACTURING, INC. EMPLOYEES' INVESTMENT FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 VANAIR MANUFACTURING, INC.	D Employer Identification Number (EIN) 38-2511358	

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
THE VANGUARD GROUP
23-1945930

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CAPITAL RESEARCH AND MANAGEMENT COM
95-1411037

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
METRIX FINANCIAL SOLUTION, INC.
20-1591048

(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)

CORRELL CO. INVESTMENTS CO.

36-3400965

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 27 51	INVESTMENT MANGEMENT	10704	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

CORRELL CO

36-3492086

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 57 64	RECORDKEEPER	2201	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 ☐

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 11/01/2019 and ending 10/31/2020

A Name of plan <u>VANAI MANUFACTURING, INC. EMPLOYEES' INVESTMENT FUND</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>VANAI MANUFACTURING, INC.</u>	D Employer Identification Number (EIN) <u>38-2511358</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: WTRISC CIT III FOR METLIFE GROUP AN

b Name of sponsor of entity listed in (a): WILMINGTON TRUST RETIREMENT AND INSTITUTIONAL SERVICES COMPANY CIT

c EIN-PN <u>26-0142858-094</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>832585</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection

For calendar plan year 2019 or fiscal plan year beginning 11/01/2019 and ending 10/31/2020		
A Name of plan VANAIR MANUFACTURING, INC. EMPLOYEES' INVESTMENT FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 VANAIR MANUFACTURING, INC.	D Employer Identification Number (EIN) 38-2511358	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	102399	148566
(9) Value of interest in common/collective trusts	1c(9)	803422	832585
(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)	7238217	8456997
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	8144038 9438148
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	8144038 9438148

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
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	285244
	(B) Participants	2a(1)(B)	527514
	(C) Others (including rollovers)	2a(1)(C)	90885
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	903643
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	5774
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	5774
(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)	211383
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	211383
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		551834
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1672634

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	365460	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		365460
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)	2201	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	10863	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		13064
j Total expenses. Add all expense amounts in column (b) and enter total	2j		378524

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1294110
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: APPLGATE & COMPANY

(2) EIN: 46-4405607

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.)			
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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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			

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
For calendar plan year 2019 or fiscal plan year beginning 11/01/2019 and ending 10/31/2020		
A Name of plan VANAIR MANUFACTURING, INC. EMPLOYEES' INVESTMENT FUND		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 VANAIR MANUFACTURING, INC.		D Employer Identification Number (EIN) 38-2511358
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): 38-3321731 36-3865716		
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) 2019 v. 190130		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

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

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

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

b The corresponding number for the second preceding plan year

15a**15b**

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

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

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

16a**16b**

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

VANAIR MANUFACTURING, INC.
EMPLOYEES' INVESTMENT FUND
Michigan City, Indiana

ANNUAL REPORT
October 31, 2020

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Megan M. Applegate, CPA
Ronald J. Delco, CPA
Charles C. Fox, CPA
Jason M. Nichols, CPA

INDEPENDENT AUDITOR'S REPORT

To the Trustees and Participants of
Vanair Manufacturing, Inc.
Employees' Investment Fund
Michigan City, Indiana

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Vanair Manufacturing, Inc. Employees' Investment Fund which comprise the statements of net assets available for benefits - modified cash basis as of October 31, 2020 and 2019, and the related statements of changes in net assets available for benefits - modified cash basis for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Matrix Trust Company, the custodian 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 custodian holds the Plan's investment assets and executes investment

transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended October 31, 2020 and 2019, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter

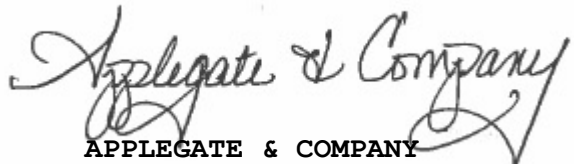
The supplemental schedules of (1) Schedule H, Part IV, Item 4I - Schedule of Assets Held for Investment Purposes, and (2) Schedule H, Part IV, Item 4J - Schedule of Reportable Transactions as of and for the year ended October 31, 2020, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, 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.

Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.


