

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>NORTHWEST OHIO AREA INDUSTRIES UAW RETIREMENT INCOME PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/01/1950</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>11/01/1950</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>11/01/1950</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES NORTHWEST OHIO AREA INDUSTRIES UAW RETIREMENT INC</u> <u>C/O NORTHWESTERN OHIO ADMINISTRATORS INC</u> <u>PO BOX 1330</u> <u>HOLLAND, OH 43528</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-4437724</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>419-248-2401</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541990</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-4437724</u>	2c Plan Sponsor's telephone number <u>419-248-2401</u>	2d Business code (see instructions) <u>541990</u>	
2b Employer Identification Number (EIN) <u>34-4437724</u>					
2c Plan Sponsor's telephone number <u>419-248-2401</u>					
2d Business code (see instructions) <u>541990</u>					

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

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

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

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

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3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	1415
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)	111
a(2) Total number of active participants at the end of the plan year		6a(2)	103
b Retired or separated participants receiving benefits.....		6b	667
c Other retired or separated participants entitled to future benefits		6c	383
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1153
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	201
f Total. Add lines 6d and 6e		6f	1354
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	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	3
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 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) ☐ 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 MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase 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
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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 NORTHWEST OHIO AREA INDUSTRIES UAW RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES NORTHWEST OHIO AREA INDUSTRIES UAW RETIREMENT INC	D Employer Identification Number (EIN) 34-4437724

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

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

b Assets

(1) Current value of assets.....	1b(1)	41478332
(2) Actuarial value of assets for funding standard account	1b(2)	39112534
c (1) Accrued liability for plan using immediate gain methods	1c(1)	39558082
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	39558082
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability.....	1d(2)(a)	64411911
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	0
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	3181042
(3) Expected plan disbursements for the plan year.....	1d(3)	3461042

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	09/16/2021
Signature of actuary	Date
RICHARD L. KUBIAK	20-08540
Type or print name of actuary	Most recent enrollment number
CUNI, RUST & STRENK	513-891-0270
Firm name	Telephone number (including area code)
4555 LAKE FOREST DRIVE - SUITE 620, CINCINNATI, OH 45242-3760	
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 ☐

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Schedule MB (Form 5500) 2020
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2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	41478332
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	897	39620131
(2) For terminated vested participants	407	19040254
(3) For active participants:		
(a) Non-vested benefits.....		261336
(b) Vested benefits.....		5490190
(c) Total active	111	5751526
(4) Total	1415	64411911
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	64.40 %

3 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
01/01/2020	0				
12/31/2020	138766				
Totals ▶			3(b)	138766	3(c) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	98.9 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	☐

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** ☐ Attained age normal
b ☐ Entry age normal
c ☒ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....			6a	2.95 %
	Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	A	A	
(2) Females	6c(2)	A	A	
d Valuation liability interest rate	6d	7.25 %	7.25 %	
e Expense loading	6e	100.0 % ☐ N/A	%	☒ N/A
f Salary scale	6f	% ☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.1 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	21.4 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	323965	33691
4	-268158	-27887

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval.....	8a	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule.....	☒ Yes ☐ No	
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule.....	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?.....	☒ Yes ☐ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....	☒ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?.....	☐ Yes ☒ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	0

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	280000
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	24619555
(2) Funding waivers	9c(2)	0
(3) Certain bases for which the amortization period has been extended	9c(3)	0
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	272562
e Total charges. Add lines 9a through 9d.....	9e	4032037

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	12186198
g Employer contributions. Total from column (b) of line 3.....	9g	138766
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	11987809
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	1040893
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	13847848
(2) "RPA '94" override (90% current liability FFL)	9j(2)	18381576
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	0
(2) Other credits	9k(2)	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	15468632
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	11436595
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	

9o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2020 plan year	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2020
		This Form is Open to Public Inspection.

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

A Name of plan NORTHWEST OHIO AREA INDUSTRIES UAW RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES NORTHWEST OHIO AREA INDUSTRIES UAW RETIREMENT INC	D Employer Identification Number (EIN) 34-4437724

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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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)

KEY BANK

31-0466650

(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?
25	NONE	62538	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLOTTA, FARLEY & WIDMAN

34-1316963

(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	NONE	46348	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MORGAN STANLEY-SMITH BARNEY

11-2418191

(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?
28	NONE	40000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CUNI, RUST & STRENK

31-1227755

(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	NONE	35100	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLARK SCHAEFER HACKETT

31-0800053

(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	NONE	24150	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAMBAIR INVESTORS LLC

84-1596610

(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?
28	NONE	19509	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

HUNTINGTON INSURANCE, INC.

34-1715613

(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?
22 23	NONE	11743	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAGE ADVISORY SERVICES

74-2798841

(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?
28	NONE	10246	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIERA CAPITAL, INC.

13-2726734

(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?
28	NONE	8522	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 H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>NORTHWEST OHIO AREA INDUSTRIES UAW RETIREMENT INCOME PLAN</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES NORTHWEST OHIO AREA INDUSTRIES UAW RETIREMENT INC</u>		D Employer Identification Number (EIN) <u>34-4437724</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	<u>12162</u>	<u>116613</u>
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	<u>21170</u>	<u>19534</u>
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	<u>697178</u>	<u>846697</u>
(2) U.S. Government securities	1c(2)	<u>1835175</u>	<u>2043338</u>
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	<u>1289664</u>	<u>1022720</u>
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	<u>3208564</u>	<u>3755726</u>
(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)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	<u>33942267</u>	<u>35852883</u>
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	<u>481361</u>	<u>308698</u>

		(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	41487541 43966209
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	26577
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	9209 86603
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	9209 113180
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	41478332 43853029

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	138766
	(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)	138766
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0
	(B) U.S. Government securities	2b(1)(B)	49260
	(C) Corporate debt instruments	2b(1)(C)	448301
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	497561
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	54277
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	750881
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	805158
(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)	3503742
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	3503742

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		814710
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5759937

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

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3086140	
(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)		3086140
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)	105598	
(2) Contract administrator fees	2i(2)	60280	
(3) Investment advisory and management fees	2i(3)	75039	
(4) Other.....	2i(4)	58183	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		299100
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3385240

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2374697
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

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

(1) Name: CLARK, SCHAEFER, HACKETT & CO.

(2) EIN: 31-0800053

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c 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 4308777.

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 NORTHWEST OHIO AREA INDUSTRIES UAW RETIREMENT INCOME PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES NORTHWEST OHIO AREA INDUSTRIES UAW RETIREMENT INC				D Employer Identification Number (EIN) 34-4437724	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 34-4208980					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2020 v. 200204	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **METAL FORMING AND COINING CORPORATION**

b EIN **34-4446523**

c Dollar amount contributed by employer **69057**

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 **05** Day **31** Year **2021**

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) **0.62**

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

a Name of contributing employer **TOTH INDUSTRIES**

b EIN **34-4451123**

c Dollar amount contributed by employer **53873**

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 **05** Day **31** Year **2021**

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) **0.62**

(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

0

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

0

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

0

- 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: 66 % Investment-Grade Debt: 8 % High-Yield Debt: 17 % Real Estate: 7 % Other: 2 %

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 _____

INDEPENDENT AUDITORS' REPORT

To the Participants and Board of Trustees
Northwest Ohio Area Industries UAW
Retirement Income Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Northwest Ohio Area Industries UAW Retirement Income Plan (the "Plan"), which comprises the statements of net assets available for benefits as of December 31, 2020 and 2019, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2019, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

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

Disclaimer of Opinion

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

Other Matter

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

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

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

A handwritten signature in black ink that reads "Clark, Schaefer, Hackett & Co." in a cursive script.

Dayton, Ohio
September 20, 2021

Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases.

Plan Name: Northwest Ohio Area Industries UAW Retirement Income Plan

EIN: 34-4437724

PN: 001

Charge Bases:

<u>Date</u> <u>Established</u>	<u>Type</u>	<u>Initial</u> <u>Balance</u>	<u>Rem.</u> <u>Years</u>	<u>Payment</u>	<u>Remaining</u> <u>Balance</u>
01/01/1993	Assumption	\$ 1,208,043	8	\$ 65,860	\$ 417,722
01/01/1993	Combined	3,046,634	1	109,470	109,470
01/01/1994	Amendment	3,354,681	9	189,877	1,312,784
01/01/1997	Amendment	291,429	12	17,923	150,662
01/01/1997	Assumption	710,423	12	43,691	367,279
01/01/1998	Assumption	817,513	13	51,339	453,734
01/01/1998	Amendment	2,439,772	13	153,216	1,354,116
01/01/1999	Amendment	5,047,725	14	323,253	2,987,021
01/01/2000	Assumption	1,083,797	15	70,632	679,180
01/01/2000	Amendment	5,059,555	15	329,732	3,170,660
01/01/2001	Assumption	4,455,054	16	294,952	2,939,440
01/01/2003	Experience	9,232,546	3	485,429	1,360,060
01/01/2005	Experience	2,632,377	5	171,090	747,346
01/01/2006	Experience	2,366,279	6	164,897	836,506
01/01/2009	Experience	6,534,035	9	524,059	3,623,280
01/01/2011	Experience	228,490	11	19,408	154,155
01/01/2012	Experience	128,176	12	11,118	93,453
01/01/2013	Experience	52,246	13	4,615	40,780
01/01/2014	Experience	158,189	14	14,194	131,164
01/01/2015	Assumption	91,418	10	9,507	70,795
01/01/2016	Experience	1,896,086	11	197,183	1,566,256
01/01/2017	Assumption	593,566	12	61,728	518,895
01/01/2018	Experience	347,589	13	36,148	319,468
01/01/2019	Experience	927,572	14	96,463	891,364
01/01/2020	Experience	323,965	15	33,691	323,965
Total Charges				\$ 3,479,475	\$ 24,619,555

Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases.

