

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☒ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>044</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/15/2017</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>044</u>	1c Effective date of plan <u>11/15/2017</u>	
1b Three-digit plan number (PN) ▶	<u>044</u>				
1c Effective date of plan <u>11/15/2017</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HUSSMANN CORPORATION</u> <u>12999 ST. CHARLES ROCK ROAD</u> <u>BRIDGETON, MO 63044</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>43-0156220</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>314-291-2000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>333410</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>43-0156220</u>	2c Plan Sponsor's telephone number <u>314-291-2000</u>	2d Business code (see instructions) <u>333410</u>	
2b Employer Identification Number (EIN) <u>43-0156220</u>					
2c Plan Sponsor's telephone number <u>314-291-2000</u>					
2d Business code (see instructions) <u>333410</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2021	THERESA MORETTI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	1699
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)	782
a(2) Total number of active participants at the end of the plan year		6a(2)	720
b Retired or separated participants receiving benefits.....		6b	398
c Other retired or separated participants entitled to future benefits		6c	501
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1619
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	49
f Total. Add lines 6d and 6e		6f	1668
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	8
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3H 1B			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
▶ Round off amounts to nearest dollar.	
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES	B Three-digit plan number (PN) ▶ 044
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HUSSMANN CORPORATION	D Employer Identification Number (EIN) 43-0156220
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2020			
2	Assets:			
a	Market value	2a	156781751	
b	Actuarial value	2b	149970196	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment.....	397	64511642	64511642
b	For terminated vested participants.....	523	23247995	23247995
c	For active participants	782	58661802	61279917
d	Total.....	1702	146421439	149039554
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a	Funding target disregarding prescribed at-risk assumptions		4a	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....		4b	
5	Effective interest rate		5	5.75 %
6	Target normal cost.....		6	2794267

Statement by Enrolled Actuary

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

<div>SIGN HERE</div>	Signature of actuary		Date	
	SHANNON T. KOONS		20-08480	
	Type or print name of actuary		Most recent enrollment number	
	MERCER		314-588-2500	
	Firm name		Telephone number (including area code)	
	4625 LINDELL BOULEVARD SUITE 200 ST. LOUIS, MO 63108			
	Address of the firm			

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1649169	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	1649169	0
10 Interest on line 9 using prior year's actual return of <u>20.91</u> %	344841	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		2427027
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.57</u> %		135185
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		2562212
d Portion of (c) to be added to prefunding balance		2562212
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1994010	2562212

Part III Funding Percentages

14 Funding target attainment percentage	14	97.56 %
15 Adjusted funding target attainment percentage	15	100.62 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.40 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2020	1813641	0			
07/15/2020	2050347	0			
10/09/2020	1640526	0			
01/15/2021	1798846	0			
04/15/2021	1822807	0			
07/14/2021	1822807	0			
Totals ▶			18(b)	10948974	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	10413088

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.50 %3rd segment:
6.27 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) **31a** 2794267**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 13876502 Installment 1363307**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 4157574

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

36 Additional cash requirement (line 34 minus line 35) **36** 4157574**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 10413088**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 6255514**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES	B Three-digit plan number (PN) ▶	044
C Plan sponsor's name as shown on line 2a of Form 5500 HUSSMANN CORPORATION	D Employer Identification Number (EIN) 43-0156220	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	276051	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER INVESTMENTS LLC

30-0282430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	218970	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE NORTHERN TRUST CO

36-1561860

(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?
14 19 21	NONE	79656	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)

GREENSFELDER, HEMKE & GALE, P.C.

43-1313567

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	39819	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BROWN SMITH WALLACE LLP

43-1001367

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	23000	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:	BROWN SMITH WALLACE LLP	b EIN:	43-1001367
c Position:	INDEPENDENT QUAL PUB ACC		
d Address:	6 CITYPLACE DR SUITE 900 ST. LOUIS, MA 63141	e Telephone:	314-983-1200

Explanation: BROWN SMITH WALLACE MERGED WITH ARMANINO, LLP IN AUGUST 2021.

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 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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES</u>	B Three-digit plan number (PN) ►	<u>044</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HUSSMANN CORPORATION</u>	D Employer Identification Number (EIN) <u>43-0156220</u>	

Part I	Asset and Liability Statement	
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.		
	Assets	
		(a) Beginning of Year (b) End of Year
a Total noninterest-bearing cash.....	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	1563445
(2) Participant contributions.....	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts.....	1c(11)	154860994
(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)	778813
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	157203252 183917289
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	314506 190695
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	314506 190695
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	156888746 183726594

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	10948974
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	10948974
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	15158
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	15158
(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)	18928806
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	18928806

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		6893793
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		36786731

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

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	8565982	
(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)		8565982
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)	200947	
(2) Contract administrator fees	2i(2)	218460	
(3) Investment advisory and management fees	2i(3)	165844	
(4) Other.....	2i(4)	797650	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1382901
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		9948883

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		26837848
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **ARMANINO LLP**

(2) EIN: **94-6214841**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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 <u>4328680</u> .			