APPLEGATE & COMPANY
Certified Public Accountants

Michigan City, Indiana
August 3, 2021

VANAIR MANUFACTURING, INC. EMPLOYEES' INVESTMENT FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS
October 31, 2020 and 2019

ASSETS

	<u>2020</u>	<u>2019</u>
PARTICIPANT DIRECTED INVESTMENTS		
(Notes 1, 2, and 3):		
Royce Opportunity	\$ 271,991	\$ 279,369
Vanguard Long-Term Bond Index	646,762	551,754
Alliance Bernstein Bond Inflation Strategy Advisor		95,848
DFA US Small Cap Port		27,623
T. Rowe Price Retirement 2020		9,150
T. Rowe Price Retirement 2025	34,878	24,491
T. Rowe Price Retirement 2030	33,817	20,040
T. Rowe Price Retirement 2035	203,183	158,187
T. Rowe Price Retirement 2040	54,746	43,233
T. Rowe Price Retirement 2050	104,079	78,112
Dodge & Cox Income Fund	240,663	228,527
Vanguard Equity Income Fund - Admiral	139,755	126,266
American Funds New Perspective R6 - Shares	624,414	624,906
Vanguard Balanced Index - Admiral	1,299,120	1,217,346
Vanguard Emerging Markets Stk Idx - Adm	97,672	20,252
Vanguard REIT Index - Admiral	261,561	271,240
Vanguard Total Stock Mkt Index - Adm	69,973	58,097
Vanguard 500 Index - Admiral	1,351,203	986,313
iShares 1-3 Year Treasury Bond ETF	3,360	1,439
Fidelity Advisor Biotechnology I	32,194	37,893
Columbia Small Cap Value Fund Inst 3	8,155	65,105
Vanguard Develop Markets Index - Admir	12,253	12,141
T. Rowe Price Retirement 2015	716	272
Vanguard Total Bond Market ETF	34,077	25,964
iShares MSCI EAFE ETF	5,431	6,903
SPDR Gold Shares ETF	132,320	74,009
Vanguard Extended Market Index ETF		1,285
Hartford Midcap HLS Fund	320,613	211,579
T. Rowe Price Real Estate - I		89,315
Harbor Large Cap Value Retirement	357,721	287,615
American Century Focused Dynamic Growth R6		679,527
Carillon Scout Mid Cap Fund	220,892	306,508
Federated Kaufmann Small Cap R6	339,929	180,731
Franklin International Growth R6	214,601	118,376
Victory Sycamore Established Value - R6	117,387	153,948
Vanguard Small Cap Index Admiral	130,362	164,853
Blackrock Advantage New Perspective R6-Share	32,474	

- Continued -

VANAIR MANUFACTURING, INC. EMPLOYEES' INVESTMENT FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS (CONTINUED)
October 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
<u>ASSETS</u>		
PARTICIPANT DIRECTED INVESTMENTS (Continued)		
Mass Mutual Premier Infl-Prot and Inc I	111,478	
MFS Growth R6	879,178	
Neuberger Berman	70,039	
Subtotal	<u>8,456,997</u>	<u>7,238,217</u>
COMMON COLLECTIVE TRUSTS		
Wilmington Trust Metlife Stable Value	<u>832,585</u>	<u>803,422</u>
Total participant directed investments	9,289,582	8,041,639
Notes receivable from participants	<u>148,566</u>	<u>102,399</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$9,438,148</u>	<u>\$8,144,038</u>

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

VANAIR MANUFACTURING, INC. EMPLOYEES' INVESTMENT FUND

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS
For the years ended October 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
<u>INVESTMENT INCOME:</u>		
Investment income (Note 6)	\$ 211,383	\$ 333,875
Net appreciation in fair value of investments (Note 6)	<u>551,834</u>	<u>571,130</u>
Total	<u>763,217</u>	<u>905,005</u>
 Interest income on notes receivable from participants (Note 6)	 <u>5,774</u>	 <u>4,444</u>
 <u>CONTRIBUTIONS:</u>		
Participant contributions	527,514	467,959
Employer contributions	285,244	272,491
Rollovers	<u>90,885</u>	<u> </u>
Total	<u>903,643</u>	<u>740,450</u>
 Total additions	 <u>1,672,634</u>	 <u>1,649,899</u>
 <u>DEDUCTIONS:</u>		
Benefits paid to participants	365,460	295,403
Other deductions (Note 7)	<u>13,064</u>	<u>11,714</u>
 Total deductions	 <u>378,524</u>	 <u>307,117</u>
 NET INCREASE	 1,294,110	 1,342,782
 <u>NET ASSETS AVAILABLE FOR BENEFITS:</u>		
Beginning of year	<u>8,144,038</u>	<u>6,801,256</u>
 End of year	 <u>\$9,438,148</u>	 <u>\$8,144,038</u>