Plan Name: Northwest Ohio Area Industries UAW Retirement Income Plan

EIN: 34-4437724

PN: 001

Credit Bases:

<u>Date</u> <u>Established</u>	<u>Type</u>	<u>Initial</u> <u>Balance</u>	<u>Rem.</u> <u>Years</u>	<u>Payment</u>	<u>Remaining</u> <u>Balance</u>
01/01/2004	Assumption	\$ 4,513,197	14	\$ 341,903	\$ 3,159,358
01/01/2006	Assumption	304,113	16	23,176	230,969
01/01/2007	Experience	38,376	2	3,941	7,616
01/01/2008	Experience	2,529,227	3	260,849	730,840
01/01/2010	Assumption	6,313,418	5	656,564	2,867,990
01/01/2010	Experience	4,365,153	5	453,954	1,982,956
01/01/2015	Experience	84,999	10	8,839	65,824
01/01/2016	Assumption	1,916,146	11	199,270	1,582,823
01/01/2017	Experience	673,066	12	69,996	588,394
01/01/2018	Assumption	435,862	13	45,327	400,602
01/01/2019	Assumption	106,434	14	11,069	102,279
01/01/2020	Assumption	268,158	15	27,887	268,158
Total Credits				\$ 2,102,775	\$ 11,987,809
1.	Net Amortization				\$ 12,631,746
2.	Credit Balance				\$ 12,186,198
3.	Balance Test: [(1) - (2)]				\$ 445,548
4.	Unfunded Accrued Liability:				
	a. Accrued Liability				\$ 39,558,082
	b. Actuarial Value of Assets				39,112,534
	c. Unfunded Accrued Liability: [(a) - (b)]				\$ 445,548

Schedule MB, line 11 – Justification for Change in Actuarial Assumptions.

Plan Name: Northwest Ohio Area Industries UAW Retirement Income Plan

EIN: 34-4437724

PN: 001

Effective with the January 1, 2020 valuation, the following assumptions were changed based upon historical Plan and industry data as an indicator of anticipated future experience:

- The mortality base rates were updated.
- The mortality projection scale was updated.
- The hours worked assumption was decreased from 2,025 to 1,950 per year.
- The expense load was increased from \$235,000 to \$280,000 per year.
- The payment form election assumption was updated.
- The average age used for active participant's pop-ups was removed, and now is based on participant's commencement and spousal age assumption.

Northwest Ohio Area Industries UAW Retirement Income Plan
EIN #34-4437724; Plan #001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Principal Amount/ Shares	Cost	Current Value
	Money market funds:			
*	Federated Government Obligations Institutional Shares	846,697	\$ 846,697	846,697
	Total money market funds		846,697	846,697
	Corporate obligations:			
	Aflac Inc 4/1/20 3.6% due 4/1/30	17,000	16,956	20,009
	Ally Master Owner Trust 8/15/18 3.30% due 7/17/23	15,000	14,998	15,190
	American Express Co 10/30/17 3.0% due 10/30/2024	15,000	14,961	16,383
	Apple Inc 02/23/16 4.5% due 02/23/36	22,000	24,088	29,617
	AT&T Inc 2/9/16 4.125% due 2/17/26	22,000	25,315	25,460
	Baker Hughes 11/7/19 3.138% due 11/7/29	25,000	25,000	27,463
	Bank of America Corp 5/17/18 3.499% due 5/17/22	23,000	23,438	23,273
	Bank of America Corp 2.816% due 07/21/2023	25,000	24,149	25,961
	Bank of New York Co Inc 2/7/17 3.65% due 02/04/24	25,000	26,919	27,412
	Bank of New York Mellon Corp 2/7/17 3.44% due 2/7/28	15,000	15,660	17,128
	Berkshire Hathaway 1/5/18 2.80% due 01/15/2023	5,000	4,884	5,239
	Berkshire Hathaway 5/15/12 3.00% due 05/15/22	25,000	25,711	25,954
	BP Capital Markets America Inc 11/4/18 3.119% due 5/4/26	15,000	14,178	16,607
	Capital One Multi-Asset Execution TR 10/10/17 due 7/15/25	30,000	29,993	31,056
	Carmax Auto Owner Trust 1/23/19 3.45% Due 11/15/24	25,000	24,996	26,397
	Chevron Corp 05/16/16 2.56% due 05/16/23	15,000	15,461	15,754
	Citigroup Inc 10/21/16 3.2% due 01/02/2026	30,000	28,744	33,530
	Citigroup Commercial Mortgage Tr due 4/12/46	15,330	15,495	15,648
	Citigroup Inc 10/27/17 2.7% due 10/27/22	18,000	18,836	18,720
	Consolidated Edison Co of NY Inc 3/31/20 3.95% due 4/1/50	17,000	17,424	20,712
	Discover Card Note Trust RT due 7/15/24	30,000	30,452	30,888
	Eaton Vance Corp 4/6/17 3.5% due 4/6/27	30,000	29,890	33,687
	JPMBB Commercial Mortgage 11/1/14 3.408% due 11/15/47	28,125	29,870	29,928
	JPMorgan Chase & Co 5/13/20 due 5/13/31	12,000	12,000	13,159
	Metlife Inc 03/05/15 3.00% due 03/01/25	25,000	24,769	27,464
	Microsoft Corp 6/1/20 2.675% due 6/1/60	15,000	14,199	16,256
	Nvidia Corp 3/31/20 3.5% due 4/1/50	16,000	16,440	19,409
	Oracle Corp 07/07/16 1.90% due 09/15/21	25,000	24,304	25,252
	PNC Funding Corp 3/08/12 3.3% due 3/8/22	25,000	25,867	25,822
	Providence Health 9/28/16 2.75% due 10/1/26	21,000	21,418	22,923
	San Diego Gas & Elec Co 8/26/10 4.50% due 08/15/40	25,000	27,033	31,818
	Schlumberger Finance 9/18/20 1.4% due 9/17/25	18,000	17,978	18,511
	Sequoia Mortgage 5/1/13 due 6/25/43	26,616	27,181	27,040
	Shell International Fin BV 8/12/13 3.4% due 8/12/23	15,000	15,735	16,191
	Statoil Asa 11/21/12 2.45% due 1/17/23	15,000	14,563	15,651
	Toyota MTR Corp MTN 07/13/15 2.8% due 07/13/22	15,000	15,017	15,568
	Unitedhealth Group Inc 7/23/15 3.75% due 7/15/25	15,000	15,385	17,090
	US Bank 7/29/19 3.0% due 7/30/29	35,000	34,997	39,092
	Verizon Owner Trust 1/29/20 2.06% due 7/20/24	10,000	9,998	10,307
	Verizon Owner Trust 3/13/19 2.93% due 9/20/23	40,000	39,992	40,776
	Wells Fargo & Co. 03/29/11 4.60% due 04/01/21	15,000	16,213	15,158
	Wells Fargo & Co. 6/3/14 4.1% due 6/3/26	18,000	19,717	20,636
	Wells Fargo & Co. 2/11/20 2.164% due 2/11/26	16,000	16,695	16,825
	WFRBS Commercial Mtg 3/1/13 3.56% due 3/15/48	10,000	10,422	10,467