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES		B Three-digit plan number (PN) ▶ 044
C Plan sponsor's name as shown on line 2a of Form 5500 HUSSMANN CORPORATION		D Employer Identification Number (EIN) 43-0156220
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-3689044 36-2723087		
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 16
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2020 v. 200204		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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).....

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).....

14a	
14b	
14c	

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

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

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

15a	
15b	

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

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

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

16a	
16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: 58.3 % Investment-Grade Debt: 32.8 % High-Yield Debt: 2.0 % Real Estate: 0.0 % Other: 6.9 %

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 _____

**HUSSMANN PENSION PLAN FOR CERTAIN
ACTIVE AND INACTIVE EMPLOYEES**

Financial Statements

DECEMBER 31, 2020



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Independent Auditor's Report

To the Participants and Investment Committee of the
Husmann Pension Plan for Certain Active and Inactive Employees
St. Louis, Missouri

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Husmann Pension Plan for Certain Active and Inactive Employees (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, the statement of accumulated plan benefits as of December 31, 2019, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Basis for Disclaimer of Opinion

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

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2020 financial statements. Accordingly, we do not express an opinion on the 2020 financial statements referred to in the first paragraph.

Other Matter – Supplemental Schedule

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

Other Matter—2019 Financial Statements

The financial statements of the Plan as of December 31, 2019, were audited by Brown Smith Wallace, LLP, whose practice became part of Armanino^{LLP} as of August 1, 2021. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan Administrator instructed Brown Smith Wallace, LLP not to perform, and they did not perform, any auditing procedures with respect to the information certified Northern Trust Company, the trustee of the Plan. Their report, dated October 23, 2020, indicated that (a) because of the significance of the information that they did not audit, they were unable to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Form and Content in Compliance with DOL Rules and Regulations 2020

The form and content of the information included in the 2020 financial statements and supplemental schedule, other than that derived from the information certified by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Armanino^{LLP}
St. Louis, Missouri

October 11, 2021

HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES

Statements of Net Assets Available for Benefits

December 31, 2020 and 2019

	2020	2019
ASSETS		
Investments, at fair value	\$ 299,982	\$ 778,813
Plan interest in Hussmann Corporation Master Pension Trust (See Note F)	178,172,847	154,860,994
Total investments	178,472,829	155,639,807
Employer contribution receivable	5,444,460	1,563,445
Total assets	183,917,289	157,203,252
LIABILITIES		
Accrued expenses	190,695	314,506
Total liabilities	190,695	314,506
NET ASSETS AVAILABLE FOR BENEFITS	\$ 183,726,594	\$ 156,888,746

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

HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2020 and 2019

	2020	2019
Additions (deductions) to net assets attributable to:		
Investment income (loss):		
Net appreciation (depreciation) in fair value investments	\$ 18,078	\$ (277,109)
Interest and dividend income	8,319	18,435
	<u>26,397</u>	<u>(258,674)</u>
Change in plan interest in the Hussmann Corporation Master Pension Trust (See Note F)	<u>25,811,341</u>	<u>27,221,652</u>
Total investment income	25,837,738	26,962,978
Employer contribution	10,948,974	6,963,445
Total additions	36,786,712	33,926,423
Deductions from net assets attributable to:		
Benefits paid to participants	8,565,982	7,314,171
Administrative expenses	<u>1,382,882</u>	<u>1,559,448</u>
Total deductions	9,948,864	8,873,619
NET INCREASE	26,837,848	25,052,804
Net assets available for benefits at beginning of year	156,888,746	131,835,942
Net assets available for benefits at end of year	<u>\$ 183,726,594</u>	<u>\$ 156,888,746</u>

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

HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES

Statement of Accumulated Plan Benefits

December 31, 2019 *

Actuarial present value of accumulated plan benefits (Note C)

Vested benefits:

Participants currently receiving payments	\$ 61,557,647
Other participants	<u>83,505,679</u>

Total vested benefits	145,063,326
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Nonvested benefits	<u>2,518,774</u>
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Total actuarial present value of accumulated plan benefits	<u><u>\$ 147,582,100</u></u>
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* Based on the latest actuarial valuation at January 1, 2020.

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

HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES

Statement of Changes in Accumulated Plan Benefits

Year ended December 31, 2019 *

Actuarial present value of accumulated plan benefits at beginning of year	\$ 141,062,000
Increase (decrease) during the year attributable to:	
Benefits accumulated	(2,603,412)
Increase for interest due to the decrease in the discount period	9,231,080
Benefits paid	(7,314,171)
Change of actuarial assumptions	<u>7,206,603</u>
Net increase during the year	<u>6,520,100</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 147,582,100</u></u>

* Based on the latest actuarial valuation at January 1, 2020.

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

HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES

Notes to Financial Statements

December 31, 2020

Note A - Description of the Plan

The following brief description of the Hussmann Pension Plan for Certain Active and Inactive Employees (the "Plan") is intended for general information purposes. Participants should refer to the Plan document for complete information.