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

VANAIR MANUFACTURING, INC. EMPLOYEES' INVESTMENT FUND

NOTES TO THE FINANCIAL STATEMENTS

October 31, 2020 and 2019

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Vanair Manufacturing, Inc. Employees' Investment Fund ("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 consists of assets held for the benefit of participating employees under the Plan. The participating employees and employer make discretionary contributions to the Plan which shall not exceed the maximum amount deductible under the provision of Sections 404(a)(3) or 415(e) of the Internal Revenue Code. Matrix Trust Company serves as the custodian of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

"Participating Employer" means Vanair Manufacturing, Inc.

ELIGIBILITY - Employees are eligible for participation in the Plan on the first entry date coinciding with or next following the date he or she becomes an employee. Entry dates are the first day of the first, fourth, seventh and tenth calendar months of each Plan year.

PARTICIPANT ACCOUNTS AND INVESTMENT OPTIONS - Each participant's account is credited with the participant's contribution and allocations of the Company's contribution and plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit

- Continued -

VANAIR MANUFACTURING, INC. EMPLOYEES' INVESTMENT FUND

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

October 31, 2020 and 2019

NOTE 1 - DESCRIPTION OF PLAN (Continued)

to which a participant is entitled is the benefit that can be provided from the participant's vested account.

INVESTMENT OPTIONS - Upon enrollment in the Plan, as of October 31, 2020, a participant may direct employee contributions in any of the options below:

Royce Opportunity
Vanguard Long-Term Bond Index
T. Rowe Price Retirement 2025
T. Rowe Price Retirement 2030
T. Rowe Price Retirement 2035
T. Rowe Price Retirement 2040
T. Rowe Price Retirement 2050
Dodge & Cox Income Fund
Vanguard Equity Income Fund - Admiral
American Funds New Perspective R6 - Shares
Vanguard Balanced Index - Admiral
Vanguard Emerging Markets Stk Idx - Adm
Vanguard REIT Index - Admiral
Vanguard Total Stock Mkt Index - Adm
Vanguard 500 Index - Admiral
iShares 1-3 Year Treasury Bond ETF
Fidelity Advisor Biotechnology I
Columbia Small Cap Value Fund Inst 3
Vanguard Develop Markets Index - Admir
T. Rowe Price Retirement 2015
Vanguard Total Bond Market ETF
iShares MSCI EAFE ETF
SPDR Gold Shares ETF
Hartford Midcap HLS Fund
Harbor Large Cap Value Retirement
Carillon Scout Mid Cap Fund

- Continued -

VANAIR MANUFACTURING, INC. EMPLOYEES' INVESTMENT FUND

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

October 31, 2020 and 2019

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Federated Kaufmann Small Cap R6
Franklin International Growth R6
Victory Sycamore Established Value - R6
Vanguard Small Cap Index Admiral
Blackrock Advantage New Perspective R6-Share
Mass Mutual Premier Infl-Prot and Inc I
MFS Growth R6
Neuberger Berman
Wilmington Trust Metlife Stable Value

FINANCIAL INSTRUMENTS - The following methods and assumptions were used by the Plan in estimating its fair value disclosures for financial instruments.

- Short-term investments: The fair values of investments are based on quoted market prices for those or similar investments.

The following tables present the Plan's fair value hierarchy for the financial assets measured at fair value on the recurring basis.

Fair Value Measurements at October 31, 2020

	<u>Level 1</u>	<u>Total</u>
Mutual funds	\$8,456,997	\$8,456,997
Common Collective Trust		832,585
	<u>\$8,456,997</u>	<u>\$9,289,582</u>

Fair Value Measurements at October 31, 2019

	<u>Level 1</u>	<u>Total</u>
Mutual funds	\$7,238,217	\$7,238,217
Common Collective Trust		803,422
	<u>\$7,238,217</u>	<u>\$8,041,639</u>

- Continued -

VANAIR MANUFACTURING, INC. EMPLOYEES' INVESTMENT FUND

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

October 31, 2020 and 2019

NOTE 1 - DESCRIPTION OF PLAN (Continued)

The Financial Accounting Standards Board ("FASB") issued ASU 2015-07, Fair Value Measurement (Topic 820) - Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent). ASU 2015-07 removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the NAV per share as a practical expedient. ASU 2015-07 also removes the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the NAV per share as a practical expedient. Investments that calculate NAV per share (or its equivalent), but for which the practical expedient is not applied will continue to be included in the fair value hierarchy along with the related required disclosures.

