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

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
WYMAN-GORDON COMPANY RETIREMENT INCOME PLAN

1b Three-digit plan number (PN) ▶ 007

1c Effective date of plan 07/01/1946

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)
WYMAN-GORDON COMPANY

10825 TELGE RD
HOUSTON, TX 77095-5038

2b Employer Identification Number (EIN) 04-1992780

2c Plan Sponsor's telephone number 281-856-9900

2d Business code (see instructions) 332110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2021	MATTHEW DOMENICO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

PENSION COMMITTEE
WYMAN-GORDON COMPANY
10825 TELGE RD
HOUSTON, TX 77095-5038

3b Administrator's EIN: 04-1992780

3c Administrator's telephone number: 281-856-9900

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**	6170
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)**	1110
a(2) Total number of active participants at the end of the plan year	**6a(2)**	826
b Retired or separated participants receiving benefits	**6b**	2773
c Other retired or separated participants entitled to future benefits	**6c**	1774
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	5373
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	650
f Total. Add lines **6d** and **6e**	**6f**	6023
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 3F 3H 1B

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

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
WYMAN-GORDON COMPANY RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 007

C Plan sponsor's name as shown on line 2a of Form 5500
WYMAN-GORDON COMPANY

D Employer Identification Number (EIN)
04-1992780

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
42-0127290	61271	363548	322	01/01/2020	12/31/2020

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	481438
5	Current value of plan's interest under this contract in separate accounts at year end	5	1241668

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	442574
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	13473		
	(4) Transferred from separate account	7c(4)	1115552		
	(5) Other (specify below)	7c(5)			
	(6) Total additions			7c(6)	1129025
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1571599
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1110906		
	(2) Administration charge made by carrier	7e(2)	12698		
	(3) Transferred to separate account	7e(3)	4646		
	(4) Other (specify below)	7e(4)	3197		
	(5) Total deductions			7e(5)	1131447
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	440152

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

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

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

A Name of plan
WYMAN-GORDON COMPANY RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 007

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
WYMAN-GORDON COMPANY

D Employer Identification Number (EIN)
04-1992780

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2020

2 Assets:

a Market value	**2a**	577597075
b Actuarial value	**2b**	555715107

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	3430	266098424	266098424
b For terminated vested participants	1630	66299436	66299436
c For active participants	1110	108901659	110703075
d Total	6170	441299519	443100935

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.36 %
6 Target normal cost	**6**	6042743

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	10/11/2021 Date
BRUCE R. MITTON Type or print name of actuary	20-05511 Most recent enrollment number
MILLIMAN, INC. Firm name	503-227-0634 Telephone number (including area code)
1455 SW BROADWAY SUITE 1600 PORTLAND, OR 97201 Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	90268646
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	90268646
10	Interest on line 9 using prior year's actual return of 17.83 %	0	16094900
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.51 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	106363546

Part III Funding Percentages

14	Funding target attainment percentage	14	101.41 %
15	Adjusted funding target attainment percentage	15	125.41 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	103.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.64 %	5.21 %	5.94 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	6042743
b Excess assets, if applicable, but not greater than line 31a	**31b**	6042743

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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	**B** Three-digit plan number (PN) ▶
WYMAN-GORDON COMPANY RETIREMENT INCOME PLAN	007
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
WYMAN-GORDON COMPANY	04-1992780

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

MILLIMAN, INC.

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17	N/A	356608	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BNY MELLON ASSET SERVICING

13-5160382

(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?
18 21 25 59 62	N/A	48246	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

DELOITTE & TOUCHE LLP

13-3891517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	N/A	41243	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

STOEL RIVES LLP

93-0408771

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	N/A	14353	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 64	N/A	12698	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
WYMAN-GORDON COMPANY RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 007

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
WYMAN-GORDON COMPANY

D Employer Identification Number (EIN)
04-1992780

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LIQUID ASSETS SEP ACCT-R6

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

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)
42-0127290-024	P	148315

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN GOVT & HQ BOND SA-R6

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

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)
42-0127290-007	P	1093353

a Name of MTIA, CCT, PSA, or 103-12 IE: PCC MSTR TRUST-DEF BEN PLANS

b Name of sponsor of entity listed in (a): PRECISION CASTPARTS CORP.

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)
13-7073447-001	M	804156172

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

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
WYMAN-GORDON COMPANY RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 007

C Plan sponsor's name as shown on line 2a of Form 5500
WYMAN-GORDON COMPANY

D Employer Identification Number (EIN)
04-1992780

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 reported on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1133298	1241668
(11) Value of interest in master trust investment accounts	1c(11)	575940668	804156172
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	523109	532234
(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	577597075	805930074
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	39740	69189
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	39740	69189
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	577557335	805860885

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	14897	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14897
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	37167	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		37167

		(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)		256204420
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		256256484
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	26937775	
(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)		26937775
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)	489899	
(2) Contract administrator fees	2i(2)	12698	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	512562	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1015159
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		27952934
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		228303550
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)** [X] 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) [X] 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: BAKER TILLY US, LLP **(2)** EIN: 39-0859910

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			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?	**4e**	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c 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 4314588.

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.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
WYMAN-GORDON COMPANY RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 007

C Plan sponsor's name as shown on line 2a of Form 5500
WYMAN-GORDON COMPANY

D Employer Identification Number (EIN)
04-1992780

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): 13-7073447 42-0127290

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☒ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6	a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
	b	Enter the amount contributed by the employer to the plan for this plan year	6b	
	c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☐ N/A

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

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: 77.0 % Investment-Grade Debt: 0.0 % High-Yield Debt: 2.0 % Real Estate: 0.0 % Other: 21.0 %

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 _____

Wyman-Gordon Company
Retirement Income Plan

Financial Statements

December 31, 2020 and 2019

Wyman-Gordon Company Retirement Income Plan

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December 31, 2020 and 2019

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Independent Auditors' Report

To the Participants and Plan Administrator of
Wyman-Gordon Company Retirement Income Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Wyman-Gordon Company Retirement Income Plan (the Plan), which comprise the statement of net assets available for benefits as of December 31, 2020 and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information discussed in Note 10, which was certified by The Bank of New York Mellon/BNY Mellon, N.A. and Principal Life Insurance Company, the trustees of the Plan, except for comparing such information with the related information included in the 2020 financial statements. We have been informed by the plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustees as of and for the year ended December 31, 2020, that the information provided to the plan administrator by the trustees 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 on the 2020 financial statements. Accordingly, we do not express an opinion on the accompanying 2020 financial statements.

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Other Matter - Supplemental Schedule

The supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2020 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

Other Matter - 2019 Financial Statements

The financial statements of the Plan as of December 31, 2019 were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the trustees. Their report, dated September 4, 2020, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustees, were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance With DOL Rules and Regulations - 2020

The form and content of the information included in the 2020 financial statements and supplemental schedule, other than that derived from the information certified by the trustees, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Baker Tilly US, LLP

Wilkes-Barre, Pennsylvania
October 8, 2021

Wyman-Gordon Company Retirement Income Plan

Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

	2020	2019
Assets		
Plan interest in Precision Castparts Corp. Master Trust, at fair value	$ 804,156,172	$ 575,940,668
Investments at fair value	1,773,902	1,656,407
Total investments	805,930,074	577,597,075
Liabilities		
Accrued administrative expenses	69,189	39,740
Net assets available for benefits	$ 805,860,885	$ 577,557,335

See notes to financial statements

Wyman-Gordon Company Retirement Income Plan

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2020 and 2019

	2020	2019
Additions		
Plan interest in net investment income of Precision Castparts Corp. Master Trust	$ 256,204,420	$ 89,426,573
Net appreciation in fair value of investments	37,167	81,939
Interest and dividends	14,897	16,528
Total investment income	256,256,484	89,525,040
Deductions		
Benefits paid to participants	26,937,775	26,185,656
Administrative expenses	1,015,159	960,628
Total deductions	27,952,934	27,146,284
Net increase	228,303,550	62,378,756
Net Assets Available for Benefits		
Beginning of year	577,557,335	515,178,579
End of year	$ 805,860,885	$ 577,557,335

See notes to financial statements

1. Description of the Plan

The following description of the Wyman-Gordon Company Retirement Income Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan was created to provide pension benefits for eligible employees of Wyman-Gordon Company and PCC Specialty Products, Inc. (the Companies), wholly owned subsidiaries of Precision Castparts Corp. (PCC). The Plan is a single employer, noncontributory (with the exception of those participants of PCC Specialty Products, Inc.), defined benefit plan. The assets are invested in the Precision Castparts Corp. Master Trust (Master Trust) with The Bank of New York Mellon (BNYM). The Plan is subject to the provisions of the Employee Retirement Income Securities Act of 1974 (ERISA).