General

The Plan is a defined benefit pension plan covering eligible non-union hourly, salaried, and bargained employees of Hussmann Corporation, (the "Company") a wholly owned subsidiary of Panasonic Corporation of North America, and any affiliate who has adopted the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). This Plan was created as of November 15, 2017 to only include inactive participants and certain active employees no longer accruing benefits.

The Northern Trust Company, as trustee, has the authority and responsibility to hold, manage and protect the assets of the Plan in accordance with the provisions of the trust agreement and ERISA requirements.

Pension Benefits

Employees who satisfy the Plan's eligibility requirement become fully vested in accordance with the vesting schedule set forth in the Plan and are entitled to annual pension benefits beginning at the normal retirement age (65). Benefits are calculated based upon their total years and months of credited service. The benefit calculation for non-collectively bargained employees, expressed as a single life annuity, is based on credited service, average compensation in the highest consecutive five of the final ten years of employment and the Plan's benefit formula. The benefit calculation for collectively bargained employees, expressed as a single life annuity, is based on credited service and a negotiated flat-dollar accrual rate established by the Plan. Early retirement benefits are available and require age and service requirements be met.

Death and Disability Benefits

Pre-retirement death benefits are paid pursuant to the applicable appendix of the Plan and applicable laws. Certain vested participants who become disabled are entitled to a vested deferred retirement benefit calculated in the same manner as an early retirement benefit. Vesting is based on the vesting schedule set forth in the Plan.

Funding Policy

The Company's funding policy is to make annual minimum contributions as required by law and determined by the actuary, and other contributions in its discretion as allowed by law. The actuary determines the required contributions using the Projected Unit Credit Cost Method. For the Plan year ended December 31, 2020 and 2019, the Company elected to contribute \$10,948,974 and \$6,963,445, respectively, which met the minimum funding requirement.

HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES

Notes to Financial Statements - Continued

December 31, 2020

Note B - Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Valuation of Investments and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and custodians. See Note E for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's net realized and unrealized gains and losses on investments bought and sold, as well as held during the year.

Payment of Benefits

Participant benefit payments are recorded at the time of distribution.

Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) of fair value of investments in the accompanying statements of changes in net assets available for benefits.

Subsequent Events

The Plan has evaluated subsequent events through October 11, 2021, the date the financial statements were available to be issued.

HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES

Notes to Financial Statements - Continued

December 31, 2020

Note C - Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service rendered by the Plan's participants. Accumulated plan benefits include benefits expected to be paid to (i) retired or terminated employees or their beneficiaries; (ii) beneficiaries of employees who have died; and (iii) present employees or their beneficiaries. Benefits payable under all circumstances are included to the extent they are deemed attributable to employee service rendered to the valuation date.

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

The significant actuarial assumptions used in the valuation at January 1, 2020, were as follows:

- Participants' life expectancy for non-disabled participants utilized the Pri-2012 employee mortality rates without collar adjustment published by the Society of Actuaries, with Scale MSS to facilitate application of an alternative projection of mortality improvement after that date.
- Retirement ages, which start at 55 and use actual plan experience.
- Lump sum interest rate is 3.22%, using the current year 417(e) mortality.
- Investment return, equal to the average interest rate is assumed to be 6.25%.

The following assumptions were changed during the 2020 Plan year:

- The discount rate has been updated from 6.75% to 6.25%.
- The employee and disabled mortality tables were updated from RP-2014 to the Pri-2012 generational no collar mortality table with separate tables for contingent survivor mortality.
- The expense component of normal cost increased from \$1,640,000 to \$1,610,000 to reflect our expectations for the current plan year.
- The lump sum interest rate was updated from 4.04% to 3.22%, and the lump sum mortality was updated to be the current year's 417(e) table.

HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES

Notes to Financial Statements - Continued

December 31, 2020

Note C - Actuarial Present Value of Accumulated Plan Benefits (Continued)

As of January 1, 2020, the foregoing actuarial assumptions were based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2020. Had the valuations been performed as of December 31, there would be no material differences.

Note D - Certification

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Northern Trust Company, the trustee of the Plan, has certified to the completeness and accuracy of the Master Trust investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2020 and 2019; and the related Master Trust investment activity reflected in the statements of changes in net assets available for benefits for the years then ended. The remaining investments were not certified. See Note F for the certified Master Trust investment values and activity.

Note E - Fair Value Measurements

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES

Notes to Financial Statements - Continued

December 31, 2020

Note E - Fair Value Measurements (Continued)

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

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

Registered Investment Companies: Valued at the daily closing price as reported by the fund. The funds held by the Plan are registered with the Securities Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The funds held by the Plan are deemed to be actively traded and classified as Level 1.

Collective Trust Funds: Valued at the NAV of the units of the individual bank collective trust investments. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV.

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and December 31, 2019. The following table does not include the Plan's interest in the Master Trust because that information is presented in a separate table (see Note C):

Assets at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 299,982	\$ -	\$ -	\$ 299,982

Assets at Fair Value as of December 31, 2019				
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 778,813	\$ -	\$ -	\$ 778,813

HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES

Notes to Financial Statements - Continued

December 31, 2020

Note F - Interest in Hussmann Corporation Master Pension Trust

A portion of the Plan's investments are in the Master Trust, which was established for the investment of assets of the Plan and the Hussmann Pension Plan for Certain Participants with Frozen Benefits. Each participating retirement plan has an undivided interest in the Master Trust. The assets of the Master Trust are held by the Northern Trust Company, the trustee for the years ended December 31, 2020 and 2019.