PARTICIPANTS LOANS - Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer between the investment fund and the loan fund. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined daily by the trustee. Principal and interest is paid ratably through payroll deductions.

- Continued -

VANAIR MANUFACTURING, INC. EMPLOYEES' INVESTMENT FUND

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

October 31, 2020 and 2019

NOTE 1 - DESCRIPTION OF PLAN (Continued)

BENEFIT PAYMENTS - Upon termination of service, participants may elect to receive a lump sum payment or periodic payments equal to the value of his or her vested account.

EMPLOYER CONTRIBUTIONS - The Company matches employee contributions at 100 percent of the first 5 percent of the compensation deferred by each participant. In addition, the Company can also make a discretionary employer profit-sharing contribution to the Plan. No such profit-sharing contribution was made in 2020 or 2019. Contributions are subject to certain limitations.

EMPLOYEE SALARY DEFERRALS - Participants are entitled to enter into a salary reduction agreement providing for before or after tax contributions to the Plan.

The maximum contribution is the lesser of the federal statutory limit or 100% of the participant's compensation. Additionally, participants who are age 50 by end of plan year may make "catch-up" contributions.

VESTING - Participants are immediately vested in their contributions and the Employer Safe Harbor contribution plus actual earnings thereon. Participants are fully vested in the Company's matching and discretionary contribution portion of their accounts plus

- Continued -

VAN AIR MANUFACTURING, INC. EMPLOYEES' INVESTMENT FUND

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

October 31, 2020 and 2019

NOTE 1 - DESCRIPTION OF PLAN (Continued)

actual earnings thereon after six years of service. A participant is fully vested upon death, disability, and reaching normal retirement age. The non-vested balance is forfeited upon termination of services.

DISTRIBUTIONS - Benefits are distributed in a lump sum and are recorded when paid.

DEATH BENEFITS - In the event of the participant's death, if the participant is married on the date of death, the entire interest of the participant shall be distributed to the surviving spouse of the participant. If there is no surviving spouse, or if the surviving spouse has consented in writing to a beneficiary designation and such consent was witnessed by the Administrator or a notary public, distribution shall be made to the beneficiary designated.

TOP-HEAVY PROVISIONS - The Plan was not top-heavy within the meaning of Code Section 416 for the years ended October 31, 2020 and 2019.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The principles and policies which significantly affect the determination of net assets and results of operations are summarized below.

BASIS OF ACCOUNTING - The accompanying financial statements have been prepared on the modified cash basis of accounting.

- Continued -

VANAIR MANUFACTURING, INC. EMPLOYEES' INVESTMENT FUND

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

October 31, 2020 and 2019

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

VALUATION OF INVESTMENTS - The investments are valued at the fair value of the underlying assets based on the quoted market prices of the underlying securities within each fund at October 31, 2020 and 2019. Participant loans are valued at the payoff balances per the respective loan amortization schedules at October 31, 2020 and 2019.

EXPENSES - The Plan's expenses may be paid by Vanair Manufacturing, Inc. or the Plan at the Company's discretion.

USE OF ESTIMATES - The preparation of financial statements requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

RISKS AND UNCERTAINTIES - The Plan provides for various investment options. The underlying investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits and participants' individual account balances.

- Continued -

VANAIR MANUFACTURING, INC. EMPLOYEES' INVESTMENT FUND

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

October 31, 2020 and 2019

NOTE 3 - INVESTMENTS

The portfolio of investments is carried at their fair market value.

