Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

B This return/report is:
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
COOPER MACHINERY SERVICES, LLC 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2020

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)
COOPER MACHINERY SERVICES, LLC 401(K) PLAN

16250 PORT NORTHWEST DRIVE
HOUSTON, TX 77041

2b Employer Identification Number (EIN) 46-5397496

2c Plan Sponsor's telephone number 713-354-1900

2d Business code (see instructions) 811310

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.	10/13/2021	TAHERA KHAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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**	359
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)**	355
a(2) Total number of active participants at the end of the plan year	**6a(2)**	487
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	105
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	592
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	592
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	500
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2K 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[X]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	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)	[X]	**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)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[X]	1	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

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

A Name of plan
COOPER MACHINERY SERVICES, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COOPER MACHINERY SERVICES, LLC 401(K) PLAN

D Employer Identification Number (EIN)
46-5397496

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

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE & ANNUITY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
71-0294708	86509	YH4363	592	01/01/2020	12/31/2020

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	269352
5	Current value of plan's interest under this contract in separate accounts at year end	5	7766191

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP PENSION FUNDING

b	Balance at the end of the previous year			7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	303279		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	3740		
	(4) Transferred from separate account	7c(4)	66603		
	(5) Other (specify below)	7c(5)	9556		
	▶ LOAN PRINCIPAL AND INTEREST PAYMENT TRANSFER IN, MULTIPLE PARTICIPANTS				
	(6) Total additions			7c(6)	383178
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	383178
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	41799		
	(2) Administration charge made by carrier	7e(2)	282		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	77969		
	▶ NEW LOAN ISSUE				
	(5) Total deductions			7e(5)	120050
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	263128

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

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

A Name of plan
COOPER MACHINERY SERVICES, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COOPER MACHINERY SERVICES, LLC 401(K) PLAN

D Employer Identification Number (EIN)
46-5397496

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).. . . . . [X] 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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

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

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

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

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(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?
64	SERVICE PROVIDER	5575	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

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

A Name of plan
COOPER MACHINERY SERVICES, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
COOPER MACHINERY SERVICES, LLC 401(K) PLAN

D Employer Identification Number (EIN)
46-5397496

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

a Name of MTIA, CCT, PSA, or 103-12 IE: VARIABLE ANNUITY ACCOUNT D

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE & ANNUITY CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
71-0294708-000	P	7766191

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE ACWI EX-US INVEST MKT

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS INC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-223	C	141621

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE AGGREGATE BOND INDEX

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS INC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-088	C	157138

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE EXTENDED EQUITY MKT F

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS INC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-110	C	73722

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE S&P 500 INDEX FUND DC

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS INC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-002	C	394918

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

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

A Name of plan
COOPER MACHINERY SERVICES, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COOPER MACHINERY SERVICES, LLC 401(K) PLAN

D Employer Identification Number (EIN)
46-5397496

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	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	0	214768
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	0	767399
(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)	0	7766191
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	263128
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	0	9011486
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	0	9011486

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	956918	
	(B) Participants	2a(1)(B)	3327697	
	(C) Others (including rollovers)	2a(1)(C)	3202540	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		7487155
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	3900	
	(F) Other	2b(1)(F)	3740	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7640
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		131537
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1330451
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		79
d Total income. Add all **income** amounts in column (b) and enter total	2d		8956862
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	726464	
(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)		726464
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	5575	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		5575
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		732039
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		8224823
l Transfers of assets:			
(1) To this plan	2l(1)		786663
(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) [X] 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) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: HAM, LANGSTON AND BREZINA, LLP **(2)** EIN: 76-0448495

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		2000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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
COOPER MACHINERY SERVICES, LLC 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
COOPER MACHINERY SERVICES, LLC 401(K) PLAN

D Employer Identification Number (EIN)
46-5397496

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): 71-0294708

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

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

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

COOPER MACHINERY SERVICES 401(K) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE
WITH INDEPENDENT AUDITOR'S REPORT
As of and for the Year Ended December 31, 2020

COOPER MACHINERY SERVICES 401(K) PLAN
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* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, have been omitted because they are not applicable.

Ham, Langston & Brezina, L.L.P.
CPAs and Advisors

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INDEPENDENT AUDITOR'S REPORT

To the Investment Committee of
Cooper Machinery Services:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Cooper Machinery Services 401(k) Plan (the "Plan"), which comprise the Statement of Net Assets Available for Benefits as of December 31, 2020, and the related Statement of Changes in Net Assets Available for Benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Voya Retirement Insurance and Annuity Company ("Voya"), the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that Voya held the Plan's investment assets and executed investment transactions as of December 31, 2020. The Plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2020, 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 – Supplemental Schedule

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

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified 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, is presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Ham, Langston & Brezina L.L.P.