The Companies have appointed an administrative committee to oversee the administration of the plan, with local human resources personnel providing day-to-day support functions. The Master Trust Investment Committee determines the appropriateness of the Plan's investments and monitors investment performance.

The PCC Specialty Products, Inc. Contributory Retirement Plan merged into the Wyman-Gordon Retirement Income Plan effective December 31, 2007, resulting in a transfer of net assets to the Plan. Assets of the PCC Specialty Products, Inc. Contributory Retirement Plan were held in the Master Trust, as well as with Principal Life Insurance Company (Principal). In 2009, the Plan froze accruals for participants in the PCC Specialty Products, Inc. Contributory Retirement Plan component of the Plan.

In 2011, the Plan closed plan participation to members of United Steelworkers of America Local No. 2285 hired on or after December 11, 2011. The Plan further closed plan participation to all nonbargaining unit employees hired after June 30, 2012. In 2014, the Plan closed plan participation to members of the International Association of Machinists and Aerospace Workers hired on or after September 1, 2014 and to members of the International Brotherhood of Electrical Workers hired on or after October 1, 2014. Therefore, effective October 1, 2014, the Plan has closed plan participation to all employees of the Companies.

Funding Policy

The Plan's funding policy is for the Companies to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The Companies' contributions are based on actuarial calculations as determined under the Unit Credit Actuarial Cost Method with amortization of past service cost over the period of time required to satisfy minimum funding requirements. No participant contributions are permitted. The minimum funding requirements of ERISA were met for 2020 and 2019.

Although it has not expressed any intention to do so, the Companies' have 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.

Eligibility and Vesting

Except as indicated above, employees of Wyman-Gordon Company, Wyman-Gordon Forgings, Inc. and PCC Specialty Products, Inc. (including relevant predecessor companies) are eligible to participate in the Plan. Former employees of GSC Foundries, Inc., employees in the GSC Foundries division of Wyman-Gordon Investment Castings, Inc., and employees in the McWilliams Forge Company were excluded from eligibility, although eligible participants who transfer to these companies continue to remain eligible to participate.

Participants, who are employees of the Wyman-Gordon Company, who retired prior to January 1, 1989, are 100 percent vested in their benefits after ten years of service in accordance with the provisions of the Plan. Participants who retire after December 31, 1988, are 100% vested after five years of service.

Participants, who are employees of PCC Specialty Products, Inc., are 100 percent vested in the employer contributions after completing five years of service.

Pension Benefits

Generally, participants from the Wyman-Gordon Company are entitled to pension benefits beginning on the first day of the employee's birthday month or the first of the following month at which full entitlement to social security retirement benefits is applicable, or the fifth anniversary of employment, whichever occurs later. A participant may elect to retire early on the first of any month coincident with or following their 55th birthday provided they have completed five years of credited service. Depending upon the schedule used to calculate the participant's benefit, the participant is entitled to elect among the form of a single life annuity and contingent annuity options with payments continued to the participant's spouse at a rate of 100 percent, 75 percent or 50 percent of the participant's benefit. Period certain options may also be available under some schedules. See schedules for more details.

Under the general terms of the Plan, participants from PCC Specialty Products, Inc. who have reached age 65 are entitled to normal pension benefits. Non-salaried participants of the Eldorado Division who have reached age 65 and have completed 10 years of service may elect early retirement and receive reduced normal retirement benefits as defined by the Plan. Benefits are paid in the form of a single life annuity, although salaried employees will receive payments in the form of a 10-year certain and life annuity.

Death and Disability Benefits

If a vested participant dies before normal or early retirement age and is not eligible for the surviving spouse benefit, then on the date of death the participant's beneficiary will receive the total deposits made by the participant to the Plan, plus interest through the date of death. If a vested participant dies before normal or early retirement age and was married for at least one year at the time of death, a death benefit equal to the actuarial equivalent of 50 percent of the value of the participant's accumulated retirement benefits is paid to the surviving spouse. Active employees who become totally disabled after reaching age 55 and completing at least 10 years of service are entitled to elect early retirement and receive the corresponding benefits.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Companies, as provided by the plan document. Expenses that are paid directly by the Companies are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in the Plan's interest in the net investment income of the Master Trust presented in the accompanying Statements of Changes in Net Assets Available for Benefits.

Investment Valuation and Income Recognition

The Plan's interest in the Master Trust is reported at fair value based on the underlying investments. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a 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 the value of investments is allocated by the Master Trust to the Plan based upon the Plan's daily weighted average percentage of net assets for a given month.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Vested benefits are benefits to which participants are entitled regardless of future service with the Companies. Nonvested benefits are dependent on future service.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary as of January 1, 2020 and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits as of January 1, 2020 is as follows:

Vested benefits:	
Participants and beneficiaries currently receiving payments	$ 220,724,246
Other participants	135,497,789
Total vested benefits	356,222,035
Nonvested benefits	560,581
Total actuarial present value of accumulated plan benefits	$ 356,782,616

The changes in the actuarial present value of the accumulated plan benefits for the year ended December 31, 2019 are summarized as follows:

Actuarial present value of accumulated plan benefits, at beginning of year	$ 366,851,698
Increase (decrease) during the year attributable to:	
Benefits accumulated	4,015,084
Increase for interest due to decrease in discount period	25,955,220
Benefits paid	(26,185,656)
Change in actuarial assumption	(11,050,856)
Actuarial gain	(2,802,874)
Actuarial present value of accumulated plan benefits, at end of year	$ 356,782,616

Significant assumptions underlying the actuarial computations are as follows:

a) Mortality - Pri-2012 Private Retirement Plans Healthy Blue Collar Mortality Tables projected with Scale MP 2019 on a generational basis.

b) Discount Rate - 7.25 percent

c) Eligible employees were assumed to retire according to the following table:

Age	Steelworkers and PCC Specialty Products	Houston Hourly
55-58	1.0%	1.0%
59	2.0%	2.0%
60	3.0%	5.0%
61	15.0%	5.0%
62	25.0%	15.0%
63	20.0%	10.0%
64	30.0%	10.0%
65	35.0%	25.0%
66	35.0%	20.0%
67-68	40.0%	20.0%
69	50.0%	30.0%
70	100.0%	100.0%

d) Different retirement rates were assumed to apply based on the participant's social security normal retirement age.

	Social Security Normal Retirement Age	
Age	66	67
55-59	2.0%	2.0%
60	7.5%	7.5%
61	7.5%	7.5%
62	12.0%	12.0%
63	15.0%	12.0%
64	10.0%	15.0%
65	35.0%	10.0%
66	40.0%	35.0%
67	30.0%	40.0%
68	30.0%	30.0%
69	30.0%	30.0%
70	100.0%	100.0%

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

The mortality assumption was updated to incorporate a more recent mortality table and projection scale to reflect both current and expected mortality improvements. These changes resulted in a decrease of approximately $11.1 million in the actuarial present value of accumulated benefits in 2020.

Recent Accounting Standard

In August 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2018-13, *Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement*. ASU No. 2018-13 modifies the disclosure requirements for fair value measurements in Topic 820, *Fair Value Measurement*. The amendments are based on the concepts in the FASB Concepts Statement, *Conceptual Framework for Financial Reporting—Chapter 8: Notes to Financial Statements*, which the FASB finalized on August 28, 2018. ASU No. 2018-13 is effective for fiscal years beginning after December 15, 2019. Management has adopted the provisions of this new standard for the year ended December 31, 2020. This update was retrospectively applied.

Subsequent Events

The Plan has evaluated subsequent events for recognition or disclosure through October 8, 2021, the date the financial statements were available to be issued.

3. Fair Value Measurements

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

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

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

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

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

The following is a description of the valuation methodologies used for assets held in the Master Trust measured at fair value. The Plan is able to purchase or sell units of the Master Trust on a daily basis. The Master Trust asset allocation strategy is designed with the objective of achieving the asset return assumption consistently over the long-term in order to fund future payment obligations, while minimizing contributions and plan sponsor economic risk. The asset categories are described below, along with the valuation methodologies and investment level classifications. There have been no changes in the methodologies used at December 31, 2020 and 2019.

Public Equity – Public equity investments consist of publicly traded equity securities, as well as hedged equity investment strategies which may add short positions in equities or equity futures in order to generate absolute returns regardless of equity market direction. Equity investments held directly are valued based upon closing prices reported in active trading markets and classified as Level 1. Other fund investments are valued using the most recent net asset value (NAV) of the fund.