The value of the Plan's interest in the Master Trust is based on the beginning of the year value of the Plan's interest in the trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. At December 31, 2020 and 2019, the Plan's interest in the net assets of the Master Trust was approximately 68 and 66 percent, respectively. Total investment income (including net appreciation in the fair value of investments) of the trust is allocated to the individual plans based upon the amount of time the Plan's assets were invested in the Master Trust.

The following table presents the investments and other assets and liabilities of the Master Trust as of December 31, 2020.

	December 31, 2020	
	Hussmann Corporation Master Pension Trust Balances	Plan's Interest in Hussmann Corporation Master Pension Trust Balances
Registered investment companies	\$ 1,360,355	\$ 757,504
Collective trusts	<u>260,348,597</u>	<u>177,058,832</u>
Total investments at fair value	261,708,952	177,816,336
Plus:		
Amount due from Hussmann Pension Plan for Participants with Frozen Benefits	-	356,460
Invested cash	<u>51</u>	<u>51</u>
Total	<u>\$ 261,709,003</u>	<u>\$ 178,172,847</u>

HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES

Notes to Financial Statements - Continued

December 31, 2020

Note F - Interest in Hussmann Corporation Master Pension Trust (Continued)

The following table presents the investments and other assets and liabilities of the Master Trust as of December 31, 2019.

	December 31, 2019	
	Hussmann Corporation Master Pension Trust Balances	Plan's Interest in Hussmann Corporation Master Pension Trust Balances
Registered investment companies	\$ 44,049	\$ 28,172
Collective trusts	<u>232,765,183</u>	<u>153,078,779</u>
Total investments at fair value	232,809,232	153,106,951
Plus:		
Invested cash	948,043	948,043
Due from broker for securities sold	<u>1,695,000</u>	<u>806,000</u>
Total	<u>\$ 235,452,275</u>	<u>\$ 154,860,994</u>

The following are net appreciation in the fair value of investments and investment income for the Master Trust for the years ended December 31, 2020 and December 31, 2019.

	Hussmann Corporation Master Pension Trust Balances	
	December 31, 2020	December 31, 2019
Net appreciation of fair value of investments	\$ 36,700,493	\$ 40,835,283
Investment income	<u>7,793</u>	<u>45,707</u>
Total	<u>\$ 36,708,286</u>	<u>\$ 40,880,990</u>

Refer to Note E for description of the valuation methodologies used.

The following tables set forth by level, within the fair value hierarchy, the assets at fair value of the Master Trust as of December 31, 2020 and December 31, 2019:

	Assets at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 1,360,355	\$ -	\$ -	\$ 1,360,355
Collective trust funds ^(a)	-	-	-	260,348,597
	<u>\$ 1,360,355</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 261,708,952</u>

HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES

Notes to Financial Statements - Continued

December 31, 2020

Note F - Interest in Hussmann Corporation Master Pension Trust (Continued)

	Assets at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 44,049	\$ -	\$ -	\$ 44,049
Collective trust funds ^(a)	-	-	-	232,765,183
	<u>\$ 44,049</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 232,809,232</u>

(a) Certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2020 and 2019, there were no significant transfers in or out of levels 1, 2, or 3.

The following table sets forth additional disclosures of in the Master Trust investments whose fair value are estimated using net asset value per share (or its equivalent) as of December 31, 2020 and 2019:

Investment Type	Fair Value at December 31, 2020	Fair Value at December 31, 2019	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective trusts	\$ 260,348,597	\$ 232,765,183	-	Daily	Daily

HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES

Notes to Financial Statements - Continued

December 31, 2020

Note G - Plan Termination

Although it has not expressed any intention 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 set forth in ERISA. In the event the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to participants in an order of priority determined in accordance with ERISA and applicable regulations.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan is terminated. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's benefits. However, the PBGC does not guarantee all types of benefits and the amount of benefit protection is subject to certain limitations.

Whether all participants receive their benefits should the Plan be terminated will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

Note H - Transactions with Parties-in-Interest

The Plan has invested in collective trust funds managed by Mercer Trust Company. Mercer Trust Company is a related party to Mercer the Plan's actuary and record keeper. These transactions qualify as party-in-interest transactions. These transactions are allowable party-in-interest transactions under Section 408(b)(8) of the ERISA regulations.

Note I - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES

Notes to Financial Statements - Continued

December 31, 2020

Note J - Tax Status

The Plan has received a favorable determination letter from the Internal Revenue Service dated September 6, 2018, which states that the Plan and its underlying trust qualify under the applicable provisions of the Internal Revenue Code (the "Code") and, therefore, are exempt from federal income taxes. In addition, the Plan Administrator believes that the Plan is designed and is currently being operated in material compliance with the applicable requirements of the Code and has no income subject to unrelated business income tax. Therefore, no provisions for income taxes have been included in the Plan's financial statements.