Houston, Texas
October 12, 2021

COOPER MACHINERY SERVICES 401(K) PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2020

Assets:	
Investments:	
Investments, at fair value (See Notes 2 and 3)	$ 8,533,590
Group Annuity Contracts, at contract value (See Note 4)	263,128
Total investments	8,796,718
Receivables:	
Notes receivable from participants	214,768
Total receivables	214,768
Net assets available for benefits	$ 9,011,486

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

COOPER MACHINERY SERVICES 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2020

Additions to net assets attributed to:	
Investment income:	
Interest and dividend income	$ 3,785
Net appreciation in fair value of investments	1,462,022
Total investment income	1,465,807
Interest income from notes receivable from participants	3,900
Contributions:	
Participant	3,327,697
Employer	956,918
Rollovers	3,202,540
Total contributions	7,487,155
Total additions	8,956,862
Deductions from net assets attributed to:	
Benefits and withdrawals	726,464
Administrative expenses	5,575
Total deductions	732,039
Net increase in net assets available for benefits before transfers of net assets from merged plans	8,224,823
Transfer in from Oasis Retirement Savings Plan	272,728
Transfer in from Turbine Technology 401(k) Plan	513,935
Total transfers of net assets from merged plans	786,663
Net increase in net assets available for benefits after transfers of net assets from merged plans	9,011,486
Net assets available for benefits, beginning of year	-
Net assets available for benefits, end of year	$ 9,011,486

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

COOPER MACHINERY SERVICES 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

1. Description of Plan

The following description of Cooper Machinery Services 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan, formed effective January 1, 2020 covering all full-time employees of Cooper Machinery Services (the "Company") meeting participation requirements described below. The Plan is subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), and all requirements of Section 401(a) of the Internal Revenue Code ("IRC").

Effective February 28, 2020, the Plan was amended, to allow (Assets attributable to the Epic International, LLC to be merged into the Plan from the Oasis Retirement Savings Plan).(Assets attributable to Reciprocating Technology Services Corporation (RTS) Participants to be merged into the Plan from Turbine Technology 40l(k) Plan). In addition, the participants of Oasis Retirement Savings Plan and Turbine Technology 40l(k) Plan became participants of the Plan. As a result of these plan mergers, a total of $786,663 in assets were transferred into the Plan during March 2020.

On March 11, 2020, the World Health Organization declared COVID-19 a pandemic. On March 27, 2020, the "Coronavirus Aid, Relief and Economic Security Act" (the CARES Act) was signed into law. The CARES Act, among other things, included several relief provisions available to tax-qualified retirement plans and their participants. The Plan's management evaluated the relief provisions available to the plan participants and implemented the following provisions for 2020:

- Coronavirus distributions up to $100,000;
- Increased the maximum loan amount to the lesser of $100,000 or 100% of the vested balance for loans taken out between March 27, 2020 and September 22, 2020;
- Loan repayment suspension and extension of loan terms up to one year; and
- Suspension of Required Minimum Distribution for 2020.

The Plan was amended on June 1, 2020 to eliminate the Plan's Safe Harbor Matching Contribution program.

On January 1, 2021, the Plan was amended for the employer to make a discretionary match contribution equal to a uniform percentage of salary deferrals.

Administration

The Company is responsible for the administration and operation of the Plan. The Chief Executive Officer of the Company serves as the trustee of the Plan and Voya Retirement Insurance and Annuity Company (the "Custodian " or "Voya") serves as the custodian and recordkeeper.

Eligibility

All Company employees are eligible to participate in the Plan except (i) collectively-bargained employees, (ii) non-resident aliens who do not have United States income, (iii) leased employees, (iv) and interns.

Employees meeting the eligibility requirements described above may begin participating in the Plan on their date of hire after satisfying the eligibility requirements.

1. Description of Plan, continued

Automatic Enrollment

Effective January 1, 2020, employees who first become eligible to participate in the Plan and existing participants without a salary deferral agreement in effect are automatically enrolled on the next Plan entry date and deemed to have elected a deferral rate set forth in the table below based on the Plan year in which the automatic deferrals first apply to the participant:

Plan Year	Percentage
1	4%
2	5%
3	6%
4	7%
5	8%
6	9%
7 and thereafter	10%

Contributions

Employees may adjust their deferral rate at any time and can elect to contribute up to 50% of their eligible compensation as a pre-tax elective deferral or a Roth elective deferral not to exceed the $19,500 limitation as set forth in Section 402(g) of the IRC. Participants may make catch-up contributions, pre-tax contributions that exceed the annual elective deferral limit, during any calendar year ending on or after the participant's 50th birthday. Participants' total catch-up contributions during 2020 cannot exceed $6,500. Participants may also make rollover contributions from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company made safe harbor matching contributions on behalf of each participant equal to the sum of 100% of the first 6% of the eligible employee's compensation that he or she contributes to the Plan of the eligible employee's compensation that he or she contributes to the Plan. The Plan was amended to eliminate the Safe Harbor match effective June 1, 2020. For the year ended December 31, 2020, the Company made safe harbor matching contributions of $956,918.