Private Equity - Private equity investments consist of investments in nonpublic companies made directly or through limited partnerships or commingled vehicles with managers who purchase interests in nonpublic companies. Sub-categories of private equity may include venture capital, early stage, special situations or restructuring funds. Private equity typically has low liquidity, a 10 year or longer investment commitment, and valuation methodologies that require the use of significant unobservable inputs. Direct private equity investments are classified as Level 3, while investments made through funds are typically valued at the most recent NAV of the fund. As of December 31, 2020 and 2019, unfunded capital commitments to private equity investments were approximately $4 million.

Alternative Strategies - Alternative strategies are investments with managers who seek specified levels of absolute returns with minimal correlation to market movements. Alternatives managers typically invest in futures, forwards or options on a variety of asset classes. Investments are typically made in investment funds with values stated at fund NAVs. Royalty investments were historically made through investment funds which purchase income-producing royalties derived from sales of pharmaceutical products, with the fund's underlying royalty investments subject to independent fair valuation methodologies used in determining the fund's NAV. Liquidity was typically arranged in the secondary market with trades occurring at the most recent NAV. During 2020 the Companies' significant royalty investment fund holding was restructured and now trades as a publicly listed equity security. As such, this investment was recategorized during 2020 as a Public Equity holding and classified as Level 1.

Fixed Income - Fixed income investments consist of private fixed income securities of non-U.S. corporate issuers classified as Level 3, as well as publicly traded investment funds classified as Level 1.

Cash/Other - Cash and other investments include highly liquid money market securities, demand deposits and other cash equivalents. Cash and other investments are classified as Level 1, or stated at NAV for private money market funds.

4. Undivided Interest in the Precision Castparts Corp. Master Trust

The majority of the Plan's investments are held in the Master Trust. The Plan's interest is calculated based on the fair value at the end of the previous period, plus any contributions and income received, less benefit payments and expenses paid for each plan during the period.

At December 31, 2020 and 2019, the Plan's interest in the net assets of the Master Trust was 31.70 percent and 31.79 percent, respectively. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon the amount of time the Plan's assets were invested in the Master Trust.

The following table presents the net assets of the Master Trust as of December 31, 2020 and 2019:

	2020		2019	
	Master Trust	Plan's Proportionate Share	Master Trust	Plan's Proportionate Share
Equity:				
Public	$ 2,093,976,806	$ 663,708,162	$ 1,181,110,281	$ 375,470,658
Private	248,879,852	78,885,109	222,363,967	70,688,695
Alternative Strategies	3,409,840	1,080,785	356,742,619	113,407,180
Fixed income	52,362,602	16,596,882	30,433,655	9,674,748
Cash/other	136,648,440	43,312,173	18,864,254	5,996,878
Total investments at fair value	2,535,277,540	803,583,111	1,809,514,776	575,238,159
Accrued interest and dividends	1,807,988	573,061	2,209,869	702,509
Total net assets of Master Trust	$ 2,537,085,528		$ 1,811,724,645	
Plan interest in Master Trust		$ 804,156,172		$ 575,940,668

During 2020 and 2019, investment income for the Master Trust is as follows:

	2020	2019
Net appreciation in fair value of investments	$ 767,214,565	$ 238,773,848
Interest and dividends	41,191,425	42,472,493
Total investment income	$ 808,405,990	$ 281,246,341
Plan's interest in Master Trust investment income	$ 256,204,420	$ 89,426,573

The following table sets forth by level, within the fair value hierarchy, the Master Trust'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
Equity:				
Public	$ 2,092,770,849	$ -	$ -	$ 2,092,770,849
Private	-	-	86,578,058	86,578,058
Fixed income	20,005,476	-	32,357,126	52,362,602
Cash/other	124,918,819	-	-	124,918,819
Total assets in the fair value hierarchy	$ 2,237,695,144	$ -	$ 118,935,184	2,356,630,328
Investments measured at NAV (a)				178,647,212
Total investments at fair value				$ 2,535,277,540

	Assets at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Equity:				
Public	$ 1,161,469,943	$ -	$ -	$ 1,161,469,943
Private	-	-	88,049,391	88,049,391
Fixed income	-	-	30,433,655	30,433,655
Total assets in the fair value hierarchy	$ 1,161,469,943	$ -	$ 118,483,046	1,279,952,989
Investments measured at NAV (a)				529,561,787
Total investments at fair value				$ 1,809,514,776

(a) Certain investments measured at NAV have not been classified in the fair value hierarchy but are presented in this table to permit reconciliation of the amounts in the fair value hierarchy to the total investments held by the Master Trust.

The table below sets forth a summary of certain changes in the fair value of the Master Trust's Level 3 assets for the years ending December 31, 2020 and 2019:

	2020		
	Private Equity	**Fixed Income**	**Total**
Purchases	$ -	$ -	$ -
Issuances	-	-	-
Transfers in and/or out of Level 3	(10,235,205)	-	(10,235,205)

	2019		
	Private Equity	**Fixed Income**	**Total**
Purchases	$ 700,000	$ -	$ 700,000
Issuances	-	-	-
Transfers in and/or out of Level 3	-	-	-

Gains and losses (realized and unrealized) included in the change in net assets for the periods above are reported in plan interest in net investment income of Master Trust in the Statements of Changes in Net Assets Available for Benefits.

Transfers Between Levels - The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. In 2020 the Plan had $10,235,205 of transfers from Level 3 to Level 1. In 2019, there were no transfers between levels.

5. Valuation of Investments Held by Principal

The Plan holds guaranteed investment contracts with Principal. The guaranteed investments contracts are valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer. The Plan also holds investments in pooled separate accounts valued at NAV that invest in bonds and other liquid assets. Such investments can be redeemed immediately without notice at the current NAV per share based on the fair value of the underlying assets.

The following table sets forth by level, within the fair value hierarchy, the assets held with Principal 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**
Guaranteed investment contract with Principal Life Insurance Company	$ -	$ 532,234	$ -	$ 532,234
Investments measured at NAV (a)				1,241,668
Total investments at fair value				$ 1,773,902

	Assets at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Guaranteed investment contract with Principal Life Insurance Company	$ -	$ 523,109	$ -	$ 523,109
Investments measured at NAV (a)				1,133,298
Total investments at fair value				$ 1,656,407

6. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

b) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.

c) All other vested benefits (that is, vested benefits not insured by PBGC).

d) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Companies and the level of benefits guaranteed by the PBGC.

7. Related-Party and Party in Interest Transactions

The Plan's investments are administered under a contract with BNYM and Principal, the trustees of the Plan. Contributions are held and managed by BNYM and Principal, who invests cash received, interest and dividend income and make distributions to participants. These transactions qualify as party in interest transactions which are exempt from the prohibited transactions rules of ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Companies. No such officer or employee receives compensation from the Plan.

8. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Companies by a letter dated June 23, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

9. Risks and Uncertainties

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

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, 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 Statements of Net Assets Available for Benefits.

10. Information Certified by Trustees

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2020 and 2019. Accordingly, BNYM and Principal, the trustees of the Plan, have certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2020 and 2019 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2020, and the related investment activity reported in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2020 and 2019.

Schedule SB, line 26 – Schedule of Active Participant Data
Wyman-Gordon Company Retirement Income Plan
EIN/PN: 04-1992780/007

ACTIVE PARTICIPANTS
(January 1, 2020)

ACTIVE PARTICIPANTS
(January 1, 2020)

YEARS OF CREDITED SERVICE*

	UNDER 1		1 TO 4		5 TO 9		10 TO 14	
AGE	NO.	AVERAGE EARNINGS	NO.	AVERAGE EARNINGS	NO.	AVERAGE EARNINGS	NO.	AVERAGE EARNINGS
Under 25	-	$ -	-	$ -	-	$ -	-	$ -
25 to 29	-	-	-	-	11	-	1	-
30 to 34	-	-	1	-	35	65,894	25	82,869
35 to 39	-	-	1	-	29	70,024	48	80,375
40 to 44	-	-	-	-	18	-	46	78,719
45 to 49	-	-	-	-	20	61,948	49	79,108
50 to 54	-	-	-	-	24	83,215	38	72,924
55 to 59	-	-	-	-	16	-	28	80,431
60 to 64	-	-	1	-	11	-	24	71,924
65 to 69	-	-	-	-	6	-	10	-
70 and Up	-	-	-	-	-	-	-	-
Totals	-	$ -	3		170	$ 69,289	269	$ 78,117