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

Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of credited service										Total
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	
Under 25		9									9
25–29		27									27
30–34		17	3								20
35–39		22	2		1						25
40–44		13	1	1	8	14	1				38
45–49		15	3	6	13	27	15	3			82
50–54		16	2	14	13	32	33	48	5		163
55–59		9	5	13	20	30	50	54	39	4	224
60–64		7		4	6	23	28	32	27	31	158
65–69			1			3	7	6	6	10	33
70 & up						2				1	3
Total		135	17	38	61	131	134	143	77	46	782

In each cell, the number is the count of active participants for each age/service combination.

Schedule SB, line 24 — Change in Actuarial Assumptions

- The lump sum interest was updated to be the current year's funding segment rates, and the lump sum mortality was updated to be the current year's 417(e) table.
- The expected return on assets for 2020 was lowered to 6.25%. This will impact the valuation in 2021

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		

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

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

A Name of plan HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">B Three-digit plan number (PN) ►</td> <td style="width: 30%; text-align: center;">044</td> </tr> </table>	B Three-digit plan number (PN) ►	044
B Three-digit plan number (PN) ►	044		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HUSSMANN CORPORATION	D Employer Identification Number (EIN) 43-0156220		
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B			
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500			

Part I Basic Information			
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2020</u>		
2	Assets:		
	a Market value.....	2a	156,781,751
	b Actuarial value.....	2b	149,970,196
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	397	64,511,642
	b For terminated vested participants	523	23,247,995
	c For active participants.....	782	58,661,802
	d Total.....	1,702	146,421,439
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.75%
6	Target normal cost.....	6	2,794,267

Statement by Enrolled Actuary

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

SIGN HERE	<div style="font-size: 2em; font-family: cursive;">STK</div>	<div style="font-size: 1.5em; font-family: cursive;">10/12/21</div>
	Signature of actuary	Date
	SHANNON T. KOONS	2008480
	Type or print name of actuary	Most recent enrollment number
	MERCER	314-588-2500
	Firm name	Telephone number (including area code)
	4625 LINDELL BOULEVARD SUITE 200 ST. LOUIS MO 63108	
	Address of the firm	

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

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

Schedule SB (Form 5500) 2020
v. 200204

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1,649,169	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	1,649,169	0
10 Interest on line 9 using prior year's actual return of <u>20.91</u> %	344,841	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		2,427,027
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.57</u> %		135,185
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		2,562,212
d Portion of (c) to be added to prefunding balance		2,562,212
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1,994,010	2,562,212

Part III Funding Percentages

14 Funding target attainment percentage	14	97.56%
15 Adjusted funding target attainment percentage	15	100.62%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.40%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2020	1,813,641	0			
07/15/2020	2,050,347	0			
10/09/2020	1,640,526	0			
01/15/2021	1,798,846	0			
04/15/2021	1,822,807	0			
07/14/2021	1,822,807	0			
Totals ▶			18(b)	10,948,974	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	10,413,088

20 Quarterly contributions and liquidity shortfalls:**a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21 Discount rate:			
a Segment rates:		1st segment: 4.75 %	2nd segment: 5.50 %
		3rd segment: 6.27 %	☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			
Part VI	Miscellaneous Items		
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No			
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28 Unpaid minimum required contributions for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)			30 0
Part VIII	Minimum Required Contribution For Current Year		
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....			31a 2,794,267
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		13,876,502	1,363,307
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount.....			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 4,157,574
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....			36 4,157,574
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 10,413,088
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 6,255,514
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....			39 0
40 Unpaid minimum required contributions for all years			40 0
Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)		
41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected ☐ 2 plus 7 years ☐ 15 years			
b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011			

Schedule SB, line 22 — Description of Weighted Average Retirement Age**For Salaried and Non-Bargaining Employees**

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

49% Active Employees

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	2.0%	10,000	200.00	11,000
56	2.0%	9,800	196.00	10,976
57	2.0%	9,604	192.00	10,944
58	2.0%	9,412	188.00	10,904
59	2.0%	9,224	184.00	10,856
60	0.0%	9,040	-	-
61	0.0%	9,040	-	-
62	44.0%	9,040	3,978.00	246,636
63	10.0%	5,062	506.00	31,878
64	11.0%	4,556	501.00	32,064
65	100.0%	4,055	4,055.00	263,575
Total			10,000.00	628,833
Average				62.88

Schedule SB, line 22 — Description of Weighted Average Retirement Age**For Bargaining Employees**

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

51% Active Employees

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	3.0%	10,000	300.00	16,500
56	3.0%	9,700	291.00	16,296
57	3.0%	9,409	282.00	16,074
58	3.0%	9,127	274.00	15,892
59	3.0%	8,853	266.00	15,694
60	6.0%	8,587	515.00	30,900
61	6.0%	8,072	484.00	29,524
62	26.0%	7,588	1,973.00	122,356
63	9.0%	5,615	505.00	31,815
64	10.0%	5,110	511.00	32,704
65	100.0%	4,599	4,599.00	298,935
Total			10,000.00	626,660
Average				62.67

The average weighted retirement age shown in Schedule SB, Line 22 is 63.