Participant Accounts

Each participant's account is credited with the participant's salary deferrals and rollover contributions and allocations of the Company contributions and Plan earnings and losses. Plan earnings and losses, net of appreciation (depreciation), are allocated as of the last day of each calendar quarter in the same proportion that each participant's and former participant's non-segregated accounts bear to the total of all participant's and former participant's non-segregated accounts as of the last day of each calendar quarter. Participants self-direct the allocation of contributions to investment choices offered under the Plan.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants and distributions are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Vesting

Participants are immediately vested in their employee contributions and earnings thereon as well as balances rolled over into the Plan from other qualified benefit plans under ERISA and their safe harbor matching contributions.

1. Description of Plan, continued

Notes Receivable from Participants

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. A participant with an account balance of $2,000 or greater may borrow from his or her account a minimum of $1,000 up to a maximum amount not to exceed the lesser of 50% of his or her account balance, or $50,000. Only one loan is permitted to be outstanding for a participant at a time. Loan terms range from 1 to 5 years except in the case of a loan used to acquire a principal residence which will be a reasonable period of time determined at the time the loan is made. The loans are secured by the balance in the participant's account and bear interest at a rate of prime plus one percent. Loan repayments are made ratably through payroll deductions. As of December 31, 2020, interest rates on outstanding loans ranged from 4.25% to 6.00% respectively.

Payment of Benefits

Benefit payments are typically made in a lump-sum distribution to the participant upon termination of employment, disability or retirement or to the designated beneficiary in the event of death, equal to the balance of the participant's account. Participants over the age of 59 ½ may make in-service withdrawals of the vested value of their accounts, subject to certain limitations as described in the Plan document.

Hardship withdrawals prior to the age of 59 ½ are also permitted under certain circumstances.

Forfeitures

Forfeited nonvested accounts, subject to the Plan administrator's discretion, may be applied to employer contributions or Plan expenses. At December 31, 2020, forfeitures available to reduce future employer contributions or pay Plan expenses were $32. During the year ended December 31, 2020, no forfeitures were used to reduce employer contributions or pay Plan expenses.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Risks and Uncertainties

The Plan provides for various investment securities. These investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

On March 11, 2020 the World Health Organization declared COVID-19 a pandemic. The COVID-19 pandemic and resulting global disruptions have caused significant economic uncertainty and volatility in financial markets throughout 2020. This negatively impacted the returns and value of various investment securities as a result. Though the impact of COVID-19 continues into 2021, with the various vaccination rollouts in the United States and internationally, the economy and markets have become less volatile and progressive recovery is anticipated. The ultimate impact of COVID-19 on the Plan cannot be fully estimated.

2. Summary of Significant Accounting Policies, continued

Investment Valuation and Income Recognition

Certain Plan investments are stated at fair value. Shares of pooled separate accounts are valued at the net asset value ("NAV") of shares held by the Plan at year-end. Shares of trust funds, which consist of holdings in publicly traded common stocks, are valued daily based on the quoted market prices of the underlying securities. See Note 3 for a discussion of fair value measurements. The group annuity contract is stated at contract value (see Note 4).

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2020 as management determined the loans were properly collateralized.

Benefit Payments

Benefits are recorded when paid.

3. Fair Value Measurements

ASC 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

In determining the fair value of assets and liabilities, the Plan generally uses the market approach, which uses prices and other relevant data based on market transactions involving identical or comparable assets and liabilities.

3. Fair Value Measurements, continued

Pooled separate accounts: Valued at the net asset value ("NAV") of units based on the quoted market price of the underlying securities and the number of units owned by the Plan at year end. The NAV, as provided by the Custodian, is used as a practical expedient to estimate fair value.

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

In accordance with ASU No. 2015-07, *Fair Value Measurements (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*, investments measured at NAV per share (or its equivalent) as a practical expedient, are not classified in the fair value hierarchy. At December 31, 2020, all investments are either reported at contract value or are in pooled separate accounts and are measured at fair value, using NAV as a practical expedient. Accordingly, no fair value hierarchy is presented.

For the investments in pooled separate accounts, as of December 31, 2020, there were not any unfunded commitments or redemption notice period and the redemption frequency was daily. Pooled separate accounts invest primarily in long-term bonds, domestic and international stocks, or single mutual funds. These funds seek both capital and appreciation and include a combination of assets, such as aggressive stocks, international stocks, large-company stocks, government bonds, foreign bonds or money markets. The allocation percentage to each asset type may be fixed, bounded by a range, or determined at the discretion of the manager. Managers of these funds review market conditions regularly and refine the asset allocation mixture they believe will achieve the best risk adjusted performance based on the stated objectives and target allocations of the particular fund. The underlying investments held by each pooled separate account are traded on an active market.

4. Guaranteed Investment Account

The Plan entered into a traditional fully benefit-responsive guaranteed investment contract with Voya. Voya maintained the contributions in a general account. The account was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment account issuer was contractually obligated to repay the principal and a specified interest rate that was guaranteed to the Plan. The crediting rate was based on a formula established by the contract issuer but could not be less than 1 percent. The interest yield as December 31, 2020 was 1%. The crediting rate was reviewed on an annual basis for resetting. The guaranteed investment account did not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

This contract met the fully benefit-responsive investment contract criteria and therefore was reported at contract value. Contract value was the relevant measure for fully benefit-responsive investment contracts because this was the amount received by participants if they were to initiate permitted transactions under the terms of the Plan.