YEARS OF CREDITED SERVICE*

	15 TO 19		20 TO 24		25 TO 29		30 TO 34	
AGE	NO.	AVERAGE EARNINGS	NO.	AVERAGE EARNINGS	NO.	AVERAGE EARNINGS	NO.	AVERAGE EARNINGS
Under 25	-	$ -	-	$ -	-	$ -	-	$ -
25 to 29	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-
35 to 39	3	-	-	-	-	-	-	-
40 to 44	15	-	15		-	-	-	-
45 to 49	21	89,944	35	73,129	2	-	1	-
50 to 54	17	-	43	77,182	8	-	13	-
55 to 59	16	-	47	74,808	34	80,610	19	-
60 to 64	10	-	30	71,141	46	88,173	20	106,995
65 to 69	4	-	8		14	-	5	-
70 and Up	-	-	-	-	3	-	-	-
Totals	86	$ 80,535	178	$ 74,295	107	$ 84,623	58	$ 105,245

YEARS OF CREDITED SERVICE*

	35 TO 39		40 & UP		ALL YEARS	
AGE	NO.	AVERAGE EARNINGS	NO.	AVERAGE EARNINGS	NO.	AVERAGE EARNINGS
Under 25	-	$ -	-	$ -	-	$ -
25 to 29	-	-	-	-	12	-
30 to 34	-	-	-	-	61	73,751
35 to 39	-	-	-	-	81	78,217
40 to 44	-	-	-	-	94	80,403
45 to 49	-	-	-	-	128	76,853
50 to 54	1	-	-	-	144	81,313
55 to 59	15	-	12	-	187	81,557
60 to 64	29	100,308	41	75,576	212	83,033
65 to 69	5	-	16	-	68	76,477
70 and Up	1	-	4	-	8	-
Totals	51	$ 97,296	73	$ 80,069	995	$ 79,690

TRANSFER PARTICIPANTS WITH NO AVAILABLE COMPENSATION: 43

PARTICIPANTS WITH FROZEN BENEFITS: 40

*Include prior service with Cameron Ironworks USA for Houston hourly employees.

Excludes 32 former employees currently on Long-Term Disability who continue to earn Credited Service under the Plan but who received no earnings for 2019.

ACTUARIAL ASSUMPTIONS AND ACTUARIAL COST METHOD

Discount Rates

As selected by PCC, the rates for calculating the PPA Funding Target are the January 2020 segment rates. As prescribed by Segment Rate Stabilization legislation, in 2020 these rates must be between 90% and 110% of the 25-year average rates published by the IRS.

- Segment 1 payments under 5 years 3.64%
- Segment 2 payments between 5 and 20 years 5.21%
- Segment 3 payments after 20 years 5.94%

A discount rate of 7.25% was used for calculating the actuarial value of assets.

Mortality

For calculating the Funding Target, mortality follows the RP-2014 annuitant and non-annuitant static mortality tables for 2020 as prescribed by the IRS.

Future Salaries

Salaries for Houston Hourly participants are assumed to increase at 3% per annum. (Adopted January 1, 2014)

Salaries for Salaried Forgings and Salaried Castings participants were assumed to increase according to the following rates based on Years of Service. (Adopted January 1, 2004)

Years of Service	Salary Increase
1-4	6.25%
5-12	4.00%
13-20	3.75%
21-25	3.50%
26-30	3.25%
31+	3.00%

Withdrawal (Adopted January 1, 2014)

Annual rates of termination are shown below.

Years of Vesting Service	Salaried Participants	Houston Hourly Participants	Steelworkers Participants and PCC Specialty Products
0	28%	25%	25%
1	28%	25%	25%
2	22%	7%	25%
3	22%	7%	12%
4	17%	4%	6%
5	11%	4%	6%
6-14	11%	4%	4%
15	7%	4%	1%
16-19	7%	1%	1%
20-29	4%	1%	1%
30+	0%	1%	1%

Disability

Employees at Salaried locations are assumed to become disabled in accordance with 60% of the United Auto Workers Disability Study Table for males. Employees at Houston Hourly locations are assumed to become disabled in accordance with the 1964 Social Security Rate of Disability Table. Employees at Steelworkers and PCC Specialty Products locations are assumed to become disabled in accordance with 60 percent of the 1964 Social Security Rate of Disability Table. Annual rates of disablement are shown below. (Adopted January 1, 2014)

Age	Salaried Participants	Houston Hourly Participants	Steelworkers Participants
30	0.024%	0.076%	0.046%
40	0.042%	0.175%	0.105%
50	0.108%	0.463%	0.278%
60	0.540%	1.367%	0.820%

Retirement (Adopted January 1, 2014)

Annual rates of retirement from active employment are shown below.

Age	Steelworkers and PCC Specialty Products	Houston Hourly
55-58	1%	1%
59	2%	2%
60	3%	5%
61	15%	5%
62	25%	15%
63	20%	10%
64	30%	10%
65	35%	25%
66	35%	20%
67-68	40%	20%
69	50%	30%
70	100%	100%

Retirement rates for Salaried Forgings and Salaried Castings participants were assumed to follow the table below. Different retirement rates were assumed to apply based on the participant's social security normal retirement age.

	Social Security Normal Retirement Age	
Age	66	67
55-59	2.0%	2.0%
60	7.5%	7.5%
61	7.5%	7.5%
62	12.0%	12.0%
63	15.0%	12.0%
64	10.0%	15.0%
65	35.0%	10.0%
66	40.0%	35.0%
67	30.0%	40.0%
68	30.0%	30.0%
69	30.0%	30.0%
70	100.0%	100.0%

Benefit Commencement Age For Inactive Participants With A Vested Deferred Benefit
(Adopted January 1, 2000)

Salaried Forgings participants are assumed to commence pension payments three years prior to Normal Retirement Age (age 62, 63 or 64, depending on the participant's Normal Retirement Age).

Salaried Castings participants are assumed to commence pension payments at age 65.

Participants from Steelworkers, Houston Hourly and other closed Hourly locations are assumed to commence benefits at age 62.

Participants from Johnston Pump/General Valve are assumed to commence benefits at age 62 if eligible for Early Retirement; otherwise, they are assumed to retire at Normal Retirement Age.

For PCC Specialty Products, participants from Olofsson Union or Non-Union are assumed to commence benefits at age 60 if eligible for Early Retirement; otherwise, they are assumed to retire at age 62. Participants from other divisions are assumed to commence benefits at age 65.

Future Participation and Service

It was assumed that each active participant would earn one year of participation and one year of service in each future plan year prior to the year of retirement, death, or withdrawal.

Probability of Marriage (Adopted January 1, 2014)

75% of non-retired participants are assumed to be married. A three-year age differential between spouses is assumed with the males being older.

Expenses

Administrative expenses paid from the Trust are assumed to be $1,000,000 annually, payable at the beginning of year. (Adopted January 1, 2020)

Social Security (Adopted January 1, 2000)

The Social Security taxable wage base is assumed to increase 4.5% per year.

Actuarial Value of Assets (adopted January 1, 2009)

For funding requirements, the Plan uses the 24 month average value of assets per IRS Notice 2009-22.

Actuarial Cost Method

For purposes of calculating the Funding Target, we generally calculate the actuarial present value of benefits accrued as of the beginning of the plan year. This cost method is typically referred to as the Unit Credit method. A limited exception to this applies for current and future disability benefits, where Funding Target liability is calculated in accordance with IRS regulations.

Employee Contributions (Adopted January 1, 2010)

PCC Specialty Products employees no longer contribute to the plan. Accounts for active members are assumed to earn 8.00% interest in the future.

Redemption of Employee Contributions

PCC Specialty Products active employees who terminate prior to attaining eligibility for Early Retirement are assumed to withdraw their employee deposits with interest at termination. For determining the employer provided benefit after withdrawal, the benefit attributable to the employee deposits is subtracted from the total benefit. Account balances are projected to age 65 at 6.50% and converted to a single life annuity using the mortality specified in Revenue Ruling 2001-62 at 6.50%.

Active employees who retire are assumed to receive the greater of the formula benefit or the account balance as an annuity. Account balances are converted to a single life annuity using the mortality specified in Revenue Ruling 2001-62 at 6.50%.

Liabilities for Eldorado, Merriman, Quamco and Reed Rico vested terminated participants in PCC Specialty Products were increased 2.00% (adopted January 1, 2004) to better estimate the cost for participants who withdraw their account balances at a later date, but prior to retirement.

Election of Form of Payment

Steelworkers non-retired participants are assumed to elect the life annuity with 10 years guaranteed upon retirement. Salaried Forgings and Castings and Houston Hourly non-retired participants are assumed to elect the single life annuity upon retirement.

PCC Specialty Products nonretired members are assumed to elect the benefit form as follows:

Division	Form of Payment
Eldorado	10 Year Certain & Life Annuity
Merriman	Single Life Annuity
Quamco	Single Life Annuity
Reed Rico	10 Year Certain & Life Annuity
Olofsson GAO	Single Life Annuity
Olofsson Non-Union	65% Joint & Survivor Annuity*
Olofsson Union	65% Joint & Survivor Annuity*

Members in pay status are valued according to the benefit form elected at retirement.