Northwest Ohio Area Industries UAW Retirement Income Plan
EIN #34-4437724; Plan #001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Principal Amount/ Shares	Cost	Current Value
	World Financial Network Credit 2.03% due 4/15/25	25,000	24,725	25,188
	Xilinx Inc 03/12/14 3.00% due 03/15/21	20,000	20,285	20,101
	Total corporate obligations		962,351	1,022,720
	U.S. Government securities and agency obligations:			
	Fannie Mae 1/01/17 2.50% due 1/01/32	20,582	20,814	21,511
	Fannie Mae 1/01/17 3.50% due 2/01/47	15,112	15,474	16,082
	Fannie Mae 1/01/18 4.00% due 2/01/48	28,381	28,938	30,386
	Fannie Mae 11/1/20 2.5% due 12/1/50	79,709	83,620	84,093
	Fannie Mae 11/01/17 3.50% due 01/01/47	14,970	15,412	15,878
	Fannie Mae 12/01/15 3.50% due 01/01/46	25,196	26,560	26,849
	Fannie Mae 6/1/20 2.5% due 7/1/35	27,636	29,013	28,867
	Fannie Mae 03/01/15 3.50% due 04/01/45	24,672	25,770	26,691
	Fannie Mae 06/01/15 3.5% due 06/01/45	21,861	22,830	23,901
	Fannie Mae 07/01/7 7.0% due 08/01/37	1,730	1,995	2,045
	Fannie Mae 07/01/15 3.50% due 08/01/45	39,689	41,389	42,995
	Fannie Mae 07/01/20 2.50% due 08/01/35	91,577	96,227	95,712
	Fannie Mae 07/01/20 2.50% due 08/01/50	62,364	65,314	65,794
	Fannie Mae 8/1/15 4.0% due 9/1/45	24,254	25,938	26,493
	Fannie Mae 8/1/16 2.50% due 9/1/31	31,908	33,017	33,349
	Fannie Mae 8/1/20 2.0% due 9/1/35	57,842	60,122	60,472
	Fannie Mae 9/1/17 2.68% due 8/25/29	28,199	28,221	30,577
	Fannie Mae 8/1/20 2.0% due 9/1/50	44,157	45,766	45,875
	Fannie Mae 9/1/20 2.0% due 10/1/35	63,289	65,821	66,167
	Fannie Mae 09/01/06 6.00% due 9/01/36	579	660	650
	Fannie Mae Note 09/1/15 4.00% due 10/1/45	24,292	25,983	26,489
	Freddie Mac Gold 05/01/03 6.00% due 04/01/33	4,244	4,942	5,018
	Freddie Mac Gold 7/1/20 2.5% due 8/1/35	65,961	69,414	68,909
	United States Treasury Bds 2.0% due 2/15/50	55,000	64,935	59,735
	United States Treasury Bds 1.25% due 5/15/50	232,000	227,437	210,468
	United States Treasury Bds 1.125% due 5/15/40	101,000	98,156	95,887
	United States Treasury Nts 0.5% due 3/31/25	93,000	93,668	93,857
	United States Treasury Nts 1.25% due 3/31/21	42,000	42,241	42,111
	United States Treasury Nts 1.125% due 2/28/21	85,000	85,480	85,126
	United States Treasury Nts 1.5% due 2/28/23	130,000	134,126	133,829
	United States Treasury Nts 1.25% due 10/31/21	34,000	34,326	34,316
	United States Treasury Nts 1.5% due 2/15/30	204,000	218,458	215,818
	United States Treasury Nts 1.875% due 04/30/22	15,000	15,189	15,349
	United States Treasury Nts 1.50% due 9/15/22	58,000	57,756	59,355
	United States Treasury Nts 1.25% due 8/31/24	45,000	44,738	46,680
	United States Treasury Nts .25% due 7/15/29	93,651	98,030	106,004
	Total U.S. Government securities and agency obligations		2,047,780	2,043,338
	Other fixed income obligations:			
	American Mun Pwr Ohio Inc 2.299% due 2/15/24	25,000	25,000	26,027
	American Mun Pwr Ohio Inc 2.219% due 2/15/23	20,000	20,000	20,665
	Birmingham Wtrwks 2.201% due 01/01/24	30,000	30,000	31,487
	Birmingham Wtrwks 2.161% due 01/01/23	20,000	20,000	20,694

Northwest Ohio Area Industries UAW Retirement Income Plan
 EIN #34-4437724; Plan #001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Principal Amount/ Shares	Cost	Current Value
	Kent St Ohio Univ 3.333% due 5/1/40	25,000	25,155	26,432
	Metropolitan Transn Auth 5.871% due 11/15/39	15,000	19,479	18,372
	Miami-Dade Cnty 2.504% due 10/01/24	35,000	35,725	37,096
	Rutgers St Univ 2.349% due 05/01/25	20,000	20,133	20,983
	South Dakota St Health 2.314% due 7/1/23	25,000	25,000	25,791
	South Dakota St Health 2.591% due 7/1/25	35,000	35,000	36,920
	South Dakota St Health 2.384% due 7/1/24	25,000	25,000	26,060
	University Mass Bldg Auth 1/23/20 3.097% due 11/1/35	10,000	10,448	10,715
	Total Other fixed income obligations		290,940	301,242
Equity securities:				
	Alaska Air Group Inc	2,090	80,886	108,680
	Amdocs Ltd	1,480	83,232	104,976
	American Financial Group	1,180	104,701	103,392
	American Homes 4 Rent	3,180	90,116	95,400
	Arch Capital Group Ltd	20,820	78,583	101,717
	Atmos Energy Corp	960	80,891	91,613
	Axis Capital Holdings LTD	1,870	90,000	94,229
	Bed Bath & Beyond Inc	4,940	95,254	87,734
	Bruker Corp	1,760	61,988	95,269
	Burlington Stores Inc	400	77,412	104,620
	Cerence Inc	1,230	30,463	123,590
	Charles River Labs Intl Inc	290	29,217	72,459
	East West Bancorp Inc	2,180	81,592	110,548
	Essential Utilities Inc	2,010	64,281	95,053
	Euronet Worldwide Inc	710	54,389	102,893
	Exelixis Inc	4,840	108,484	97,139
	Expeditors Intl Wash Inc	890	41,471	84,648
	Fidelity National Financial Inc	2,480	81,539	96,943
	First Horizon Corp	7,830	84,086	99,911
	Hubbell Inc	580	66,007	90,938
	Huntington Ingalls Industries	550	103,904	93,764
	Knight-Swift Transportation HLDGS	2,130	77,466	89,077
	Lamb Western Holdings Inc	1,250	78,737	98,425
	Leidos Holdings Inc	1,000	62,036	105,120
	Lincoln Electric Holdings Inc	780	70,352	90,675
	Lumentum Holdings Inc	1,150	80,926	109,020
	Maximus Inc	1,280	73,840	93,683
	National Retail Pptys Inc	2,370	84,165	96,980
	On Semiconductor Corp	3,390	55,850	110,955
	Public Storage PFD	58	1,405	1,511
	Public Storage PFD	122	3,145	3,457
	Qorvo Inc	650	49,972	108,076
	Reinsurance Group of America Inc	850	79,312	98,515
	Robert Half Intl Inc	1,490	72,387	93,095
	Signature Bank	460	55,530	62,233
	Smith A O	1,540	66,282	84,423
	Steris Plc	360	42,337	68,234
	Synchrony Financial	3,220	73,314	111,766

Northwest Ohio Area Industries UAW Retirement Income Plan
 EIN #34-4437724; Plan #001
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
 December 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, <u>Lessor, or Similar Party</u>	Principal Amount/ <u>Shares</u>	<u>Cost</u>	Current <u>Value</u>
	Toro Co	960	60,063	91,046
	Ulta Beauty Inc	335	57,410	96,199
	Vici Properties Inc	3,440	<u>85,258</u>	<u>87,720</u>
	Total equity securities		<u>2,818,283</u>	<u>3,755,726</u>
	Registered investment companies:			
	Diamond Hill Corporate Credit	316,748	3,660,340	3,724,960
	Harding Loevner Intl Equity Portfolio	160,925	2,701,988	4,573,480
	Lazard Intl Strategic Equity PTF	256,846	3,405,141	4,322,711
	Vanguard Global EX-US Real Estate	34,773	1,852,246	1,888,522
	Vanguard Growth ETF	24,882	2,748,677	6,303,606
	Vanguard Real Estate ETF	13,718	1,100,784	1,165,070
	Vanguard Value Vipers Fund	47,835	4,106,147	5,690,452
	Virtus Kar Small Cap Growth Fund	85,530	3,494,674	4,578,435
	Western Asset Core Plus Bond	287,074	<u>3,451,629</u>	<u>3,605,647</u>
	Total registered investment companies		<u>26,521,626</u>	<u>35,852,883</u>
	Total assets held		\$ <u><u>33,487,677</u></u>	<u><u>43,822,606</u></u>

* Party-in-interest.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.

Plan Name: Northwest Ohio Area Industries UAW Retirement Income Plan

EIN: 34-4437724

PN: 001

1. Interest Rates: 7.25%/2.95% (Funding/Current Liability).

2. Mortality Rates:
 - a. Funding
 - i. Non-Disabled Blue Collar adjusted Pri-2012.
 - ii. Retired Blue Collar adjusted Pri-2012 Retiree.
 - iii. Survivor Blue Collar adjusted Pri-2012 Contingent Survivor.
 - iv. Disabled Pri-2012 Disabled Retiree.
 - v. Weighting Amount-weighted.
 - vi. Future Improvement Projected generationally using Scale MP-2019.
 - b. Current Liability 2020 Static Mortality Table (IRS Notice 2019-26).