Schedule SB, Part V — Summary of Plan Provisions**Summary of major Plan Provisions – Salaried and Non-Bargaining**

Effective date and plan year	Original plan: January 1, 1981 Restated plan: November 15, 2017 (Spinoff date from original plan) Plan year: Calendar year
Status of the plan	<p>Effective December 31, 1999, the Hussmann Corporation Retirement Plan for Hourly Employees and the Hussmann Corporation Pension Plan for Hourly Paid Branch Service and Installation Employees were merged into the Hussmann Corporation Retirement Plan for Salaried Employees. The Salaried Plan was amended and restated to provide for the mergers and to change its name to the Hussmann International, Inc., Retirement Plan. The plan was amended effective January 1, 2005, to change the benefit multiplier for Bridgeton active participants, and January 1, 2006 to change the benefit multiplier for Gloversville active participants. The plan was amended effective January 1, 2010 to exclude from participation all salaried and non-bargaining employees hired after December 31, 2009.</p> <p>The plan was amended effective October 1, 2011 to commence participation for all salaried and nonbargained employees hired after December 31, 2009 and to change its name from the Hussmann International, Inc. Retirement Plan to the Hussmann Corporation Retirement Plan.</p> <p>The plan was amended August 1, 2012 to close participation to all salaried and non-bargained employees hired or rehired after July 31, 2012.</p> <p>The plan was amended effective January 1, 2014 to freeze benefit accruals for non-bargaining employees.</p> <p>The plan was restated effective January 1 2016.</p> <p>Effective November 15, 2017, the Hussmann Corporation Retirement Plan was divided into three plans. Certain participants with a frozen benefit, as well as certain surviving spouses, surviving beneficiaries, and alternate payees with frozen benefits, were spun-off from the Hussmann Corporation Retirement Plan and into this Plan.</p>
Significant events that occurred during the year	None

Definitions

- Covered employees Each employee employed by the Company becomes a member of the plan as of his date of employment excluding, however, except as otherwise provided in the plan:
 - Members of a collective bargaining unit or employees accruing benefits under any other retirement plan of the Company
 - Salaried employees under the age of 21

Schedule SB, Part V — Summary of Plan Provisions

Effective December 31, 2002, the Refrigeration Engineering, Inc. (REI) Retirement Plan was merged into this Plan.

Effective January 1, 2003, certain non-bargaining hourly employees of National Refrigeration Systems (NRS) became participants of the Plan. These participants receive accruals under the plan for future service only commencing on or after January 1, 2003.

Effective January 1, 2010, participation is closed to all salaried and non-bargaining hourly employees hired after December 31, 2009.

Effective October 1, 2011, employees of Hussmann Corporation hired or rehired after December 31, 2009 became eligible to participate in the plan following the sale of the company by Ingersoll Rand. These employees will accrue a benefit under the plan based on credited service earned after October 1, 2011.

Effective August 1, 2012, all salaried and non-bargained hourly employees hired or rehired after July 31, 2012 will not participate in the plan.

- | | |
|--------------------------|---|
| • Final average earnings | The highest average of annual compensation for a 5 consecutive calendar year period during the last 10 calendar years preceding the date of termination of employment, divided by 12. |
|--------------------------|---|

Normal retirement

- | | |
|---------------|--|
| • Eligibility | The first day of the month coincident with or next following the attainment of age 65. |
| • Benefit | <p>The monthly benefit payable as a single life annuity at Normal Retirement Date is equal to the greater of (a) & (b) defined below :</p> <p>(a) 0.5% of the Final Average Pay times all years of credited service</p> <p>(b) Sum of the following benefits :</p> <p>(i) The monthly accrued benefit at December 31, 2002 under the plan provisions in effect on December 31, 2002. For employees of REI, the frozen accrued benefit as of December 31, 2002 under the Refrigeration Engineering, Inc. Retirement Plan.</p> <p>(ii) 0.5% of the Final Average Pay times years of credited service earned after December 31, 2002</p> <p>(iii) Transition Benefit - 0.5% of the Final Average Pay times years of credited service earned after December 31, 2002 up to a maximum of ten years. This transition benefit applies only to salaried employees who were participants in this plan on December 31, 2002, are at least age 45 and whose age plus service exceeds 55 on January 1, 2003 and does not apply to REI employees.</p> |

Early retirement

- | | |
|---------------|--|
| • Eligibility | Employees who have completed five or more years of service |
| • Benefit | Attained age fifty-five (55) and completed twenty (20) or more years of Continuous Service at retirement and who was a Participant on December |

Schedule SB, Part V — Summary of Plan Provisions

31, 2002 - early retirement benefit is equal to the normal retirement benefit reduced by 0.25% for each whole calendar month from age 65.

The early retirement benefit is equal to the normal retirement benefit reduced by 0.3% for each whole calendar month that the benefit commencement date precedes the normal retirement date, provided that the reduction not exceed 85%.