* Liabilities were loaded with 4.60% to estimate subsidized 65% Joint & Survivor Annuity being the normal form of payment.

Election of Pre-Retirement Death Benefits

Surviving spouses of married active participants are assumed to receive the preretirement 50% joint & survivor annuity. Beneficiaries of unmarried active participants in eligible divisions are assumed to receive the alternative pre-retirement death benefit.

Currently inactive participants are assumed to be 75% married in order to estimate the impact of the alternative pre-retirement death benefits for eligible participants.

Changes in Actuarial Assumptions

- The expenses assumption was updated to $1,000,000 from $925,000 to reflect recent and anticipated future experience.
- The mortality assumption used to calculate the Funding Target was updated to the RP-2014 annuitant and non-annuitant static mortality tables for 2020 as prescribed by the IRS.

- The segment rates used to calculate the Funding Target, the Maximum Deductible Contribution, and the PBGC variable premiums were updated to reflect current market conditions.
-

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

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

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

A Name of plan
WYMAN-GORDON COMPANY RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 007

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
WYMAN-GORDON COMPANY

D Employer Identification Number (EIN)
04-1992780

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2020

2 Assets:

a Market value	**2a**	577,597,075
b Actuarial value	**2b**	555,715,107

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	3,430	266,098,424	266,098,424
b For terminated vested participants	1,630	66,299,436	66,299,436
c For active participants	1,110	108,901,659	110,703,075
d Total	6,170	441,299,519	443,100,935

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.36%
6 Target normal cost	**6**	6,042,743

Statement by Enrolled Actuary

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

SIGN HERE

BRM

Signature of actuary

10/11/2021
Date

BRUCE R. MITTON
Type or print name of actuary

2005511
Most recent enrollment number

MILLIMAN, INC.
Firm name

503-227-0634
Telephone number (including area code)

1455 SW BROADWAY
SUITE 1600
PORTLAND OR 97201
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	90,268,646
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	90,268,646
10	Interest on line 9 using prior year's actual return of 17.83%	0	16,094,900
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.51%		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	106,363,546

Part III Funding Percentages

14	Funding target attainment percentage	14	101.41%
15	Adjusted funding target attainment percentage	15	125.41%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	103.00%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b	Contributions made to avoid restrictions adjusted to valuation date	19b	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.64 %	5.21 %	5.94%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	6,042,743
b Excess assets, if applicable, but not greater than line 31a	**31b**	6,042,743

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

	Participant Counts	Retirement Age	Weight	Weighted Retirement Age
Salaried Forgings and Salaried Castings Plans				
Soc. Sec. Retirement Age = 66	32	68.09	0.0288	1.96
Soc. Sec. Retirement Age = 67	549	64.68	0.4946	31.99
Grafton Hourly Plan & PCC Specialty Products	234	64.31	0.2108	13.56
Houston Hourly	263	65.65	0.2369	15.55
Long-Term Disabled	32	65.47	0.0288	1.89
Combined Plan	1,110			64.95
Nearest Whole Age				65

The assumed retirement ages are weighted by the active participant counts for each component plan.

WYMAN-GORDON COMPANY
RETIREMENT INCOME PLAN

SUMMARY OF THE PLAN

This section of the report describes the provisions of the current Plan as reflected in this valuation. The Plan includes several groups with differing benefits. The information below applies to all groups unless clearly indicated otherwise. Additional provisions - such as early retirement windows and prior benefit formulas - have applied to other inactive groups and in previous years.

Name

Wyman-Gordon Company Retirement Income Plan

Effective Date

July 1, 1946. The Plan was last restated effective January 1, 2016, and amended by the Fifth Amendment.

Type of Plan

Trusteed plan with a corporate trustee, administered by a committee appointed by the employer.

Plan Sponsor

Wyman-Gordon Company and Subsidiaries who have adopted the plan.

Average Non-Contributory Wage Base

The average of the Social Security Wage Base in the last 20 calendar years before the year of retirement or termination of employment.

Earnings

Total compensation for services rendered, including overtime, bonuses limited to 10% of non-bonus pay and 401(k) deferrals, and is limited by the pay limit under IRC §401(a)(17). Earnings do not include expense reimbursements, profit-sharing benefits or stock options.

Final Average Earnings

Average annual Earnings for the highest 60 consecutive months of Earnings during the last 120 months prior to the participant's retirement or termination of employment.

For an employee with Credited Service for periods of compensation under the Long-Term Disability (LTD) Program, Final Average Earnings is calculated as of the date the employee begins receiving compensation from the LTD Program.

Plan Changes

None that directly affected the liabilities in the valuation.

Salaried Forgings Employees

Employees Eligible to Participate

All weekly or monthly salaried employees who customarily or actually have at least 1,000 Hours of Employment. Generally, these employees are from the following locations:

(a) Grafton, Massachusetts;
(b) Houston, Texas;
(c) Brighton, Michigan.

An eligible employee will begin participation on the January 1 or July 1 following twelve months of employment during which the employee is credited with 1,000 or more Hours of Employment. However, no new entrants are permitted on or after July 1, 2012, except for eligible transfers from the PCC Retirement Plan.

Employees who were participants in the Salaried Employees' Retirement Plan of Cooper Industries, Inc. on May 28, 1994 became participants in the plan on May 28, 1994. Generally, the employees were located in Houston, Texas and Brighton, Michigan.

Normal Retirement Date

A participant's Normal Retirement Date shall be the first day of the month following the later of:

(a) The fifth anniversary of plan participation, or
(b) Social Security Retirement Age, defined as:

- Born prior to 1938: 65
- Born 1938-1954: 66
- Born after 1954: 67

Credited Service

For employees first participating in the plan after 1992, Credited Service is granted from the date of plan participation. For employees who first participated prior to 1993, Credited Service is granted from the date of hire. Participants at the Houston and Brighton locations who were covered by the Salaried Employees' Retirement Plan of Cooper Industries, Inc. are not granted any Credited Service for employment prior to May 28, 1994.

Credited Service is granted for periods for which an employee is compensated under the LTD Program, provided that the employee retires or returns to work within thirty days after the end of the LTD period.

Normal Retirement Benefit

A participant's monthly pension benefit is equal to 1/12 of the sum of (a) and (b) below:

(a) 1.1% of the participant's Final Average Earnings up to the Average Non-Contributory Wage Base multiplied by Years of Credited Service (not to exceed 35 years), plus
(b) 1.5% of the participant's Final Average Earnings in excess of the Average Non-Contributory Wage Base multiplied by Years of Credited Service (not to exceed 35 years).

The monthly pension benefit above shall not be less than Years of Credited Service (not to exceed 35 years) multiplied by $9.

Normal Form of Benefit

The normal form of benefit is a single life annuity.

If a participant is married at the time of his retirement and does not elect otherwise, he will receive his monthly benefit in a 50% joint & survivor form.

Optional Forms of Payment

A participant at retirement may select from the following forms of payment:

- Single Life Annuity
- Joint & Survivor Annuity (50%, 66 2/3%, 75% or 100% Joint Annuitant Continuation)
- Life Annuity with Guaranteed Payment Period (10 years guaranteed)
- Social Security Level Income Option (payable in any of the forms above)
- Lump Sum (only available if less than $8,000)

Following is a reasonably representative sample of optional form conversion factors. Factors shown are multiplied by the amount of the immediately payable single life annuity.

10-year certain and life: 0.93 at all ages

Social Security Level Income Option / Lump Sum: Based upon IRS applicable mortality and November Segment Rates.

Joint and Survivor (for participant age 65):

	Participant Age Minus Spouse Age		
Survivor Percentage	**3**	**0**	**-3**
50%	0.86720	0.88490	0.90083
66 2/3%	0.83512	0.85216	0.86750
75%	0.82289	0.83617	0.84803
100%	0.77701	0.79287	0.80714

Earliest Retirement Date

First day of any designated month after the date on which a participant attains age 55 and completes 5 Years of Service.

Amount of Early Retirement Pension

If the Annuity Commencement Date is within 36 months of the Normal Retirement Date, there is no reduction of the normal retirement pension amount. For each month in excess of 36 months, there is a ½% reduction of the normal retirement pension amount.

Deferred Retirement Date

Any day after the Normal Retirement Date.

Amount of Deferred Retirement Benefit

A participant working past Normal Retirement Date will be notified in writing that benefits will not be started except for minimum required distributions. The amount of the Deferred Retirement Benefit is determined in the same manner as the Normal Retirement Benefit, but is based on Benefit Years and Final Average Pay through the Deferred Retirement Date

Pre-Retirement Death Benefits

If a participant dies prior to reaching age 55, is vested and is married as of the date of his death, his spouse receives a monthly benefit payable on the first day of the month following the date the participant would have attained age 55. This monthly benefit shall be equal to the monthly benefit that would have been payable to the spouse if the participant had terminated on his date of death, survived to age 55, retired early at age 55, commenced receiving retirement income as of his 55th birthday in the form of a 50% joint & survivor annuity, and then died on the day after his 55th birthday.