Market values pertaining to the investment portfolio as of October 31, 2020 and 2019 are as follows:

	<u>2020</u>	<u>2019</u>
Mutual Funds	\$8,456,997	\$7,238,217
Common Collective Trusts	832,585	803,422
Participant loans	<u>148,566</u>	<u>102,399</u>
Total	<u>\$9,438,148</u>	<u>\$8,144,038</u>

NOTE 4 - PLAN TERMINATION

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

NOTE 5 - TAX STATUS

Vanair Manufacturing, Inc. believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an

- Continued -

VANAIR MANUFACTURING, INC. EMPLOYEES' INVESTMENT FUND

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

October 31, 2020 and 2019

NOTE 5 - TAX STATUS (Continued)

uncertain position that more-likely-than-not would not be sustained upon examination by the applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that, as of October 31, 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) 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. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2017.

NOTE 6 - CUSTODIAN CERTIFICATION

The following is a summary of the unaudited information regarding the Plan, included in the Plan's financial statements, that was prepared by or derived from information prepared by Matrix Trust Company, the custodian of the Plan, and furnished to the plan administrator. The plan administrator has obtained certifications from the custodian that such information is complete and accurate:

Statement of Net Assets

Available for Benefits:	<u>October 31, 2020</u>	<u>October 31, 2019</u>
Investments:		
Pooled Separate Accounts	\$9,289,582	\$8,041,639

- Continued -

VANAIR MANUFACTURING, INC. EMPLOYEES' INVESTMENT FUND

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

October 31, 2020 and 2019

NOTE 6 - CUSTODIAN CERTIFICATION (Continued)

Statement of Changes in Net Assets Available for Benefits:	Year ended October 31, 2020	Year ended October 31, 2019
Earnings from investments - loans	\$ 5,774	\$ 4,444
Earnings from investments - common stock/mutual funds	\$211,383	\$333,875
Change in fair value of investments - registered investment companies	\$551,834	\$571,130

All information included in Note 3 and the supplemental schedules:

Schedule H, Part IV, Item 4I - Schedule of Assets Held for
Investment Purposes

Schedule H, Part IV, Item 4J - Schedule of Reportable Transactions

For the Plan years ended October 31, 2020 and 2019, the Plan's
investments appreciated in value by \$551,834 and \$571,130, respectively.

During 2020 and 2019, the Plan's investments earned interest and
dividends of \$217,157 and \$338,319, respectively. Interest and
dividends were earned as detailed below:

	2020	2019
Mutual Funds	\$211,383	\$333,875
Participant Loans	5,774	4,444
Total	<u>\$217,157</u>	<u>\$338,319</u>

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined as any fiduciary of the Plan, any
party rendering service to the Plan, the employer, and certain others.
The following transactions occurred between the Plan and a known party-

- Continued -

VANAIR MANUFACTURING, INC. EMPLOYEES' INVESTMENT FUND

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

October 31, 2020 and 2019

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS (Continued)

in-interest during the Plan years ended October 31, 2020 and 2019:

	<u>2020</u>	<u>2019</u>
Correll Company Investments Co.		
- Administrative fees	<u>\$13,064</u>	<u>\$11,714</u>

NOTE 8 - SUBSEQUENT EVENTS

The Company has evaluated subsequent events through August 3, 2021, which is the date that the accompanying financial statements were available for issuance.

There were no subsequent events that required recognition or additional disclosure in these financial statements.

SUPPLEMENTAL SCHEDULES AS OF AND FOR
THE YEAR ENDED OCTOBER 31, 2020

VANAIR MANUFACTURING, INC. EMPLOYEES' INVESTMENT FUND

SCHEDULE H, PART IV, ITEM 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
October 31, 2020