Late retirement

- | | |
|---------------|--|
| • Eligibility | Actual retirement may be deferred. |
| • Benefit | The benefit will be same as the normal retirement benefit. |

Deferred vested

- | | |
|---------------|--|
| • Eligibility | Upon termination of employment after completion of five or more years of vesting service, an employee shall be eligible for a pension commencing at age 65. |
| • Benefit | The normal retirement benefit payable at NRD. The benefit payable at any date earlier than age 65 is calculated in the same manner as an early retirement benefit. |

The benefit is payable as a lump sum or immediate life annuity or, for a married individual, as a qualified joint and survivor annuity unless a lump sum is elected.

Disability

- | | |
|---------------|--|
| • Eligibility | Any vested participant who becomes disabled after December 31, 2003. |
| • Benefit | The benefit is same as described under deferred vested. |

Pre-retirement death

- | | |
|-------------------------------------|---|
| • Eligibility | A married vested participant who dies shall be eligible for death benefit |
| • Benefit prior to early retirement | The pre-retirement death benefit payable to the designated beneficiary of an unmarried employee on his date of death is equal to 50% of the benefit which would be payable to the participant had the participant separated from service on the date of death and elected to commence a single life annuity, payable as a lump sum. |

The pre-retirement death benefit payable to the surviving spouse of a participant who is married on his date of death is equal to 50% of the benefit that would be payable to the participant had the participant separated from service on the date of death, survived to the benefit commencement date elected by the spouse and elected to commence a single life annuity.

- | | |
|----------------------------------|--|
| • Benefit after early retirement | The beneficiary will be paid under the optional forms of benefit payment elected by the employee. All optional forms are actuarially equivalent to a life annuity form of payment. |
|----------------------------------|--|

Payments will commence on the first day of the month following the month in which the employee's death occurs.

Schedule SB, Part V — Summary of Plan Provisions

Unpredictable contingent event benefits	Not Applicable
--	----------------

Form of benefits

• Automatic form for unmarried participants	Single life annuity with a ten year payment guarantee
• Automatic form for married participants	Salaried - 50% contingent annuity (actuarially reduced) Hourly - 50% contingent annuity with a five year payment guarantee (actuarially reduced)
• Optional forms	Optional forms of payment include a lump sum payment; a contingent annuity and a life with term certain annuity. If eligible for early retirement, an employee may also choose to receive his benefit under the Social Security level benefit option if he retires at or after age 55 with at least 15 years of service. In case of pre-retirement death, the surviving spouse may elect to receive the pre-retirement death benefit in a lump sum in lieu of a life annuity. For unmarried participants the benefit is paid as a lump sum.
• Optional form conversion factors	Converted using 1983 Group Annuity Mortality Table, 100% Male, setback 1 year using 8.0% interest. Lump sum use 417(e) (3) rates and mortality.

Miscellaneous

• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2020, the limit is \$230,000.
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Summary of major Plan Provisions – Hourly and Bargaining

Effective date and plan year	Original plan: May 1, 1963 Restated plan: November 15, 2017 Plan year: Calendar year
Status of the plan	The plan has ongoing benefit and service accruals for certain bargaining plan participants. The plan was restated effective November 15, 2017 to include certain active and inactive employees, as well as certain surviving spouses, surviving beneficiaries, and alternate payees with frozen benefits, were spun-off from the Hussmann Corporation Retirement Plan into this Plan. Effective December 23, 2018 no new bargaining employees will become Participants in the Plan.
Significant events that occurred during the year	None
Definitions	
• Covered employees	All hourly-paid employees designated as eligible in an Adoption Agreement.

Schedule SB, Part V — Summary of Plan Provisions

• Participation	An Employee shall be eligible to become an active Participant on the later of his date of employment or the effective date of the Adoption Agreement which pertains to him.
• Employee contributions	None
• Vesting service	Except as specified in the appropriate Adoption Agreement, the period of time between an Employee's employment commencement date and his severance from service date.
• Credited service	One month for each month an employee works at least one hour of service beginning with the later of date of hire or group participation date and ending with date of termination. No service is granted prior to the following dates:

<u>Location</u>	<u>Earliest Date of Credited</u>
Atlanta Georgia Systems	May 1, 1987
Gloversville	January 1, 1980
Montgomery	September 1, 1979

Normal retirement

• Eligibility	Age 65 with three years of Continuous Service for Bridgeton. Age 65 for other hourly locations.		
• Benefit	As specified in the Adoption Agreement. For each year of Credited Service, the monthly benefit is determined by the applicable multiplier:		
	<u>Location</u>	<u>Employees' termination on or after</u>	<u>Benefit Multiplier</u>
	Atlanta	1/1/1996	\$10.00
		1/1/1998	\$24.00
		1/1/1999	\$26.00
		1/1/2000	\$29.00
		1/1/2002	\$31.00
		1/1/2004	\$32.00
		1/1/2005	\$35.00
		1/1/2006	\$36.00
		1/1/2009	\$39.00
		1/1/2013	\$41.00
	Gloversville	1/1/2015	\$42.00
		1/1/2016	\$43.00
		1/1/1998	\$15.00
		1/1/1999	\$15.25
		1/1/2000	\$15.75
		1/1/2001	\$16.00
		1/1/2002	\$16.50
		1/1/2003	\$16.75
		1/1/2004	\$17.10