If the participant dies after having reached age 55, the spouse benefit starts on the first of the month following the date of death, with the benefit amount equal to the amount the spouse would have received if the participant had retired on his date of death and had elected a 50% joint & survivor annuity form.

Vesting

A participant is 100% vested upon the completion of 5 Years of Service.

Vested Pension on Termination

The vested pension benefit on termination is equal to the normal retirement benefit accrued to the date of termination. The participant may elect to receive the benefit prior to his Normal Retirement Date. This benefit will be the benefit he would receive under the plan's early retirement provisions.

Salaried Castings Employees

Employees Eligible to Participate

Generally, all salaried employees from the following locations:

WGIC-PFI:

(a) San Leandro, California;

(b) Carson City, Nevada;

WGIC-Arwood:

(c) Groton, Connecticut;

(d) Tilton/Franklin, New Hampshire.

An eligible employee will begin participation on the January 1 or July 1 following twelve months of employment during which the employee is credited with 1,000 or more Hours of Service. However, no new entrants are permitted on or after July 1, 2012, except for eligible transfers from the PCC Retirement Plan.

Employees at the Carson City and San Leandro locations who were participants in the Precision Founders, Inc. Defined Benefit Retirement Plan on December 31, 1991 became participants in the plan on January 1, 1992.

Normal Retirement Date

A participant's Normal Retirement Date shall be the first day of the month following the later of:

(a) The fifth anniversary of plan participation, or
(b) Social Security Retirement Age, defined as:

- Born prior to 1938: 65
- Born 1938-1954: 66
- Born after 1954: 67

Credited Service

For employees first participating in the plan after 1992, Credited Service is granted from the date of plan participation. For participants hired prior to 1993, Credited Service is granted from the date of hire. Participants at the Groton and Tilton/Franklin locations (WGIC-Arwood) are not granted any Credited Service for employment prior to May 18, 1990.

Credited Service is granted for periods for which an employee is compensated under the LTD Program, provided that the employee retires or returns to work within thirty days after the end of the LTD period.

Normal Retirement Benefit

For participants at the Carson City and San Leandro locations (WGIC-PFI), a participant's monthly pension benefit is equal to 1/12 of the sum of (a) and (b) below:

(a) 0.8% of the participant's Final Average Earnings up to the Average Non-Contributory Wage Base multiplied by Years of Credited Service (not to exceed 30 years), plus

(b) 1.2% of the participant's Final Average Earnings in excess of the Average Non-Contributory Wage Base multiplied by Years of Credited Service (not to exceed 30 years).

For participants at the Groton and Tilton/Franklin locations (WGIC-Arwood), a participant's monthly pension benefit is equal to 1/12 of the sum of (a) and (b) below:

(a) 0.6% of the participant's Final Average Earnings up to the Average Non-Contributory Wage Base multiplied by Years of Credited Service (not to exceed 30 years), plus

(b) 1.0% of the participant's Final Average Earnings in excess of the Average Non-Contributory Wage Base multiplied by Years of Credited Service (not to exceed 30 years).

For the participants at the Groton and Tilton/Franklin locations (WGIC-Arwood), the monthly pension benefit above shall not be less than Years of Credited Service (not to exceed 30 years) multiplied by $18.

Normal Form of Benefit

The normal form of benefit is a single life annuity.

If a participant is married at the time of his retirement and does not elect otherwise, he will receive his monthly benefit in a 50% joint & survivor form.

Optional Forms of Payment

Participants at the Carson City and San Leandro locations may select from the following forms of payment at retirement:

- Single Life Annuity
- Joint & Survivor Annuity (50%, 66 2/3%, 75%, or 100% Joint Annuitant Continuation)
- Life Annuity with Guaranteed Payment Period (5, 10, 15, or 20 years guaranteed)
- Social Security Level Income Option (payable in any of the forms above)
- Certain-Only Benefit (payable for 5, 10, 15, or 20 years only)
- Lump Sum (only available if less than $8,000)

Participants at the Groton and Tilton/Franklin locations may select from the following forms of payment at retirement:

- Single Life Annuity
- Joint & Survivor Annuity (50%, 66 2/3%, 75%, or 100% Joint Annuitant Continuation)
- Life Annuity with Guaranteed Payment Period (10 years guaranteed)
- Social Security Level Income Option (payable in any of the forms above)
- Lump Sum (only available if less than $8,000)

Following is a reasonably representative sample of optional form conversion factors. Factors shown are multiplied by the amount of the immediately payable single life annuity.

5-year certain and life: 0.975 at all ages
10-year certain and life: 0.93 at all ages
15-year certain and life: 0.853 at all ages
20-year certain and life: 0.793 at all ages

Social Security Level Income Option / Lump Sum: Based upon IRS applicable mortality and November Segment Rates.

Joint and Survivor (for participant age 65):

Survivor Percentage	Participant Age Minus Spouse Age		
	3	0	-3
50%	0.86720	0.88490	0.90083
66 2/3%	0.83512	0.85216	0.86750
75%	0.82289	0.83617	0.84803
100%	0.77701	0.79287	0.80714

Earliest Retirement Date

First day of any designated month after the date on which a participant attains age 55 and completes 5 Years of Service.

Amount of Early Retirement Pension

For each month that the Annuity Commencement Date precedes the Normal Retirement Date, there is a ½% reduction of the normal retirement pension amount.

Deferred Retirement Date

Any day after the Normal Retirement Date.

Amount of Deferred Retirement Benefit

A participant working past Normal Retirement Date will be notified in writing that benefits will not be started except for minimum required distributions. The amount of the Deferred Retirement Benefit is determined in the same manner as the Normal Retirement Benefit, but is based on Benefit Years and Final Average Pay through the Deferred Retirement Date.

Pre-Retirement Death Benefits

If a participant dies prior to reaching age 55, is vested and is married as of the date of his death, his spouse receives a monthly benefit payable on the first day of the month following the date the participant would have attained age 55. This monthly benefit shall be equal to the monthly benefit that would have been payable to the spouse if the participant had terminated on his date of death, survived to age 55, retired early at age 55, commenced receiving retirement income as of his 55th birthday in the form of a 50% joint & survivor annuity, and then died on the day after his 55th birthday.

If the participant dies after having reached age 55, the spouse benefit starts on the first of the month following the date of death, with the benefit amount equal to the amount the spouse would have received if the participant had retired on his date of death and had elected a 50% joint & survivor annuity form.

Vesting

A participant is 100% vested upon the completion of 5 Years of Service.

Vested Pension on Termination

The vested pension benefit on termination is equal to the normal retirement benefit accrued to the date of termination. The participant may elect to receive the benefit prior to his Normal Retirement Date. This benefit will be the benefit he would receive under the plan's early retirement provisions.

Steelworkers Employees

Employees Eligible to Participate

Any employee who is a member of the collective bargaining unit represented by the United Steelworkers of America, Local #2285, who customarily or actually has at least 1,000 Hours of Employment in the 12 month period following the date of hire or in any subsequent Plan Year. Generally, these employees are located at Grafton, Massachusetts.

An eligible employee will begin participation on the first day of the month immediately following the date of hire. However, no new entrants are permitted on or after December 11, 2011.

Normal Retirement Date

A participant's Normal Retirement Date shall be the first day of the month following the later of:

(a) The fifth anniversary of plan participation, or
(b) Age 65.

Credited Service

A Year of Credited Service shall mean a Plan Year in which a full-time employee has at least 2,340 Hours of Employment or in which a part-time employee has at least 2,000 Hours of Employment.

Proportionate credit is given for full-time employees with at least one Hour of Employment or part-time employees with at least 1,000 Hours of Employment.

Normal Retirement Benefit

A monthly amount equal to Years of Credited Service multiplied by:

Date of Termination on or after	Monthly Rate of Pension
May 1, 1983	$16.00
May 1, 1984	17.00
April 1, 1987	19.00
April 1, 1989	20.00
April 1 , 1991	21.00
May 1, 1997	22.00
April 1, 1998	23.00
April 1, 1999	24.00
April 1, 2000	25.00
April 1, 2001	26.00
April 1, 2007	40.00
December 11, 2011	45.00

Normal Form of Benefit

The normal form of benefit is a life annuity with 10 years of payments guaranteed.

If a participant is married at the time of his retirement and does not elect otherwise, he will receive his monthly benefit in a 50% joint & survivor form.