Contract value, as reported to the Plan by Voya, represented contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants could ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The contract value approximates fair value.

The Plan's ability to receive amounts due was dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations could be affected by future economic and regulatory developments. Certain events could limit the ability of the Plan to transact at contract value with the issuer. Such events included (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that caused a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA (5) premature termination of the contract. No events were probable of occurring that could limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the plan to transact at contract value with the participants.

In addition, certain events allowed the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events included (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, and (4) a material amendment to the agreement without the consent of the issuer.

5. Information Certified by the Plan's Custodian (Unaudited)

The Plan Administrator has elected the method of annual reporting and compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, certain information related to investments disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2020, and net appreciation in the fair value of investments, interest and dividends and interest from notes receivable from participants for the year ended December 31, 2020, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the trustee.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

6. Plan Termination

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

7. Tax Status

The Plan adopted a prototype non-standardized profit-sharing plan document ("Prototype Plan") designed by Voya. The Prototype Plan received an IRS opinion letter dated September 1, 2014, stating that the plan document complied with the applicable law. The Plan, which continues to use that prototype document, has been subsequently amended and restated; however, management believes it is designed and continues to be operated in compliance with the applicable requirements of the Code and thus is exempt from federal income taxes under the provisions of Section 401(a) of the Code.

U. S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. Party-In-Interest Transactions

Certain Plan investments are in accounts managed by the Custodian and the Plan issues notes receivable from participants. As described in Note 1, the Plan paid expenses related to the plan operations and investment activity to various service providers. These transactions qualify as party-in-interest transactions, as defined by ERISA. However, such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA.

9. Subsequent Events

Effective March 19, 2021, Energy Dynamics, Ltd. 401(k) Plan and SEC 401(k) Profit Sharing Plan (Sinor Engine Company) were merged into the Plan. As a result of these mergers, net assets available for benefits of $4,364,710 and $9,106,257 were transferred to the Plan on February 22, 2021 and February 24, 2021, respectively. In addition, other transfers and mergers occurred during 2021, that were not material to the financial statements.

Plan management has evaluated subsequent events through October 12, 2021, which is the date the financial statements were available to be issued, and has concluded that there are no other significant events to be reported.

SUPPLEMENTAL SCHEDULE

COOPER MACHINERY SERVICES 401(K) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2020

EIN: 46-5397496
PN: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Pooled Separate Accounts				
*	Voya***	Vanguard Trgt Retire 2030 Fnd Inv	**	$ 1,213,519
*	Voya***	Vanguard Trgt Retire 2035 Fnd Inv	**	972,787
*	Voya***	Vanguard Trgt Retire 2040 Fnd Inv	**	908,929
*	Voya***	Vanguard Trgt Retire 2025 Fnd Inv	**	897,091
*	Voya ***	Harbor Capital Appreciation Fund Re	**	787,903
*	Voya***	Vanguard Trgt Retire 2045 Fnd Inv	**	495,378
*	Voya***	Northern Trust Coll S&P 500 Idx Fd DC NL Tier 3	**	394,918
*	Voya***	American Funds EuroPacific Grw R6	**	350,141
*	Voya***	MFS Value Fund R6	**	320,736
*	Voya***	Vanguard Trgt Retire 2020 Fnd Inv	**	301,029
*	Voya***	Metropolitan West Total Rtrn Bd F PI	**	233,079
*	Voya***	Vanguard Trgt Retire 2050 Fnd Inv	**	230,043
*	Voya***	MassMutual Sel Md Cp Grw Fd I	**	226,767
*	Voya***	MFS Mid Cap Value Fund R6	**	211,158
*	Voya***	Loomis Sayles Sm Cap Growth Fnd N	**	200,645
*	Voya***	Northern Trust Coll Aggregate Bond Ind Fund NL 3	**	157,138
*	Voya***	Northern Trust Coll ACWI x-US IM I-DC-NL-Tier 3	**	141,621
*	Voya***	Vanguard Trgt Retire 2055 Fnd Inv	**	123,358
*	Voya***	Victory Integrity Sm-Cap Value Fnd R6	**	107,210
*	Voya***	Northern Trust Coll Extd Eq Mkt Fd DC NL 3	**	73,722
*	Voya***	Vanguard Trgt Retire 2060 Fnd Inv	**	69,045
*	Voya***	Vanguard Trgt Retire 2015 Fnd Inv	**	46,902
*	Voya***	Vanguard Trgt Retire 2065 Fnd Inv	**	46,868
*	Voya***	Vanguard Trgt Retire Income Fnd Inv	**	23,571
*	Voya***	Voya Gov Money Mkt Fnd A	**	32
		Total investments in pooled separate accounts		8,533,590
Group Annuity Contracts				
*	Voya	Voya Fixed Account	**	263,128
*	Participant loans	Notes receivable from participants bearing interest at rates ranging from 4.25% to 6.00%	-	214,768
		Total		$ 9,011,486

See independent auditor's report.