Schedule SB, Part V — Summary of Plan Provisions

	1/1/2005	\$17.50
	1/1/2006	\$19.00
Montgomery	Sum of:	
	(1) \$5.00 times Credited Service from 9/1/1979 to 12/31/1990	
	(2) \$9.00 times Credited Service after 1/1/1991	
Early retirement		
• Eligibility	First day of the month next following the attainment of age 55 and the completion of ten years of Continuous Service.	
• Benefit	Accrued Benefit earned to the date of termination reduced 6% per year from age 65. For Bridgeton, benefit is reduced from age 60 with 30 years of Continuous Service.	
Late retirement		
• Eligibility	Actual retirement may be deferred.	
• Benefit	Normal Retirement Benefit calculated using Credited Service at late retirement date.	
Deferred vested		
• Eligibility	Completion of five years of Continuous Service.	
• Benefit	Accrued Benefit payable at age 65. If payment commences prior to age 65, the benefit is reduced in the same manner as the Early Retirement Benefit.	
Disability		
• Eligibility	For Bridgeton, physical or mental illness which prevents a participant from performing his job and is considered permanent as certified by a qualified physician. The disability must have lasted five months. No other hourly locations have disability benefits.	
• Benefit	For Bridgeton, immediate unreduced annuity commencing as early as five months and as late as 18 months after last day of employment (period of deferral). The period of deferral is counted as Credited Service. At age 65, the benefit is adjusted to reflect additional Credited Service equal to the difference between 24 months and the period of deferral.	
Pre-retirement death		
• Eligibility	For Bridgeton, completion of ten years of Credited Service. No other hourly locations have additional death benefits	
• Benefit prior to early retirement	For Bridgeton, designated beneficiary receives 60 monthly pension payments (or an equivalent lump sum) of the Participant's monthly Accrued Benefit, unreduced for an early commencement of payment. The benefit which would have been payable to the spouse assuming the employee terminated employment on the day before he died (or, if earlier, on his actual date of termination employment) and elected the 50% Joint and Survivor Annuity Option to commence on his earliest possible retirement date. The benefit is payable in the form of a life annuity to the spouse commencing on the Participant's earliest retirement date.	

Schedule SB, Part V — Summary of Plan Provisions

Unpredictable contingent event benefits Not Applicable

Form of benefits

-
- | | |
|---|--|
| • Automatic form for unmarried participants | Single life annuity with a five year payment guarantee |
| • Automatic form for married participants | 50% Joint & Survivor Annuity with a five year payment guarantee |
| • Optional forms | <ul style="list-style-type: none"> - Single life annuity with a five year payment guarantee - 50% Joint & Survivor Annuity with a five year payment guarantee - 75% Joint & Survivor Annuity with a five year payment guarantee - 100% Joint & Survivor Annuity with a five year payment guarantee |
-

Miscellaneous

-
- | | |
|--------------------|---|
| • Maximum benefits | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2020, the limit is \$230,000. |
|--------------------|---|
-

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as established effective November 15, 2017 are included in this valuation:

- **Most recent plan amendments included:** None
- **Plan amendments excluded:** None
- **Late retirement increases:**
 - *Active participants:* Since suspension of benefits notices are given to active employees, late retirement actuarial increases apply to participants who defer retirement beyond age 70½.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase using the plan's actuarial equivalence.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan provisions specific to funding**Additional benefits included or excluded**

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are

Schedule SB, Part V — Summary of Plan Provisions

expected to occur on or after the valuation date regardless of anticipated funding-based limitations.

- *Plan amendments:* See above.
- *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
- *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

No provision changes have occurred since the January 1, 2019 valuation.

Supplemental Schedule

HUSSMANN PENSION PLAN FOR CERTAIN ACTIVE AND INACTIVE EMPLOYEES**FEIN: 43-0156220 Plan #044****Schedule of Assets (Held at End of Year)****Form 5500 – Schedule H – Item 4i**

December 31, 2020

a) b)	Identity of Issuer	c)	Description of Investment	d)	Cost	e)	Current Value
<hr/>							
Registered Investment Companies:							
	Stone Ridge Trust II		Reinsurance Risk Premium Interval Fund		\$ 937,431		\$ 299,982
					<u> </u>		<u> </u>

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installment for each plan year covered under PPA. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than \$0.

Shortfall bases				
Year established		Outstanding balance	Years remaining	2020 Installment
2019	\$	13,876,502	14	\$ 1,363,307
2020		0	15	0
Total	\$	13,876,502		\$ 1,363,307

- The expense component of normal cost decreased from \$1,640,000 to \$1,610,000 to reflect our expectations for the current plan year.

Schedule SB, line 24 — Change in Actuarial Assumptions

- The lump sum interest was updated to be the current year's funding segment rates, and the lump sum mortality was updated to be the current year's 417(e) table.
- The expected return on assets for 2020 was lowered to 6.25%. This will impact the valuation in 2021