Optional Forms of Payment

A participant at retirement may select from the following forms of payment:

- Single Life Annuity
- Joint & Survivor Annuity (50%, 66 2/3%, 75%, or 100% Joint Annuitant Continuation)
- Life Annuity with Guaranteed Payment Period (10 years guaranteed)
- Social Security Level Income Option (payable in any of the forms above)

Following is a reasonably representative sample of optional form conversion factors. Factors shown are multiplied by the amount of the immediately payable 10-year certain and life annuity.

Single life annuity: 1.028 at age 55, 1.054 at age 62, 1.075 at age 65

Social Security Level Income Option / Lump Sum: Based upon IRS applicable mortality and November Segment Rates.

Joint and Survivor (for participant age 65):

Survivor Percentage	Participant Age Minus Spouse Age		
	3	0	-3
50%	0.90800	0.93000	0.95300
66 2/3%	0.86100	0.88800	0.91600
75%	0.82624	0.85452	0.88312
100%	0.78100	0.81500	0.85000

Earliest Retirement Date

First day or any designated month after the date on which a participant attains age 55 and completes 5 Years of Service.

Amount of Early Retirement Pension

The monthly benefit is determined by (1) Years of Credited Service, (2) age at Annuity Commencement Date and (3) the benefit rate in effect at termination, as shown below (for terminations on or after April 1, 2001):

Age at Annuity Commencement Date	Monthly Benefit Rate For Termination During the Period			
	4/1/2001-12/31/2006	1/1/2007-3/31/2007	4/1/2007-12/10/2011	12/11/2011-Present
64	$26.00	$36.00	$40.00	$45.00
63	$26.00	$36.00	$40.00	$45.00
62	$26.00	$36.00	$40.00	$45.00
61	$21.67	$30.00	$33.32	$37.49
60	$20.22	$28.00	$31.12	$35.01
59	$18.51	$25.63	$28.48	$32.04
58	$17.02	$23.57	$26.20	$29.48
57	$15.60	$21.60	$24.00	$27.00
56	$14.42	$19.97	$22.29	$24.98
55	$13.31	$18.43	$20.48	$23.04

Early retirement benefits under previous benefit schedules were proportionate to the early retirement benefits shown above.

Deferred Retirement Date

Any day after the Normal Retirement Date.

Amount of Deferred Retirement Benefit

The amount of the Deferred Retirement Benefit is determined in the same manner as the Normal Retirement Benefit, but is based on Credited Service through the Deferred Retirement Date, with an actuarial adjustment to reflect later commencement.

Disability Pension

To be eligible for Disability Retirement, a participant must have 5 Years of Credited Service, be totally and permanently disabled, be entitled to Social Security disability benefits, and be actively at work on the participant's last scheduled work day immediately preceding the commencement of disability.

The Disability Retirement Benefit is equal to the benefit he would have been entitled to receive commencing on his Normal Retirement Date, assuming that he remained a Participant until his Normal Retirement Date, but determined on the basis of the dollar benefit rate in effect on his Disability Retirement Date.

If the Participant's Disability Retirement Date occurs prior to age 55 then the benefits will be paid in the form of a life annuity.

If the Participant's Disability Retirement Date occurs on or after age 55 then the benefits will be paid in the form of a life annuity, with 10 years of payments guaranteed.

Pre-Retirement Death Benefits

If a participant dies prior to reaching age 55, is vested and is married as of the date of his death, his spouse receives a monthly benefit payable on the first day of the month following the date the participant would have attained age 55. This monthly benefit shall be equal to the monthly benefit that would have been payable to the spouse if the participant had terminated on his date of death, survived to age 55, retired early at age 55, commenced receiving retirement income as of his 55th birthday in the form of a 50% joint & survivor annuity, and then died on the day after his 55th birthday.

If the participant dies after having reached age 55, the spouse benefit starts on the first of the month following the date of death, with the benefit amount equal to the amount the spouse would have received if the participant had retired on his date of death and had elected a 50% joint & survivor annuity form. A participant may elect to have the benefits payable to his surviving spouse in the form of a 120-month certain benefit.

Vesting

A participant will be 100% vested upon the completion of 5 Years of Service.

Vested Pension on Termination

The vested pension benefit on termination is equal to the normal retirement benefit accrued to the date of termination. The participant may elect to receive the benefit prior to his Normal Retirement Date. This benefit will be the benefit he would receive under the plan's early retirement provisions.

Houston Hourly Employees

Employees Eligible to Participate

Any hourly employee who is a member of the collective bargaining unit (IBEW #716, IAM #15) with which Wyman-Gordon Company has entered into a collective bargaining agreement which provides for coverage and benefit accruals under the plan. Generally, these employees are located in Houston, Texas.

An eligible employee will begin participation on his date of hire. However, no new entrants are permitted on or after October 1, 2014.

Normal Retirement Date

A participant's Normal Retirement Date is the participant's 65th birthday.

Compensation

Compensation is the basic wage rate in effect and paid by the Employer. Compensation includes lead man, trainer and shift premiums, but excludes overtime and deferrals.

Average Monthly Compensation

Average Monthly Compensation is the aggregate amount of Compensation received by a participant after June 30, 1991 divided by the number of months of employment after June 30, 1991.

Benefit Service

A year of Benefit Service is granted for each calendar year in which a participant is credited with at least 1,000 Hours of Service. Partial Years of Benefit Service are granted only in the year of hire and the year of termination of employment, with 1/12th year of Benefit Service for every month with an Hour of Service credited. Benefit Service is granted for prior service with Cameron Ironworks USA.

Normal Retirement Benefit

A monthly amount equal to 1.5% of Average Monthly Compensation multiplied by years of Benefit Service, offset by the frozen accrued benefit under the Cameron Ironworks USA, Inc. Retirement plan for Hourly Employees through May 27, 1994.

Normal Form of Benefit

The normal form of benefit is a single life annuity.

If a participant is married at the time of his retirement and does not elect otherwise, he will receive his monthly benefit in a 50% joint & survivor form.

Optional Forms of Payment

A participant at retirement may select from the following forms of payment:

- Single Life Annuity
- Joint & Survivor Annuity (50%, 75%, or 100% Joint Annuitant Continuation)
- Life Annuity with Guaranteed Payment Period (10, 15, or 20 years guaranteed)

Following is a reasonably representative sample of optional form conversion factors. Factors shown are multiplied by the amount of the immediately payable single life annuity.

10-year certain and life annuity: 0.97159 at age 55, 0.94312 at age 62, 0.92053 at age 65
15-year certain and life annuity: 0.94425 at age 55, 0.89102 at age 62, 0.85423 at age 65
20-year certain and life annuity: 0.91319 at age 55, 0.83938 at age 62, 0.79349 at age 65

Joint and Survivor (for participant age 65):

Survivor Percentage	Participant Age Minus Spouse Age		
	3	0	-3
50%	0.90000	0.91300	0.92600
75%	0.85700	0.87500	0.89400
100%	0.81700	0.84000	0.86300

Earliest Retirement Date

First day of any designated month after the later of the date on which a participant attains age 55 or becomes vested.

Amount of Early Retirement Pension

For each month that the Annuity Commencement Date precedes the Normal Retirement Date, there is a 0.3% reduction of the normal retirement pension amount.

Deferred Retirement Date

Any day after the Normal Retirement Date.

Amount of Deferred Retirement Benefit

A participant working past Normal Retirement Date will be notified in writing that benefits will not be started except for minimum required distributions. The amount of the Deferred Retirement Benefit is determined in the same manner as the Normal Retirement Benefit, but is based on Benefit Years and Average Monthly Compensation through the Deferred Retirement Date

Disability

To be declared disabled, a participant must be unable to perform the normal duties of his employment (during the first 28 months of disability) or be unable to engage in any employment or occupation (after the first 28 months of disability).

While disabled, a participant is credited with Benefit Service and Vesting Service as though his active employment had continued during the period of disability. Also, compensation shall be deemed to continue at the highest rate for the pay bracket of the job classification in which the employee was employed at the period of disability commenced.

Pre-Retirement Death Benefits

If a participant dies prior to reaching age 55, is vested and is married as of the date of his death, his spouse receives a monthly benefit payable on the first day of the month following the date the participant would have attained age 55. This monthly benefit shall be equal to the monthly benefit that would have been payable to the spouse if the participant had terminated on his date of death, survived to age 55,

retired early at age 55, commenced receiving retirement income as of his 55th birthday in the form of a 50% joint & survivor annuity, and then died on the day after his 55th birthday.

If the participant dies after having reached age 55, the spouse benefit starts on the first of the month following the date of death, with the benefit amount equal to the amount the spouse would have received if the participant had retired on his date of death and had elected a 50% joint & survivor annuity form.