3. Actuarial Cost Method: Unit Credit.

4. Hours Worked: 1,950 per year.

5. Expense Load: \$280,000 per year.

6. Percent Married/Spousal Age: 80% with husbands 3 years older than their wives.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.

Plan Name: Northwest Ohio Area Industries UAW Retirement Income Plan

EIN: 34-4437724

PN: 001

7. Retirement Rates:

<u>Age</u>	<u>Actives</u>	<u>Terminated</u>
		<u>Vesteds</u>
57	0.02	0.10
58-59	0.02	0.05
60	0.05	0.05
61-62	0.10	0.10
63	0.20	0.10
64	0.10	0.25
65	0.25	0.50
66	0.25	0.20
67	0.25	0.20
68-69	0.50	0.20
70	1.00	1.00

The weighted average retirement age is 65.6.

8. Termination/Disability Rates:

<u>Age</u>	<u>Termination</u>	<u>Disability</u>
25	0.17224	0.00020
35	0.13699	0.00020
45	0.13964	0.00070
55	0.04956	0.00430
65	0.00000	0.00000

9. Payment Form Election:

<u>Form of Payment</u>	<u>% Electing</u>
Life Annuity	46%
55% J&S	22%
75% J&S	32%

10. Actuarial Value of Assets:

Market Value of Assets minus a decreasing fraction ($\frac{4}{5}$, $\frac{3}{5}$, $\frac{2}{5}$ and $\frac{1}{5}$) of each of the preceding 4 years' gains/(losses). A year's gain/(loss) equals the actual return minus the expected return using the funding interest rate. The Actuarial Value is adjusted to be within 80% and 120% of the Market Value.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.

Plan Name: Northwest Ohio Area Industries UAW Retirement Income Plan

EIN: 34-4437724

PN: 001

11. Changes Since Last Year:

The mortality table and projection scale, payment form election assumption, and hours worked were updated and the expense load was increased. Additionally, the average age used for active participant's pop-ups was removed, and now is based on participant's commencement and spousal age assumption. Lastly, the Current Liability interest and mortality rates were updated as mandated by the IRS.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.

Plan Name: Northwest Ohio Area Industries UAW Retirement Income Plan

EIN: 34-4437724

PN: 001

Rationale for Selection of Significant Actuarial Assumptions:

1. Interest Rate: Based on the Plan's target asset allocation, reflecting asset class future return expectations as determined by the Plan's investment consultant and publically available inflation expectations, anticipated risk premiums, and associated long-term capital market assumptions.

2. Mortality Rates: Pri-2012 table used as base rates. Blue Collar adjustment used to reflect expected workforce mortality experience. Pri-2012 Disabled Retiree table used to reflect expected disabled mortality experience. Both Pri-2012 tables are amount-weighted and projected generationally. Other adjustments are based on the Plan's most recent experience study, Society of Actuaries mortality studies, and expected generational mortality improvement from 2012 base year using Scale MP-2019.

3. Hours Worked: Based on prior year hours worked and adjusted for anticipated changes in future hours worked.

4. Termination/Disability/Retirement Rates: Based on the Plan's most recent experience study.

5. Payment Form Election: Based on the Plan's most recent experience study.

Schedule MB, line 3 - Withdrawal Liability Amounts

Plan Name: Northwest Ohio Area Industries UAW Retirement Income Plan

EIN: 34-4437724

PN: 001

1/1 Plan Year	Withdrawal Liability Payments
2020	\$12,779

**SCHEDULE MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase 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 Northwest Ohio Area Industries UAW Retirement Income Plan	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF B.O.T. Northwest Ohio Area Industries UAW Retirement Income Plan	D Employer Identification Number (EIN) 34-4437724

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

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

b Assets:

(1) Current value of assets	1b(1)	41,478,332
(2) Actuarial value of assets for funding standard account	1b(2)	39,112,534
c (1) Accrued liability for plan using immediate gain methods	1c(1)	39,558,082
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	39,558,082
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	0
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	64,411,911
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	0
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	3,181,042
(3) Expected plan disbursements for the plan year	1d(3)	3,461,042

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**

Richard L. Kubiak

Signature of actuary

09/16/2021

Date

20-08540

Richard L. Kubiak

Type or print name of actuary

Cuni, Rust & Strenk

Firm name

4555 Lake Forest Drive - Suite 620

Most recent enrollment number

(513) 891-0270

Telephone number (including area code)

US Cincinnati

OH 45242-3760

Address of the firm

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

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

Schedule MB (Form 5500) 2020
v.200204

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	41,478,332
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	897	39,620,131
(2) For terminated vested participants	407	19,040,254
(3) For active participants:		
(a) Non-vested benefits		261,336
(b) Vested benefits		5,490,190
(c) Total active	111	5,751,526
(4) Total	1,415	64,411,911
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	64.40 %

3 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
01/01/2020	0				
12/31/2020	138,766				
Totals ▶ 3(b)				138,766	3(c)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	98.9 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	4f	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** ☐ Attained age normal
b ☐ Entry age normal
c ☒ Accrued benefit (unit credit)
d ☐ Aggregate
e ☐ Frozen initial liability
f ☐ Individual level premium
g ☐ Individual aggregate
h ☐ Shortfall
i ☐ Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		6a	2.95	%
b Rates specified in insurance or annuity contracts	Pre-retirement ☐ Yes ☐ No ☒ N/A Post-retirement ☐ Yes ☐ No ☒ N/A			
c Mortality table code for valuation purposes				
(1) Males	6c(1)	A		A
(2) Females	6c(2)	A		A
d Valuation liability interest rate	6d	7.25	%	7.25 %
e Expense loading	6e	100.0	%	☐ N/A ☒ N/A
f Salary scale	6f		%	☒ N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date		6g		6.1 %
h Estimated investment return on current value of assets for year ending on the valuation date		6h		21.4 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	323,965	33,691
4	(268,158)	(27,887)

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	8a	
b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule	☒ Yes ☐ No	
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☒ Yes ☐ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☒ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	8d(2)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☒ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	0

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a			
b Employer's normal cost for plan year as of valuation date	9b			280,000
c Amortization charges as of valuation date:				
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	24,619,555		3,479,475
(2) Funding waivers	9c(2)	0		0
(3) Certain bases for which the amortization period has been extended	9c(3)	0		0
d Interest as applicable on lines 9a, 9b, and 9c	9d			272,562
e Total charges. Add lines 9a through 9d	9e			4,032,037

Credits to funding standard account:			
f	Prior year credit balance, if any	9f	12,186,198
g	Employer contributions. Total from column (b) of line 3	9g	138,766
		Outstanding balance	
h	Amortization credits as of valuation date	9h	11,987,809
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	1,040,893
j	Full funding limitation (FFL) and credits:		
	(1) ERISA FFL (accrued liability FFL)	9j(1)	13,847,848
	(2) "RPA '94" override (90% current liability FFL)	9j(2)	18,381,576
	(3) FFL credit	9j(3)	0
k	(1) Waived funding deficiency	9k(1)	0
	(2) Other credits	9k(2)	0
l	Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	15,468,632
m	Credit balance: If line 9l is greater than line 9e, enter the difference	9m	11,436,595
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
9 o	Current year's accumulated reconciliation account:		
	(1) Due to waived funding deficiency accumulated prior to the 2020 plan year	9o(1)	0
	(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
	(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	0
	(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
	(3) Total as of valuation date	9o(3)	0
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	0
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		☒ Yes ☐ No

Schedule MB, line 8b(1) - Schedule of Projection of Expected Benefit Payments.

Plan Name: Northwest Ohio Area Industries UAW Retirement Income Plan

EIN: 34-4437724

PN: 001

<u>1/1 Plan Year</u>	<u>Expected Annual Benefit Payments</u>
2020	\$3,187,166
2021	\$3,229,539
2022	\$3,295,996
2023	\$3,351,383
2024	\$3,389,385
2025	\$3,423,526
2026	\$3,442,997
2027	\$3,445,792
2028	\$3,434,898
2029	\$3,407,829

Schedule MB, line 8b(2) – Schedule of Active Participant Data.

Plan Name: Northwest Ohio Area Industries UAW Retirement Income Plan

EIN: 34-4437724

PN: 001

Years of Credited Service:

Attained Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
	Avg.	Avg.	Avg.	Avg.	Avg.	Avg.	Avg.	Avg.	Avg.	Avg.
	No. Comp.	No. Comp.	No. Comp.	No. Comp.	No. Comp.	No. Comp.	No. Comp.	No. Comp.	No. Comp.	No. Comp.
Under 25	1	0	0	0	0	0	0	0	0	0
25 to 29	8	0	0	0	0	0	0	0	0	0
30 to 34	4	1	0	0	0	0	0	0	0	0
35 to 39	3	0	1	0	0	0	0	0	0	0
40 to 44	11	0	0	1	0	0	0	0	0	0
45 to 49	4	0	0	5	0	0	0	0	0	0
50 to 54	4	1	1	6	1	0	0	0	0	0
55 to 59	8	2	2	9	2	1	0	0	0	0
60 to 64	7	1	2	6	2	0	4	5	0	0
65 to 69	1	0	0	1	0	1	1	0	2	0
70 & up	1	0	0	0	1	0	0	0	0	0

Schedule MB, line 6 – Summary of Plan Provisions.