* Represents party-in-interest.
** Not Applicable as permitted by Department of Labor for participant-directed individual account plans.
*** Voya Retirement Insurance and Annuity Company ("Voya")

The above information has been certified by the trustee as being complete and accurate.

Attachment to 2020 Form 5500
Schedule H, line 4i - Schedule of Assets
(Held at End of Year)

Cooper Machinery Services, LLC 401(k) Plan
EIN# 46-5397496
Plan# 001
As Of December 31, 2020

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d)Cost	(e) Current Value
	American Funds EuroPacific R6	Registered Investment Company		$350,141
	Harbor Capital Apprec Fnd Ret	Registered Investment Company		$787,903
	Loomis Sayles SmCp Grw Fnd N	Registered Investment Company		$200,645
	Metropltn West Tot Rtn Bd F Pl	Registered Investment Company		$233,079
	MFS Mid Cap Value Fund R6	Registered Investment Company		$211,158
	MFS Value Fund R6	Registered Investment Company		$320,736
	MssMtl Sel Md Cp Gr Fd I	Registered Investment Company		$226,767
	NT Coll ACWI xUS I M I DC NL 3	Common Collective Trust		$141,621
	NT Coll Aggr Bond Ind Fd N	Common Collective Trust		$157,139
	NT Coll Extd Eq Mkt Fd DC	Common Collective Trust		$73,722
	NT Coll S&P 500 Id F DC NL 3	Common Collective Trust		$394,918
	Vangrd Trgt Retire 2015 Fd Inv	Registered Investment Company		$46,902
	Vangrd Trgt Retire 2020 Fd Inv	Registered Investment Company		$301,029
	Vangrd Trgt Retire 2025 Fd Inv	Registered Investment Company		$897,091
	Vangrd Trgt Retire 2030 Fd Inv	Registered Investment Company		$1,213,519
	Vangrd Trgt Retire 2035 Fd Inv	Registered Investment Company		$972,787
	Vangrd Trgt Retire 2040 Fd Inv	Registered Investment Company		$908,929
	Vangrd Trgt Retire 2045 Fd Inv	Registered Investment Company		$495,378
	Vangrd Trgt Retire 2050 Fd Inv	Registered Investment Company		$230,043
	Vangrd Trgt Retire 2055 Fd Inv	Registered Investment Company		$123,358
	Vangrd Trgt Retire 2060 Fd Inv	Registered Investment Company		$69,045
	Vangrd Trgt Retire 2065 Fd Inv	Registered Investment Company		$46,868
	Vangrd Trgt Retire Inc Fd Inv	Registered Investment Company		$23,571
	Victory Integrity SCp Vl Fd R6	Registered Investment Company		$107,210
*	Voya Fixed Account (4450)	Insurance Company General Account		$263,128
*	Voya Gv Mny Mkt F A (Hld Acct)	Registered Investment Company		$32
	LOAN FUND	Participant Loans - Rates 4.25% to 6.00%		$214,768
	TOTAL			$9,011,486

* denotes party-in-interest
Column (d) is not required as the Plan's investments are totally participant directed.

COOPER MACHINERY SERVICES 401(K) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE
WITH INDEPENDENT AUDITOR'S REPORT
As of and for the Year Ended December 31, 2020

COOPER MACHINERY SERVICES 401(K) PLAN
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* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, have been omitted because they are not applicable.

Ham, Langston & Brezina, L.L.P.
CPAs and Advisors

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INDEPENDENT AUDITOR'S REPORT

To the Investment Committee of
Cooper Machinery Services:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Cooper Machinery Services 401(k) Plan (the "Plan"), which comprise the Statement of Net Assets Available for Benefits as of December 31, 2020, and the related Statement of Changes in Net Assets Available for Benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Voya Retirement Insurance and Annuity Company ("Voya"), the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that Voya held the Plan's investment assets and executed investment transactions as of December 31, 2020. The Plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2020, 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 – Supplemental Schedule

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

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified 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, is presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Ham, Langston & Brezina L.L.P.

Houston, Texas
October 12, 2021

COOPER MACHINERY SERVICES 401(K) PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2020

Assets:	
Investments:	
Investments, at fair value (See Notes 2 and 3)	$ 8,533,590
Group Annuity Contracts, at contract value (See Note 4)	263,128
Total investments	8,796,718
Receivables:	
Notes receivable from participants	214,768
Total receivables	214,768
Net assets available for benefits	$ 9,011,486

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

COOPER MACHINERY SERVICES 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2020