Vesting

A participant will be 100% vested upon the completion of 5 Years of Service, or attainment of age 65.

Vested Pension on Termination

The vested pension benefit on termination is equal to the normal retirement benefit accrued to the date of termination. The participant may elect to receive the benefit prior to his Normal Retirement Date. This benefit will be the benefit he would receive under the plan's early retirement provisions.

PCC Specialty Products, Inc.

The following summary covers active participants of the Plan as of the valuation date. The benefit amounts of inactive participants are governed by the Plan provisions for their respective division/status at the time they became inactive participants.

Prior Plan Name

PCC Specialty Products, Inc. Contributory Retirement Plan

Status of The Plan

This plan was amended to freeze future accruals after August 9, 2009. Participants will no longer be required or entitled to make regular and discretionary deposits.

Employer

PCC Specialty Products, Inc. and affiliates who have adopted the Plan.

Employees Eligible to Participate

All employees of the Reed Rico Division. An eligible employee will begin participation on the individual's date of employment. The plan was amended to exclude future participants after August 9, 2009.

Normal Retirement Date

A participant's Normal Retirement Date shall be the first day of the month following the later of:

(a) the participant's 65th birthday, or

(b) the fifth year of participation in the Plan.

Normal Retirement Benefit

A participant's basic pension benefit is a monthly pension equal to 1/12 of the sum of (a) and (b) below:

(a) the participant's benefit, if any, accrued for service prior to August 1, 1982 under the Litton Plan transferred directly to this Plan, plus

(b) the greater of (i) or (ii):

  (i) 60% of the participant's Deposits (including Discretionary Deposits), or

  (ii) 85% of the participant's Deposits (including Discretionary Deposits) less 75% of his Primary Insurance Amount.

If a participant withdraws any amounts deposited in the Plan, his Normal Retirement Benefit shall be adjusted to reflect this.

The normal form of benefit is a life annuity with 120 months guaranteed.

Benefits of participants from merged plans are paid under the terms of their prior plans.

Optional Forms of Benefits

Benefit Form	Married Participants	Unmarried Participants
50% Joint & Survivor Annuity	Normal Form	N/A
120-Month Certain & Life Annuity	Optional Form	Normal Form
75% Joint & Survivor Annuity	Optional Form	N/A
100% Joint & Survivor Annuity	Optional Form	N/A
Level Income Option (Age 62)	Optional Form	Optional Form

Participants may also withdraw their deposits with interest, reducing the monthly benefit under the forms above.

Following is a reasonably representative sample of optional form conversion factors. Factors shown are multiplied by the amount of the immediately payable single life annuity.

10-year certain and life annuity: 0.96932 at age 55, 0.93682 at age 62, 0.91099 at age 65

Social Security Level Income Option: Based upon IRS applicable mortality and November Segment Rates.

Joint and Survivor (for participant age 65):

Survivor Percentage	Participant Age Minus Spouse Age		
	3	0	-3
50%	0.88950	0.90560	0.92100
75%	0.84300	0.86480	0.88600
100%	0.80110	0.82750	0.85360

Earliest Retirement Date

First day of any designated month after the date on which a member attains age 55 and completes 10 years of service.

Amount of Early Retirement Pension

The Normal Retirement Benefit will be reduced by:

(a) If the participant earns 20 or more years of service:
½% for each month that early retirement precedes the participant's 60th birthday, plus
¼% for each month between age 60 and the participant's Normal Retirement Date.

(b) If the participant earns between 10 and 20 years of service:
½% for each month that early retirement precedes the participant's 62nd birthday, plus
¼% for each month between age 62 and the participant's Normal Retirement Date.

Deferred Retirement Date

Any day after the Normal Retirement Date.

Amount of Deferred Retirement Benefit

The amount of the Deferred Retirement Benefit is the greater of the benefit accrued through the Deferred Retirement Date, and the benefit as of Normal Retirement Date increased actuarially.

Disability Pension

A participant's Disability Retirement Date may occur any day after the date on which the member completes 10 years of service, and is deemed "totally and permanently" disabled. A participant shall be entitled to receive his Normal Retirement Benefit accrued to his Disability Retirement Date.

Pre-Retirement Death Benefits

If a participant dies prior to retirement and with less than 5 years of service, his beneficiary will receive a lump sum of the participant's total Deposits and Discretionary Deposits made under the Plan with interest to the date of death.

If a vested participant dies prior to retirement and was married for at least 12 months immediately preceding death, the surviving spouse will be eligible to receive a retirement benefit equal to the benefit that would have been payable to the participant's surviving spouse had the participant retired on his earliest retirement date and chosen the 50% joint & survivor annuity and died immediately after retirement. However, this benefit would not commence until the first day of the month in which the participant would have reached his earliest retirement date.

Vesting

A participant will be 100% vested in his Company Purchased Retirement Benefit upon the completion of 5 years of service.

A participant is always 100% vested in his Employee Purchased Retirement Benefit.

Participant Deposits/Discretionary Deposits

The plan was amended and participants will no longer be required or entitled to make regular and discretionary deposits.

Benefits Excluded from the Valuation

There is no assumption for current active members to become disabled in the future.

Significant Events

The Plan was merged with the Wyman-Gordon Company Retirement Income Plan on December 31, 2007.

Inactive Employees from Other Plans

As of January 1, 2020, the following plans have merged into the Wyman-Gordon Company Retirement Income Plan, and former participants of these plans are currently inactive participants in the Wyman-Gordon Retirement Income Plan. The only exception is PCC Specialty Products, Inc. Contributory Retirement Plan, which contains active members.

Name of Plan	Merger Effective Date
Jackson Crankshaft Company Retirement Income Plan for Weekly and Monthly Salaried Employees	November 30, 1988
Wyman-Gordon Company Retirement Income Plan for Employees Covered by the Labor Agreement with The International Brotherhood of Boilermakers, Iron Ship Builders, Blacksmiths, Forgers and Helpers, A.F. of L., C.I.O., Local Lodge No. 1249	November 30, 1988
Wyman-Gordon Company Retirement Income Plan for Employees Covered by the Labor Agreement with International Die Sinkers Conference and Chicago Die Sinkers, Lodge 100	November 30, 1988
Wyman-Gordon Company Retirement Income Plan for Employees Covered by the Labor Agreement with The United Steelworkers of America, Local #3669	November 30, 1988
Wyman-Gordon Company Retirement Income Plan for Employees Covered by the Labor Agreement with The International Association of Machinists, District No. 8, A.F. of L., C.I.O.	November 30, 1988
Wyman-Gordon Company Retirement Income Plan for Employees Covered by the Labor Agreement with The International Brotherhood of Electrical Workers, Local Union No. 134, A.F. of L., C.I.O.	November 30, 1988
Rome Industries, Inc. Retirement Income Plan for Weekly and Monthly Salaried Employees	November 30, 1988
Rome Industries, Inc. Retirement Income Plan for Office and Management Employees of the Reynolds Manufacturing Company Division	November 30, 1988
Reisner Metals, Inc. Retirement Income Plan for Weekly and Monthly Salaried Employees	November 30, 1988
Rome Industries, Inc. Retirement Income Plan for Production and Maintenance Employees	November 30, 1988

Name of Plan	Merger Effective Date
Rome Industries, Inc. Retirement Income Plan for Production and Maintenance Employees of the Reynolds Manufacturing Company Division	November 30, 1988
Reisner Metals, Inc. Retirement Income Plan for Production and Maintenance Employees	November 30, 1988
Wyman-Gordon Company Retirement Income Plan for Employees Covered by the Bargaining Agreement with The International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America, U.A.W. Local No. 953	March 31, 1992
Wyman-Gordon Composites Employees' Retirement Plan	January 1, 1995
Retirement Plan for Salaried Employees of Johnston Pump/General Valve, Inc.	December 31, 2004
PCC Specialty Products, Inc., Contributory Retirement Plan	December 31, 2007

Wyman-Gordon Company Retirement Income Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
EIN: 04-1992780 Plan Number: 007
December 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Pooled Separate Accounts			
*	Principal Life Insurance Company	Liquid Assets Account	$ 148,315	$ 148,315
*	Principal Life Insurance Company	Government Securities Account	1,093,353	1,093,353
		Total pooled separate accounts	1,241,668	1,241,668
*	Principal Life Insurance Company	Guaranteed investment contract	486,607	532,234
			$ 1,728,275	$ 1,773,902

* A party in interest as defined by ERISA

CHANGE IN ACTUARIAL ASSUMPTIONS 2020

The following non-prescribed actuarial assumptions were changed with the 2020 valuation:

- The expenses assumption was updated to $1,000,000 from $925,000 to reflect recent and anticipated future experience.