Plan Name: Northwest Ohio Area Industries UAW Retirement Income Plan

EIN: 34-4437724

PN: 001

1. Effective Date: November 1, 1950.
2. Plan Year: January 1st through December 31st.
3. Employees Covered: All employees covered by the Collective Bargaining Agreement.
4. Eligibility: Immediate.
5. Service: 1 Year for each Plan Year in which 1,000 or more Hours are worked.
6. Credited Service: 1 Year for each Plan Year in which 1,530 or more Hours are worked with $\frac{1}{12}$ of a Year for each Plan Year in which $133\frac{1}{3}$ Hours are worked.
7. Normal Retirement:
 - a. Eligibility Age 65 and 5th anniversary of date of participation.
 - b. Monthly Benefit Benefit Credit per Year of Credited Service.

<u>Retirement Date</u>	<u>Benefit Credit</u>
Before 1/1/1998	\$22
1/1/1998 – 12/31/1998	\$25
1/1/1999 – 12/31/1999	\$30
1/1/2000 – 12/31/2000	\$33
1/1/2001 – 3/31/2009	\$35
After 4/1/2009	\$0

Schedule MB, line 6 – Summary of Plan Provisions.

Plan Name: Northwest Ohio Area Industries UAW Retirement Income Plan

EIN: 34-4437724

PN: 001

8. One-Time Payments: December 2000 - \$400; December 2001 - \$350;
Both for participants in pay status.
9. Early Retirement:
- a. Eligibility Age 57 and 10 Years of Service.
- b. Monthly Benefit Calculated as for Normal Retirement reduced $\frac{4}{10}$ of 1% per month from age 65 ($\frac{2}{10}$ of 1% per month if at least age 62 at retirement).
10. Vested Retirement:
- a. Eligibility 5 Years of Service.
- b. Monthly Benefit Calculated as for Normal Retirement reduced $\frac{4}{10}$ of 1% per month from age 65 if age 57 with 10 Years of Credited Service.
11. Pre-Retirement Death:
- a. Eligibility 5 Years of Service.
- b. Monthly Benefit Calculated as for Early or Normal Retirement reflecting a 55% Joint & Survivor Annuity payment form with death immediately after Retirement.
12. Post-Retirement Death:
- a. Eligibility Payment status.
- b. Benefit \$2,500 one-time payment.

Schedule MB, line 6 – Summary of Plan Provisions.

Plan Name: Northwest Ohio Area Industries UAW Retirement Income Plan

EIN: 34-4437724

PN: 001

13. Disability Benefit:

- | | |
|--------------------|--|
| a. Eligibility | Active participant with Total and Permanent Disability and 10 Years of Credited Service. |
| b. Monthly Benefit | Calculated as for Normal Retirement payable immediately offset by any other disability payments. Maximum 24 months of retroactive payments prior to the date on which the participant applies for a Disability Retirement Benefit. |

14. Actuarial Equivalency:

417(e)(3)(B) Applicable Mortality Table for 2014 at 5.00%. (55% Joint & Survivor Annuity is equal to 95% of the Single Life Annuity and the 75% Joint & Survivor Annuity is Actuarially Equivalent to the 55% Joint & Survivor Annuity).

15. Payment Forms:

- | | |
|-------------|--|
| a. Normal | Life Annuity for single participants and a reduced 55% Joint & Survivor Annuity for married participants. |
| b. Optional | Actuarially Equivalent 75% Joint & Survivor Annuity (QOSA). Upon written request, a pop-up is provided for Joint & Survivor Annuities. |

16. Hourly Contribution Rate:

\$0.62 effective January 1, 2010.

17. Changes Since Last Year:

None.

Northwest Ohio Area Industries UAW Retirement Income Plan
 EIN #34-4437724; Plan #001
 Schedule H, Line 4j - Schedule of Reportable Transactions
 Year Ended December 31, 2020

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)

Category (i) - Single Transactions in Excess of 5% of Net Assets

* KeyBank National Association:

Western Asset Core Plus Bond						
	Purchase	\$ 3,603,091	-	3,603,091	3,603,091	-
Diamond Hill Corporate Credit						
	Purchase	3,198,600	-	3,198,600	3,198,600	-
Templeton Global Bond Fund						
	Sale	-	3,613,346	3,842,609	3,613,346	(229,263)
American High-Income Trust						
	Sale	-	3,561,438	3,471,709	3,561,438	89,729

Category (iii) - Series of Transactions in Excess of 5% of Net Assets

* KeyBank National Association:

American High-Income Trust						
	Purchases	\$ 166,167	-	166,167	166,167	-
	Sales	-	3,886,348	3,828,269	3,886,348	58,079
Diamond Hill Corporate Credit						
	Purchases	3,660,340	-	3,660,340	3,660,340	-
Federated Government Obligations						
	Purchases	5,709,297	-	5,709,297	5,709,297	-
	Sales	-	5,445,049	5,445,049	5,445,049	-
Templeton Global Bond Fund						
	Purchase	16,775	-	16,775	16,775	-
	Sale	-	3,613,346	3,842,609	3,613,346	(229,263)

Northwest Ohio Area Industries UAW Retirement Income Plan
 EIN #34-4437724; Plan #001
 Schedule H, Line 4j - Schedule of Reportable Transactions
 Year Ended December 31, 2020

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
	Western Asset Core Plus Bond					
	Purchase	3,744,405	-	3,744,405	3,744,405	-
	Sale	-	275,000	292,776	275,000	(17,776)

* Party-in-interest.

There were no reportable category (ii) or (iv) transactions for the year ended December 31, 2020.

Note: "Reportable Transactions" are defined in Section 2520.103-6 of the Department of Labor's Regulations.



CLARK SCHAEFER HACKETT
BUSINESS ADVISORS

Northwest Ohio Area Industries UAW Retirement Income Plan

Financial Statements and Supplemental Schedules

December 31, 2020 and 2019

with Independent Auditors' Report

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INDEPENDENT AUDITORS' REPORT

To the Participants and Board of Trustees
Northwest Ohio Area Industries UAW
Retirement Income Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Northwest Ohio Area Industries UAW Retirement Income Plan (the "Plan"), which comprises the statements of net assets available for benefits as of December 31, 2020 and 2019, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2019, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

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

Disclaimer of Opinion

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

Other Matter

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

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

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

A handwritten signature in black ink that reads "Clark Schaefer Hackett & Co." in a cursive script.

Dayton, Ohio
September 20, 2021

Northwest Ohio Area Industries UAW Retirement Income Plan
Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Assets		
Investments at fair value:		
Money market funds	\$ 846,697	582,449
Corporate obligations	1,022,720	1,289,664
U.S. Government securities and agency obligations	2,043,338	1,835,175
Other fixed income obligations	301,242	254,202
Equity securities	3,755,726	3,208,564
Registered investment companies	<u>35,852,883</u>	<u>33,942,267</u>
Total investments	43,822,606	41,112,321
Cash	-	114,729
Receivables:		
Employer contributions	116,613	12,162
Accrued interest	19,534	21,170
Prepaid expenses	<u>7,456</u>	<u>227,159</u>
Total assets	<u>43,966,209</u>	<u>41,487,541</u>
Liabilities		
Outstanding checks	26,577	-
Accounts payable and accrued expenses	<u>86,603</u>	<u>9,209</u>
Total liabilities	<u>113,180</u>	<u>9,209</u>
Net assets available for benefits	\$ <u>43,853,029</u>	<u>41,478,332</u>

See accompanying notes to the financial statements.

Northwest Ohio Area Industries UAW Retirement Income Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Additions to net assets:		
Investment income:		
Net appreciation in fair value of investments	\$ 4,318,452	6,393,133
Interest	497,561	347,378
Dividends	<u>805,158</u>	<u>902,703</u>
	5,621,171	7,643,214
Less: Investment expenses	<u>(75,039)</u>	<u>(94,233)</u>
	5,546,132	7,548,981
Employer contributions	125,987	142,233
Employer withdrawal liability contributions	12,779	650,813
Other income	<u>-</u>	<u>2,314</u>
	<u>5,684,898</u>	<u>8,344,341</u>
Deductions from net assets:		
Benefits paid directly to participants	3,086,140	3,125,971
Administrative expenses:		
Plan administration and other expenses	76,013	94,044
Professional fees	105,598	143,129
Pension Benefit Guaranty Corporation premium	<u>42,450</u>	<u>42,630</u>
	<u>3,310,201</u>	<u>3,405,774</u>
Net increase	<u>2,374,697</u>	<u>4,938,567</u>
Net assets available for benefits		
Beginning of year	<u>41,478,332</u>	<u>36,539,765</u>
End of year	\$ <u>43,853,029</u>	<u>41,478,332</u>

See accompanying notes to the financial statements.