Additions to net assets attributed to:	
Investment income:	
Interest and dividend income	$ 3,785
Net appreciation in fair value of investments	1,462,022
Total investment income	1,465,807
Interest income from notes receivable from participants	3,900
Contributions:	
Participant	3,327,697
Employer	956,918
Rollovers	3,202,540
Total contributions	7,487,155
Total additions	8,956,862
Deductions from net assets attributed to:	
Benefits and withdrawals	726,464
Administrative expenses	5,575
Total deductions	732,039
Net increase in net assets available for benefits before transfers of net assets from merged plans	8,224,823
Transfer in from Oasis Retirement Savings Plan	272,728
Transfer in from Turbine Technology 401(k) Plan	513,935
Total transfers of net assets from merged plans	786,663
Net increase in net assets available for benefits after transfers of net assets from merged plans	9,011,486
Net assets available for benefits, beginning of year	-
Net assets available for benefits, end of year	$ 9,011,486

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

COOPER MACHINERY SERVICES 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

1. Description of Plan

The following description of Cooper Machinery Services 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan, formed effective January 1, 2020 covering all full-time employees of Cooper Machinery Services (the "Company") meeting participation requirements described below. The Plan is subject to the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), and all requirements of Section 401(a) of the Internal Revenue Code ("IRC").

Effective February 28, 2020, the Plan was amended, to allow (Assets attributable to the Epic International, LLC to be merged into the Plan from the Oasis Retirement Savings Plan).(Assets attributable to Reciprocating Technology Services Corporation (RTS) Participants to be merged into the Plan from Turbine Technology 40l(k) Plan). In addition, the participants of Oasis Retirement Savings Plan and Turbine Technology 40l(k) Plan became participants of the Plan. As a result of these plan mergers, a total of $786,663 in assets were transferred into the Plan during March 2020.

On March 11, 2020, the World Health Organization declared COVID-19 a pandemic. On March 27, 2020, the "Coronavirus Aid, Relief and Economic Security Act" (the CARES Act) was signed into law. The CARES Act, among other things, included several relief provisions available to tax-qualified retirement plans and their participants. The Plan's management evaluated the relief provisions available to the plan participants and implemented the following provisions for 2020:

- Coronavirus distributions up to $100,000;
- Increased the maximum loan amount to the lesser of $100,000 or 100% of the vested balance for loans taken out between March 27, 2020 and September 22, 2020;
- Loan repayment suspension and extension of loan terms up to one year; and
- Suspension of Required Minimum Distribution for 2020.

The Plan was amended on June 1, 2020 to eliminate the Plan's Safe Harbor Matching Contribution program.

On January 1, 2021, the Plan was amended for the employer to make a discretionary match contribution equal to a uniform percentage of salary deferrals.

Administration

The Company is responsible for the administration and operation of the Plan. The Chief Executive Officer of the Company serves as the trustee of the Plan and Voya Retirement Insurance and Annuity Company (the "Custodian " or "Voya") serves as the custodian and recordkeeper.

Eligibility

All Company employees are eligible to participate in the Plan except (i) collectively-bargained employees, (ii) non-resident aliens who do not have United States income, (iii) leased employees, (iv) and interns.

Employees meeting the eligibility requirements described above may begin participating in the Plan on their date of hire after satisfying the eligibility requirements.

1. Description of Plan, continued

Automatic Enrollment

Effective January 1, 2020, employees who first become eligible to participate in the Plan and existing participants without a salary deferral agreement in effect are automatically enrolled on the next Plan entry date and deemed to have elected a deferral rate set forth in the table below based on the Plan year in which the automatic deferrals first apply to the participant:

Plan Year	Percentage
1	4%
2	5%
3	6%
4	7%
5	8%
6	9%
7 and thereafter	10%

Contributions

Employees may adjust their deferral rate at any time and can elect to contribute up to 50% of their eligible compensation as a pre-tax elective deferral or a Roth elective deferral not to exceed the $19,500 limitation as set forth in Section 402(g) of the IRC. Participants may make catch-up contributions, pre-tax contributions that exceed the annual elective deferral limit, during any calendar year ending on or after the participant's 50th birthday. Participants' total catch-up contributions during 2020 cannot exceed $6,500. Participants may also make rollover contributions from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company made safe harbor matching contributions on behalf of each participant equal to the sum of 100% of the first 6% of the eligible employee's compensation that he or she contributes to the Plan of the eligible employee's compensation that he or she contributes to the Plan. The Plan was amended to eliminate the Safe Harbor match effective June 1, 2020. For the year ended December 31, 2020, the Company made safe harbor matching contributions of $956,918.

Participant Accounts

Each participant's account is credited with the participant's salary deferrals and rollover contributions and allocations of the Company contributions and Plan earnings and losses. Plan earnings and losses, net of appreciation (depreciation), are allocated as of the last day of each calendar quarter in the same proportion that each participant's and former participant's non-segregated accounts bear to the total of all participant's and former participant's non-segregated accounts as of the last day of each calendar quarter. Participants self-direct the allocation of contributions to investment choices offered under the Plan.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants and distributions are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Vesting

Participants are immediately vested in their employee contributions and earnings thereon as well as balances rolled over into the Plan from other qualified benefit plans under ERISA and their safe harbor matching contributions.