Issuer

Royce Opportunity	\$ 271,991
Vanguard Long-Term Bond Index	646,762
T. Rowe Price Retirement 2025	34,878
T. Rowe Price Retirement 2030	33,817
T. Rowe Price Retirement 2035	203,183
T. Rowe Price Retirement 2040	54,746
T. Rowe Price Retirement 2050	104,079
Dodge & Cox Income Fund	240,663
Vanguard Equity Income Fund - Admiral	139,755
American Funds New Perspective R6 - Shares	624,414
Vanguard Balanced Index - Admiral	1,299,120
Vanguard Emerging Markets Stk Idx - Adm	97,672
Vanguard REIT Index - Admiral	261,561
Vanguard Total Stock Mkt Index - Adm	69,973
Vanguard 500 Index - Admiral	1,351,203
iShares 1-3 Year Treasury Bond ETF	3,360
Fidelity Advisor Biotechnology I	32,194
Columbia Small Cap Value Fund Inst 3	8,155
Vanguard Develop Markets Index - Admir	12,253
T. Rowe Price Retirement 2015	716
Vanguard Total Bond Market ETF	34,077
iShares MSCI EAFE ETF	5,431
SPDR Gold Shares ETF	132,320
Hartford Midcap HLS Fund	320,613
Harbor Large Cap Value Retirement	357,721
Carillon Scout Mid Cap Fund	220,892
Federated Kaufmann Small Cap R6	339,929
Franklin International Growth R6	214,601
Victory Sycamore Established Value - R6	117,387
Vanguard Small Cap Index Admiral	130,362
Blackrock Advantage New Perspective R6-Share	32,474
Mass Mutual Premier Infl-Prot and Inc I	111,478
MFS Growth R6	879,178
Neuberger Berman	70,039
Subtotal	<u>8,456,997</u>
Wilmington Trust Metlife Stable Value	832,585
Total participant directed investments	<u>9,289,582</u>
Notes receivable from Participants (Rates 4.25 - 6.5%)	<u>148,566</u>

TOTAL ASSETS HELD FOR INVESTMENT PURPOSES **\$9,438,148**

VANAIK MANUFACTURING, INC. EMPLOYEES' INVESTMENT FUND

SCHEDULE H, PART IV, ITEM 4J - SCHEDULE OF REPORTABLE TRANSACTIONS
For the year ended October 31, 2020

<u>Description</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain or (Loss)</u>
None					

Schedule H - Part IV - Line 4i - Schedule of Assets (Held at End of Year)
Attachment - Form 5500
Plan EIN: 38-2511358
Plan Number: 001

VANAIR MANUFACTURING, INC. EMPLOYEES' INVESTMENT FUND
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AT OCTOBER 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
Mutual Funds				
	American Funds	New Perspective R6 -Share	**	\$ 624,414
	Blackrock Advantage	Small Cap Coore K	**	32,474
	Carillon Scout	Mid Cap Fund	**	220,892
	Columbia	Small Cap Value Fund Inst 3	**	8,155
	Dodge & Cox	Income Fund	**	240,663
	Fedrated Kaufmann	Small Cp R6	**	339,929
	Fidelity Advisor	Biotechnology I	**	32,194
	Franklin	International Growth R6	**	214,601
	Harbor	Large Cap Value Retirement	**	357,721
	Hartford	Midcap HLS Fund	**	320,613
	iShares	1 - 3 Year Treasury Bond ETF	**	3,360
	iShares	MSCI EAFE ETF	**	5,431
	Massmutual Premier	Infl-Prot and Inc I	**	111,478
	MFS	Growth R6	**	879,178
	Neuberger Berman	Real Estate R6	**	70,039
	Royce Funds	Opportunity	**	271,991
	SPDR	Gold Shares ETF	**	132,320
	T. Rowe Price	Retirement 2015	**	716
	T. Rowe Price	Retirement 2025	**	34,878
	T. Rowe Price	Retirement 2030	**	33,817
	T. Rowe Price	Retirement 2035	**	203,183
	T. Rowe Price	Retirement 2040	**	54,746
	T. Rowe Price	Retirement 2050	**	104,079
	The Vanguard Group	500 Index - Admiral	**	1,351,203
	The Vanguard Group	Balanced Index - Admiral	**	1,299,120
	The Vanguard Group	Developed Markets Index - Admir	**	12,253
	The Vanguard Group	Emerging Markets Stk Idx - Adm	**	97,672
	The Vanguard Group	Equity Income Fund - Admiral	**	139,755
	The Vanguard Group	Long-Term Bond Index Admiral	**	646,762
	The Vanguard Group	REIT Index - Admiral	**	261,561
	The Vanguard Group	Small Cap Index - Admiral	**	130,362
	The Vanguard Group	Total Bond Market - ETF	**	34,077
	The Vanguard Group	Total Stock Mkt Index - Admiral	**	69,973
	Victory	Sycamore Established Value - R6	**	117,387
				<u>\$ 8,456,997</u>
Common/Collective Trust				
	Wilmington Trust	Metlife Stable Value	**	\$ 832,585
	Vanair Manufacturing, Inc.	Participant Loans 4% - 9.50%		\$ 148,566
				<u><u>\$ 9,438,148</u></u>

* party-in-interest

** Accounts are participant directed.