Northwest Ohio Area Industries UAW Retirement Income Plan
Statement of Accumulated Plan Benefits
December 31, 2019

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving payments

\$ 28,441,041

Other participants

13,584,192

42,025,233

Nonvested benefits

348,582

Total actuarial present value of accumulated plan benefits

\$ 42,373,815

See accompanying notes to the financial statements.

Northwest Ohio Area Industries UAW Retirement Income Plan
Statement of Changes in Accumulated Plan Benefits
Year Ended December 31, 2019

Actuarial present value of accumulated plan benefits	
at beginning of year	\$ 43,185,000
Increase (decrease) during the year attributed to:	
Increase for interest due to the decrease in the discount period	2,707,030
Benefits paid	(3,125,971)
Plan experience and benefits accumulated	(121,127)
Change in assumptions	<u>(271,117)</u>
Net change	<u>(811,185)</u>
Actuarial present value of accumulated plan benefits	
at end of year	\$ <u><u>42,373,815</u></u>

See accompanying notes to the financial statements.

1. DESCRIPTION OF THE PLAN:

The following brief description of the Northwest Ohio Area Industries UAW Retirement Income Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit multi-employer pension plan pursuant to an agreement between several Locals of the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (UAW) and certain employers who have entered into collective bargaining agreements with the UAW. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions and funding policy

In accordance with the collective bargaining agreement, employers are required to make monthly contributions at a fixed dollar amount for each hour worked by participants. No participant contributions to the Plan are permitted. The Plan's actuary has advised that the Plan has met the minimum funding requirements of ERISA.

Eligibility

Under the terms of the Plan, all employees on the seniority lists of the participating employers are eligible to participate. These participants are credited for a partial or full year of service based upon the number of hours worked during the year. These service years are recognized when determining vesting and computing benefits to be paid to participants. The Plan was frozen as of March 31, 2009, after which hours of service shall not count towards the employee's credited service for the purpose of accruing benefits.

Benefits

The Plan provides for normal, early and disability retirement benefits. These are distributable to individuals with a minimum of five years of service for normal retirement and ten years of service for early and disability retirement. Participants must have reached the age of 65 for normal retirement and 57 with at least 10 years of service for early retirement to receive such benefits (at a reduced amount). Participants with at least 10 years of service may be eligible for disability benefits. Participants with at least 5 years of service are eligible for a death benefit based on their accumulated benefits. Retirees are eligible for a \$2,500 death benefit.

Vesting

Participants are fully vested after five years of service.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

The following are the significant accounting policies of the Plan:

Basis of accounting

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

Investment valuation and income recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, see Note 4 for discussion of fair value measurements.

Purchases and sales 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 (depreciation) includes realized gains and losses on investments sold during the year and unrealized gains and losses on investments held at year-end.

Cash

Cash includes amounts on deposit with financial institutions. The balances, at times, may exceed federally insured limits.

Employer contributions receivable

Employer contributions receivable represents amounts due from employers that were received subsequent to year end. Therefore, the carrying amount of these receivables is not reduced by an allowance for amounts that will not be collected. In addition, it is impractical to estimate a recognition of revenue for amounts due but erroneously unreported by employers.

Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is the 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 death disability, withdrawal or retirement) between the valuation date and the expected date of payment. The more significant actuarial assumptions underlying the actuarial computations are as follows:

1. Mortality rates Non-disabled: Blue Collar adjusted Pri-2012
2. Disability mortality rates: Pri-2012 Disabled Retiree
3. Retirement rate: 100% at Age of 70.
4. Discount rate: 6.5%, reflects a 0.75% reduction for plan administration expenses

Changes in actuarial assumptions reflected during the year included in the December 31, 2019 valuation include updates to the mortality and work hours assumptions as well as payment form election assumptions.

As of December 31, 2020, the Plan was not in endangered or critical status.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates and participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption 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.

Payment of benefits

Benefit payments to participants are recorded upon distribution.

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; disclosure 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.

Subsequent events

The Plan has evaluated subsequent events through September 20, 2021, the date the financial statements were available to be issued.

3. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN:

Plan management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly KeyBank National Association, the custodian, has certified to the completeness and accuracy of all the investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2020 and 2019, and the supplemental schedule of assets (held at end of year) as of December 31, 2020; the related investment activity reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2020 and 2019, and the information reflected on the supplemental schedule of reportable transactions for the year ended December 31, 2020.

4. FAIR VALUE MEASUREMENTS:

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

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

Money market funds: Valued at cost, which approximates fair value.

Corporate obligations and other fixed income obligations: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

U.S. Government Securities and agency obligations: Valued using pricing models maximizing the use of observable inputs for similar securities.

Equity securities: Valued at the closing price reported on the active market on which the securities are traded.

Registered investment companies: Consists of mutual funds and exchange traded funds registered with the Securities and Exchange Commission. Mutual funds are valued at the daily closing prices as reported by the fund. Mutual funds are required to publish their daily net asset value (NAV) and to transact at that price at the end of each trading day. Mutual funds held by the Plan are deemed to be actively traded. Exchange traded funds are valued at the closing price reported on the active market on which the funds are traded. Exchange traded funds can be traded throughout the day on national securities exchanges at market prices.

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

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

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Money market funds	\$ 846,697	846,697	-	-
Corporate obligations	1,022,720	-	1,022,720	-
U.S. Government securities and and agency obligations	2,043,338	-	2,043,338	-
Other fixed income obligations	301,242	-	301,242	-
Equity securities	3,755,726	3,755,726	-	-
Registered investment companies	<u>35,852,883</u>	<u>35,852,883</u>	<u>-</u>	<u>-</u>
	<u>\$ 43,822,606</u>	<u>40,455,306</u>	<u>3,367,300</u>	<u>-</u>

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

	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Money market funds	\$ 582,449	582,449	-	-
Corporate obligations	1,289,664	-	1,289,664	-
U.S. Government securities and and agency obligations	1,835,175	-	1,835,175	-
Other fixed income obligations	254,202	-	254,202	-
Equity securities	3,208,564	3,208,564	-	-
Registered investment companies	<u>33,942,267</u>	<u>33,942,267</u>	<u>-</u>	<u>-</u>
	<u>\$ 41,112,321</u>	<u>37,733,280</u>	<u>3,379,041</u>	<u>-</u>

5. WITHDRAWAL LIABILITY CONTRIBUTIONS:

The Plan assesses withdrawal liability on employers that cease to participate under the collective bargaining agreement. Receivables from employers for withdrawal liability amounted to \$2,278,189 and \$2,290,968 at December 31, 2020 and 2019, respectively. In reviewing the employers responsible for the receivables and current economic conditions, the Board and plan management has established a reserve for the total amount, and as such, withdrawal liability contributions are recognized in the statements of changes in net assets available for benefits in the year that they are received. Withdrawal liability contributions totaled \$12,779 and \$650,813 during the years ended December 31, 2020 and 2019, respectively.

6. TAX STATUS:

The Plan obtained its latest determination letter on September 10, 2015, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore believe that the Plan is qualified and the related trust is tax-exempt.

7. PLAN TERMINATION:

The Plan continues in existence as long as the Employer Collective Bargaining Agreements with the UAW are in effect. The Plan shall be considered terminated if all, or a majority of the employers, discontinue the Plan with the consent of the UAW.

In the event the Plan terminates, the net assets of the Plan will be allocated in accordance with provisions of the Plan, subject to the requirements of ERISA and its related regulations.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivors' pensions. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, the PBGC does not guarantee all benefits under the Plan, and the amount of benefit protection is subject to certain limitations, as there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some time in the future 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 plan sponsor and the level of benefits guaranteed by the PBGC.

8. RISKS AND UNCERTAINTIES:

The Plan receives contributions primarily from employers who are located in the Northwest Ohio area. As such, it is affected by the general economic conditions of the area. For the year ended December 31, 2020, two employers represented 53% and 44% of total employer contributions, respectively. For the year ended December 31, 2019, two employers represented 54% and 42% of total employer contributions, respectively.

The Plan invests in various investment securities. 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 those changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

9. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS:

The Federated Government Obligations Institutional Shares money market fund is sponsored by KeyBank National Association. KeyBank National Association is the custodian as defined by the Plan and, therefore, these transactions qualify as party in interest transactions.

The Plan recordkeeping and administration is managed by Northwestern Ohio Administrators, the third-party administrator of the Plan. As of December 31, 2020, Northwestern Ohio Administrators held \$99,233 on behalf of the Plan which is included with employer contributions receivable on the statements of changes in net assets available for benefits.