1. Description of Plan, continued

Notes Receivable from Participants

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. A participant with an account balance of $2,000 or greater may borrow from his or her account a minimum of $1,000 up to a maximum amount not to exceed the lesser of 50% of his or her account balance, or $50,000. Only one loan is permitted to be outstanding for a participant at a time. Loan terms range from 1 to 5 years except in the case of a loan used to acquire a principal residence which will be a reasonable period of time determined at the time the loan is made. The loans are secured by the balance in the participant's account and bear interest at a rate of prime plus one percent. Loan repayments are made ratably through payroll deductions. As of December 31, 2020, interest rates on outstanding loans ranged from 4.25% to 6.00% respectively.

Payment of Benefits

Benefit payments are typically made in a lump-sum distribution to the participant upon termination of employment, disability or retirement or to the designated beneficiary in the event of death, equal to the balance of the participant's account. Participants over the age of 59 ½ may make in-service withdrawals of the vested value of their accounts, subject to certain limitations as described in the Plan document.

Hardship withdrawals prior to the age of 59 ½ are also permitted under certain circumstances.

Forfeitures

Forfeited nonvested accounts, subject to the Plan administrator's discretion, may be applied to employer contributions or Plan expenses. At December 31, 2020, forfeitures available to reduce future employer contributions or pay Plan expenses were $32. During the year ended December 31, 2020, no forfeitures were used to reduce employer contributions or pay Plan expenses.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Risks and Uncertainties

The Plan provides for various investment securities. These investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits.

On March 11, 2020 the World Health Organization declared COVID-19 a pandemic. The COVID-19 pandemic and resulting global disruptions have caused significant economic uncertainty and volatility in financial markets throughout 2020. This negatively impacted the returns and value of various investment securities as a result. Though the impact of COVID-19 continues into 2021, with the various vaccination rollouts in the United States and internationally, the economy and markets have become less volatile and progressive recovery is anticipated. The ultimate impact of COVID-19 on the Plan cannot be fully estimated.

2. Summary of Significant Accounting Policies, continued

Investment Valuation and Income Recognition

Certain Plan investments are stated at fair value. Shares of pooled separate accounts are valued at the net asset value ("NAV") of shares held by the Plan at year-end. Shares of trust funds, which consist of holdings in publicly traded common stocks, are valued daily based on the quoted market prices of the underlying securities. See Note 3 for a discussion of fair value measurements. The group annuity contract is stated at contract value (see Note 4).

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2020 as management determined the loans were properly collateralized.

Benefit Payments

Benefits are recorded when paid.

3. Fair Value Measurements

ASC 820 establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

In determining the fair value of assets and liabilities, the Plan generally uses the market approach, which uses prices and other relevant data based on market transactions involving identical or comparable assets and liabilities.

3. Fair Value Measurements, continued

Pooled separate accounts: Valued at the net asset value ("NAV") of units based on the quoted market price of the underlying securities and the number of units owned by the Plan at year end. The NAV, as provided by the Custodian, is used as a practical expedient to estimate fair value.

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

In accordance with ASU No. 2015-07, *Fair Value Measurements (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*, investments measured at NAV per share (or its equivalent) as a practical expedient, are not classified in the fair value hierarchy. At December 31, 2020, all investments are either reported at contract value or are in pooled separate accounts and are measured at fair value, using NAV as a practical expedient. Accordingly, no fair value hierarchy is presented.

For the investments in pooled separate accounts, as of December 31, 2020, there were not any unfunded commitments or redemption notice period and the redemption frequency was daily. Pooled separate accounts invest primarily in long-term bonds, domestic and international stocks, or single mutual funds. These funds seek both capital and appreciation and include a combination of assets, such as aggressive stocks, international stocks, large-company stocks, government bonds, foreign bonds or money markets. The allocation percentage to each asset type may be fixed, bounded by a range, or determined at the discretion of the manager. Managers of these funds review market conditions regularly and refine the asset allocation mixture they believe will achieve the best risk adjusted performance based on the stated objectives and target allocations of the particular fund. The underlying investments held by each pooled separate account are traded on an active market.

4. Guaranteed Investment Account

The Plan entered into a traditional fully benefit-responsive guaranteed investment contract with Voya. Voya maintained the contributions in a general account. The account was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment account issuer was contractually obligated to repay the principal and a specified interest rate that was guaranteed to the Plan. The crediting rate was based on a formula established by the contract issuer but could not be less than 1 percent. The interest yield as December 31, 2020 was 1%. The crediting rate was reviewed on an annual basis for resetting. The guaranteed investment account did not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

This contract met the fully benefit-responsive investment contract criteria and therefore was reported at contract value. Contract value was the relevant measure for fully benefit-responsive investment contracts because this was the amount received by participants if they were to initiate permitted transactions under the terms of the Plan.

Contract value, as reported to the Plan by Voya, represented contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants could ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The contract value approximates fair value.

The Plan's ability to receive amounts due was dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations could be affected by future economic and regulatory developments. Certain events could limit the ability of the Plan to transact at contract value with the issuer. Such events included (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that caused a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA (5) premature termination of the contract. No events were probable of occurring that could limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the plan to transact at contract value with the participants.