10. UNCERTAINTIES:

On March 11, 2020, the World Health Organization declared the novel coronavirus (COVID-19) outbreak a pandemic which has impacted the financial markets and global economy. The COVID-19 pandemic is ongoing and the duration and extent of the related financial impact on the Plan's net assets available for benefits and changes in net assets available is uncertain and cannot be reasonably estimated at this time.

Supplemental Schedules

Northwest Ohio Area Industries UAW Retirement Income Plan
EIN #34-4437724; Plan #001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Principal Amount/ Shares	Cost	Current Value
Money market funds:				
*	Federated Government Obligations Institutional Shares	846,697	\$ 846,697	846,697
	Total money market funds		846,697	846,697
Corporate obligations:				
	Aflac Inc 4/1/20 3.6% due 4/1/30	17,000	16,956	20,009
	Ally Master Owner Trust 8/15/18 3.30% due 7/17/23	15,000	14,998	15,190
	American Express Co 10/30/17 3.0% due 10/30/2024	15,000	14,961	16,383
	Apple Inc 02/23/16 4.5% due 02/23/36	22,000	24,088	29,617
	AT&T Inc 2/9/16 4.125% due 2/17/26	22,000	25,315	25,460
	Baker Hughes 11/7/19 3.138% due 11/7/29	25,000	25,000	27,463
	Bank of America Corp 5/17/18 3.499% due 5/17/22	23,000	23,438	23,273
	Bank of America Corp 2.816% due 07/21/2023	25,000	24,149	25,961
	Bank of New York Co Inc 2/7/17 3.65% due 02/04/24	25,000	26,919	27,412
	Bank of New York Mellon Corp 2/7/17 3.44% due 2/7/28	15,000	15,660	17,128
	Berkshire Hathaway 1/5/18 2.80% due 01/15/2023	5,000	4,884	5,239
	Berkshire Hathaway 5/15/12 3.00% due 05/15/22	25,000	25,711	25,954
	BP Capital Markets America Inc 11/4/18 3.119% due 5/4/26	15,000	14,178	16,607
	Capital One Multi-Asset Execution TR 10/10/17 due 7/15/25	30,000	29,993	31,056
	Carmax Auto Owner Trust 1/23/19 3.45% Due 11/15/24	25,000	24,996	26,397
	Chevron Corp 05/16/16 2.56% due 05/16/23	15,000	15,461	15,754
	Citigroup Inc 10/21/16 3.2% due 01/02/2026	30,000	28,744	33,530
	Citigroup Commercial Mortgage Tr due 4/12/46	15,330	15,495	15,648
	Citigroup Inc 10/27/17 2.7% due 10/27/22	18,000	18,836	18,720
	Consolidated Edison Co of NY Inc 3/31/20 3.95% due 4/1/50	17,000	17,424	20,712
	Discover Card Note Trust RT due 7/15/24	30,000	30,452	30,888
	Eaton Vance Corp 4/6/17 3.5% due 4/6/27	30,000	29,890	33,687
	JPMBB Commercial Mortgage 11/1/14 3.408% due 11/15/47	28,125	29,870	29,928
	JPMorgan Chase & Co 5/13/20 due 5/13/31	12,000	12,000	13,159
	Metlife Inc 03/05/15 3.00% due 03/01/25	25,000	24,769	27,464
	Microsoft Corp 6/1/20 2.675% due 6/1/60	15,000	14,199	16,256
	Nvidia Corp 3/31/20 3.5% due 4/1/50	16,000	16,440	19,409
	Oracle Corp 07/07/16 1.90% due 09/15/21	25,000	24,304	25,252
	PNC Funding Corp 3/08/12 3.3% due 3/8/22	25,000	25,867	25,822
	Providence Health 9/28/16 2.75% due 10/1/26	21,000	21,418	22,923
	San Diego Gas & Elec Co 8/26/10 4.50% due 08/15/40	25,000	27,033	31,818
	Schlumberger Finance 9/18/20 1.4% due 9/17/25	18,000	17,978	18,511
	Sequoia Mortgage 5/1/13 due 6/25/43	26,616	27,181	27,040
	Shell International Fin BV 8/12/13 3.4% due 8/12/23	15,000	15,735	16,191
	Statoil Asa 11/21/12 2.45% due 1/17/23	15,000	14,563	15,651
	Toyota MTR Corp MTN 07/13/15 2.8% due 07/13/22	15,000	15,017	15,568
	Unitedhealth Group Inc 7/23/15 3.75% due 7/15/25	15,000	15,385	17,090
	US Bank 7/29/19 3.0% due 7/30/29	35,000	34,997	39,092
	Verizon Owner Trust 1/29/20 2.06% due 7/20/24	10,000	9,998	10,307
	Verizon Owner Trust 3/13/19 2.93% due 9/20/23	40,000	39,992	40,776
	Wells Fargo & Co. 03/29/11 4.60% due 04/01/21	15,000	16,213	15,158
	Wells Fargo & Co. 6/3/14 4.1% due 6/3/26	18,000	19,717	20,636
	Wells Fargo & Co. 2/11/20 2.164% due 2/11/26	16,000	16,695	16,825
	WFRBS Commercial Mtg 3/1/13 3.56% due 3/15/48	10,000	10,422	10,467

Northwest Ohio Area Industries UAW Retirement Income Plan
EIN #34-4437724; Plan #001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Principal Amount/ Shares	Cost	Current Value
	World Financial Network Credit 2.03% due 4/15/25	25,000	24,725	25,188
	Xilinx Inc 03/12/14 3.00% due 03/15/21	20,000	20,285	20,101
	Total corporate obligations		962,351	1,022,720
U.S. Government securities and agency obligations:				
	Fannie Mae 1/01/17 2.50% due 1/01/32	20,582	20,814	21,511
	Fannie Mae 1/01/17 3.50% due 2/01/47	15,112	15,474	16,082
	Fannie Mae 1/01/18 4.00% due 2/01/48	28,381	28,938	30,386
	Fannie Mae 11/1/20 2.5% due 12/1/50	79,709	83,620	84,093
	Fannie Mae 11/01/17 3.50% due 01/01/47	14,970	15,412	15,878
	Fannie Mae 12/01/15 3.50% due 01/01/46	25,196	26,560	26,849
	Fannie Mae 6/1/20 2.5% due 7/1/35	27,636	29,013	28,867
	Fannie Mae 03/01/15 3.50% due 04/01/45	24,672	25,770	26,691
	Fannie Mae 06/01/15 3.5% due 06/01/45	21,861	22,830	23,901
	Fannie Mae 07/01/7 7.0% due 08/01/37	1,730	1,995	2,045
	Fannie Mae 07/01/15 3.50% due 08/01/45	39,689	41,389	42,995
	Fannie Mae 07/01/20 2.50% due 08/01/35	91,577	96,227	95,712
	Fannie Mae 07/01/20 2.50% due 08/01/50	62,364	65,314	65,794
	Fannie Mae 8/1/15 4.0% due 9/1/45	24,254	25,938	26,493
	Fannie Mae 8/1/16 2.50% due 9/1/31	31,908	33,017	33,349
	Fannie Mae 8/1/20 2.0% due 9/1/35	57,842	60,122	60,472
	Fannie Mae 9/1/17 2.68% due 8/25/29	28,199	28,221	30,577
	Fannie Mae 8/1/20 2.0% due 9/1/50	44,157	45,766	45,875
	Fannie Mae 9/1/20 2.0% due 10/1/35	63,289	65,821	66,167
	Fannie Mae 09/01/06 6.00% due 9/01/36	579	660	650
	Fannie Mae Note 09/1/15 4.00% due 10/1/45	24,292	25,983	26,489
	Freddie Mac Gold 05/01/03 6.00% due 04/01/33	4,244	4,942	5,018
	Freddie Mac Gold 7/1/20 2.5% due 8/1/35	65,961	69,414	68,909
	United States Treasury Bds 2.0% due 2/15/50	55,000	64,935	59,735
	United States Treasury Bds 1.25% due 5/15/50	232,000	227,437	210,468
	United States Treasury Bds 1.125% due 5/15/40	101,000	98,156	95,887
	United States Treasury Nts 0.5% due 3/31/25	93,000	93,668	93,857
	United States Treasury Nts 1.25% due 3/31/21	42,000	42,241	42,111
	United States Treasury Nts 1.125% due 2/28/21	85,000	85,480	85,126
	United States Treasury Nts 1.5% due 2/28/23	130,000	134,126	133,829
	United States Treasury Nts 1.25% due 10/31/21	34,000	34,326	34,316
	United States Treasury Nts 1.5% due 2/15/30	204,000	218,458	215,818
	United States Treasury Nts 1.875% due 04/30/22	15,000	15,189	15,349
	United States Treasury Nts 1.50% due 9/15/22	58,000	57,756	59,355
	United States Treasury Nts 1.25% due 8/31/24	45,000	44,738	46,680
	United States Treasury Nts .25% due 7/15/29	93,651	98,030	106,004
	Total U.S. Government securities and agency obligations		2,047,780	2,043,338
Other fixed income obligations:				
	American Mun Pwr Ohio Inc 2.299% due 2/15/24	25,000	25,000	26,027
	American Mun Pwr Ohio Inc 2.219% due 2/15/23	20,000	20,000	20,665
	Birmingham Wtrwks 2.201% due 01/01/24	30,000	30,000	31,487
	Birmingham Wtrwks 2.161% due 01/01/23	20,000	20,000	20,694

Northwest Ohio Area Industries UAW Retirement Income Plan
 EIN #34-4437724; Plan #001

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Principal Amount/ Shares	Cost	Current Value
	Kent St Ohio Univ 3.333% due 5/1/40	25,000	25,155	26,432
	Metropolitan Transn Auth 5.871% due 11/15/39	15,000	19,479	18,372
	Miami-Dade Cnty 2.504% due 10/01/24	35,000	35,725	37,096
	Rutgers St Univ 2.349% due 05/01/25	20,000	20,133	20,983
	South Dakota St Health 2.314% due 7/1/23	25,000	25,000	25,791
	South Dakota St Health 2.591% due 7/1/25	35,000	35,000	36,920
	South Dakota St Health 2.384% due 7/1/24	25,000	25,000	26,060
	University Mass Bldg Auth 1/23/20 3.097% due 11/1/35	10,000	10,448	10,715
	Total Other fixed income obligations		290,940	301,242
Equity securities:				
	Alaska Air Group Inc	2,090	80,886	108,680
	Amdocs Ltd	1,480	83,232	104,976
	American Financial Group	1,180	104,701	103,392
	American Homes 4 Rent	3,180	90,116	95,400
	Arch Capital Group Ltd	20,820	78,583	101,717
	Atmos Energy Corp	960	80,891	91,613
	Axis Capital Holdings LTD	1,870	90,000	94,229
	Bed Bath & Beyond Inc	4,940	95,254	87,734
	Bruker Corp	1,760	61,988	95,269
	Burlington Stores Inc	400	77,412	104,620
	Cerence Inc	1,230	30,463	123,590
	Charles River Labs Intl Inc	290	29,217	72,459
	East West Bancorp Inc	2,180	81,592	110,548
	Essential Utilities Inc	2,010	64,281	95,053
	Euronet Worldwide Inc	710	54,389	102,893
	Exelixis Inc	4,840	108,484	97,139
	Expeditors Intl Wash Inc	890	41,471	84,648
	Fidelity National Financial Inc	2,480	81,539	96,943
	First Horizon Corp	7,830	84,086	99,911
	Hubbell Inc	580	66,007	90,938
	Huntington Ingalls Industries	550	103,904	93,764
	Knight-Swift Transportation HLDGS	2,130	77,466	89,077
	Lamb Western Holdings Inc	1,250	78,737	98,425
	Leidos Holdings Inc	1,000	62,036	105,120
	Lincoln Electric Holdings Inc	780	70,352	90,675
	Lumentum Holdings Inc	1,150	80,926	109,020
	Maximus Inc	1,280	73,840	93,683
	National Retail Pptys Inc	2,370	84,165	96,980
	On Semiconductor Corp	3,390	55,850	110,955
	Public Storage PFD	58	1,405	1,511
	Public Storage PFD	122	3,145	3,457
	Qorvo Inc	650	49,972	108,076
	Reinsurance Group of America Inc	850	79,312	98,515
	Robert Half Intl Inc	1,490	72,387	93,095
	Signature Bank	460	55,530	62,233
	Smith A O	1,540	66,282	84,423
	Steris Plc	360	42,337	68,234
	Synchrony Financial	3,220	73,314	111,766

Northwest Ohio Area Industries UAW Retirement Income Plan
 EIN #34-4437724; Plan #001
 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
 December 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, <u>Lessor, or Similar Party</u>	Principal Amount/ <u>Shares</u>	<u>Cost</u>	Current <u>Value</u>
	Toro Co	960	60,063	91,046
	Ulta Beauty Inc	335	57,410	96,199
	Vici Properties Inc	3,440	<u>85,258</u>	<u>87,720</u>
	Total equity securities		<u>2,818,283</u>	<u>3,755,726</u>
	Registered investment companies:			
	Diamond Hill Corporate Credit	316,748	3,660,340	3,724,960
	Harding Loevner Intl Equity Portfolio	160,925	2,701,988	4,573,480
	Lazard Intl Strategic Equity PTF	256,846	3,405,141	4,322,711
	Vanguard Global EX-US Real Estate	34,773	1,852,246	1,888,522
	Vanguard Growth ETF	24,882	2,748,677	6,303,606
	Vanguard Real Estate ETF	13,718	1,100,784	1,165,070
	Vanguard Value Vipers Fund	47,835	4,106,147	5,690,452
	Virtus Kar Small Cap Growth Fund	85,530	3,494,674	4,578,435
	Western Asset Core Plus Bond	287,074	<u>3,451,629</u>	<u>3,605,647</u>
	Total registered investment companies		<u>26,521,626</u>	<u>35,852,883</u>
	Total assets held		\$ <u><u>33,487,677</u></u>	<u><u>43,822,606</u></u>

* Party-in-interest.

Northwest Ohio Area Industries UAW Retirement Income Plan
 EIN #34-4437724; Plan #001
 Schedule H, Line 4j - Schedule of Reportable Transactions
 Year Ended December 31, 2020

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)

Category (i) - Single Transactions in Excess of 5% of Net Assets

* KeyBank National Association:

Western Asset Core Plus Bond						
	Purchase	\$ 3,603,091	-	3,603,091	3,603,091	-
Diamond Hill Corporate Credit						
	Purchase	3,198,600	-	3,198,600	3,198,600	-
Templeton Global Bond Fund						
	Sale	-	3,613,346	3,842,609	3,613,346	(229,263)
American High-Income Trust						
	Sale	-	3,561,438	3,471,709	3,561,438	89,729

Category (iii) - Series of Transactions in Excess of 5% of Net Assets

* KeyBank National Association:

American High-Income Trust						
	Purchases	\$ 166,167	-	166,167	166,167	-
	Sales	-	3,886,348	3,828,269	3,886,348	58,079
Diamond Hill Corporate Credit						
	Purchases	3,660,340	-	3,660,340	3,660,340	-
Federated Government Obligations						
	Purchases	5,709,297	-	5,709,297	5,709,297	-
	Sales	-	5,445,049	5,445,049	5,445,049	-
Templeton Global Bond Fund						
	Purchase	16,775	-	16,775	16,775	-
	Sale	-	3,613,346	3,842,609	3,613,346	(229,263)

Northwest Ohio Area Industries UAW Retirement Income Plan
 EIN #34-4437724; Plan #001
 Schedule H, Line 4j - Schedule of Reportable Transactions
 Year Ended December 31, 2020

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
	Western Asset Core Plus Bond					
	Purchase	3,744,405	-	3,744,405	3,744,405	-
	Sale	-	275,000	292,776	275,000	(17,776)

* Party-in-interest.

There were no reportable category (ii) or (iv) transactions for the year ended December 31, 2020.

Note: "Reportable Transactions" are defined in Section 2520.103-6 of the Department of Labor's Regulations.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2020 This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2020 or fiscal plan year beginning		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.)	
	☐ a single-employer plan		
B This return/report is:	☐ the first return/report	☐ a DFE (specify) _____	
	☐ an amended return/report	☐ the final return/report	
		☐ a short plan year return/report (less than 12 months)	
C If the plan is a collectively-bargained plan, check here. ☒			
D Check box if filing under:	☒ Form 5558	☐ automatic extension	☐ the DFVC program
	☐ special extension (enter description)		

Part II Basic Plan Information—enter all requested information			
1a Name of plan Northwest Ohio Area Industries UAW Retirement Income Plan	1b Three-digit plan number (PN) ▶	001	
	1c Effective date of plan	11/01/1950	
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) Board of Trustees Northwest Ohio Area Industries UAW Retirement Inc c/o Northwestern Ohio Administrators Inc PO Box 1330 Holland OH 43528	2b Employer Identification Number (EIN) 34-4437724	2c Plan Sponsor's telephone number (419) 248-2401	2d Business code (see instructions) 541990

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	 Signature of plan administrator	10-12-21 Date	Brian Draper Enter name of individual signing as plan administrator
SIGN HERE	 Signature of employer/plan sponsor	10/21/2021 Date	Richard Toth Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

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

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

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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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
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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
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2020
v. 200204

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

14a

0

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

0

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

0

- 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: 66% Investment-Grade Debt: 8% High-Yield Debt: 17% Real Estate: 7% Other: 2%

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 _____