In addition, certain events allowed the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events included (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, and (4) a material amendment to the agreement without the consent of the issuer.

5. Information Certified by the Plan's Custodian (Unaudited)

The Plan Administrator has elected the method of annual reporting and compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, certain information related to investments disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2020, and net appreciation in the fair value of investments, interest and dividends and interest from notes receivable from participants for the year ended December 31, 2020, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the trustee.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

6. Plan Termination

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

7. Tax Status

The Plan adopted a prototype non-standardized profit-sharing plan document ("Prototype Plan") designed by Voya. The Prototype Plan received an IRS opinion letter dated September 1, 2014, stating that the plan document complied with the applicable law. The Plan, which continues to use that prototype document, has been subsequently amended and restated; however, management believes it is designed and continues to be operated in compliance with the applicable requirements of the Code and thus is exempt from federal income taxes under the provisions of Section 401(a) of the Code.

U. S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. Party-In-Interest Transactions

Certain Plan investments are in accounts managed by the Custodian and the Plan issues notes receivable from participants. As described in Note 1, the Plan paid expenses related to the plan operations and investment activity to various service providers. These transactions qualify as party-in-interest transactions, as defined by ERISA. However, such transactions are permitted under the provisions of the Plan and are exempt from the prohibition of party-in-interest transactions under ERISA.

9. Subsequent Events

Effective March 19, 2021, Energy Dynamics, Ltd. 401(k) Plan and SEC 401(k) Profit Sharing Plan (Sinor Engine Company) were merged into the Plan. As a result of these mergers, net assets available for benefits of $4,364,710 and $9,106,257 were transferred to the Plan on February 22, 2021 and February 24, 2021, respectively. In addition, other transfers and mergers occurred during 2021, that were not material to the financial statements.

Plan management has evaluated subsequent events through October 12, 2021, which is the date the financial statements were available to be issued, and has concluded that there are no other significant events to be reported.

SUPPLEMENTAL SCHEDULE

COOPER MACHINERY SERVICES 401(K) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2020

EIN: 46-5397496
PN: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Pooled Separate Accounts				
*	Voya***	Vanguard Trgt Retire 2030 Fnd Inv	**	$ 1,213,519
*	Voya***	Vanguard Trgt Retire 2035 Fnd Inv	**	972,787
*	Voya***	Vanguard Trgt Retire 2040 Fnd Inv	**	908,929
*	Voya***	Vanguard Trgt Retire 2025 Fnd Inv	**	897,091
*	Voya ***	Harbor Capital Appreciation Fund Re	**	787,903
*	Voya***	Vanguard Trgt Retire 2045 Fnd Inv	**	495,378
*	Voya***	Northern Trust Coll S&P 500 Idx Fd DC NL Tier 3	**	394,918
*	Voya***	American Funds EuroPacific Grw R6	**	350,141
*	Voya***	MFS Value Fund R6	**	320,736
*	Voya***	Vanguard Trgt Retire 2020 Fnd Inv	**	301,029
*	Voya***	Metropolitan West Total Rtrn Bd F PI	**	233,079
*	Voya***	Vanguard Trgt Retire 2050 Fnd Inv	**	230,043
*	Voya***	MassMutual Sel Md Cp Grw Fd I	**	226,767
*	Voya***	MFS Mid Cap Value Fund R6	**	211,158
*	Voya***	Loomis Sayles Sm Cap Growth Fnd N	**	200,645
*	Voya***	Northern Trust Coll Aggregate Bond Ind Fund NL 3	**	157,138
*	Voya***	Northern Trust Coll ACWI x-US IM I-DC-NL-Tier 3	**	141,621
*	Voya***	Vanguard Trgt Retire 2055 Fnd Inv	**	123,358
*	Voya***	Victory Integrity Sm-Cap Value Fnd R6	**	107,210
*	Voya***	Northern Trust Coll Extd Eq Mkt Fd DC NL 3	**	73,722
*	Voya***	Vanguard Trgt Retire 2060 Fnd Inv	**	69,045
*	Voya***	Vanguard Trgt Retire 2015 Fnd Inv	**	46,902
*	Voya***	Vanguard Trgt Retire 2065 Fnd Inv	**	46,868
*	Voya***	Vanguard Trgt Retire Income Fnd Inv	**	23,571
*	Voya***	Voya Gov Money Mkt Fnd A	**	32
		Total investments in pooled separate accounts		8,533,590
Group Annuity Contracts				
*	Voya	Voya Fixed Account	**	263,128
*	Participant loans	Notes receivable from participants bearing interest at rates ranging from 4.25% to 6.00%	-	214,768
		Total		$ 9,011,486

See independent auditor's report.

* Represents party-in-interest.
** Not Applicable as permitted by Department of Labor for participant-directed individual account plans.
*** Voya Retirement Insurance and Annuity Company ("Voya")

The above information has been certified by the trustee as being complete and accurate.