

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>12/30/2019</u> and ending <u>12/29/2020</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>NATIONAL MACHINERY LLC RETIREMENT PLAN AND TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/30/1941</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>12/30/1941</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>12/30/1941</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>NATIONAL MACHINERY LLC</u> <u>161 GREENFIELD ST</u> <u>TIFFIN, OH 44883</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>03-0400206</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>419-443-2337</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>333510</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>03-0400206</u>	2c Plan Sponsor's telephone number <u>419-443-2337</u>	2d Business code (see instructions) <u>333510</u>	
2b Employer Identification Number (EIN) <u>03-0400206</u>					
2c Plan Sponsor's telephone number <u>419-443-2337</u>					
2d Business code (see instructions) <u>333510</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.	10/15/2021	SUSAN JOHNSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2021	SUSAN JOHNSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 166
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) 109
a(2) Total number of active participants at the end of the plan year	6a(2) 102
b Retired or separated participants receiving benefits.....	6b 56
c Other retired or separated participants entitled to future benefits	6c 3
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 161
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 161
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

1A 1I 3H

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 12/30/2019 and ending 12/29/2020	
A Name of plan NATIONAL MACHINERY LLC RETIREMENT PLAN AND TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL MACHINERY LLC	D Employer Identification Number (EIN) 03-0400206

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

(a) Name of insurance carrier PRINCIPAL LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	7-05077	161	12/30/2019	12/29/2020

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	11745405

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year.....	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions.....	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions.....	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 12/30/2019 and ending 12/29/2020

► **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 <u>NATIONAL MACHINERY LLC RETIREMENT PLAN AND TRUST</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NATIONAL MACHINERY LLC</u>	D Employer Identification Number (EIN) <u>03-0400206</u>	
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>12</u> Day <u>30</u> Year <u>2019</u>		
2	Assets:		
	a Market value	2a	<u>11347538</u>
	b Actuarial value	2b	<u>11347538</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	<u>52</u>	<u>5888261</u>
	b For terminated vested participants.....	<u>3</u>	<u>89404</u>
	c For active participants	<u>109</u>	<u>6658070</u>
	d Total.....	<u>164</u>	<u>12635735</u>
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	<u>5.33</u> %
6	Target normal cost.....	6	<u>190000</u>

Statement by Enrolled Actuary

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

SIGN HERE	Signature of actuary <u>WILLIAM NAPOLI, JR.</u> Type or print name of actuary <u>AMERICAN BENEFIT EVALUATORS, LLC</u> Firm name <u>7549 ROLLINGBROOK TRAIL</u> <u>US SOLON, OH 44139</u> Address of the firm	<u>06/30/2021</u> Date <u>17-00779</u> Most recent enrollment number <u>440-248-9155</u> Telephone number (including area code)
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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) 2019
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of _____ %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		220346
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>5.71</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		31025
c Total available at beginning of current plan year to add to prefunding balance		251371
d Portion of (c) to be added to prefunding balance		251371
12 Other reductions in balances due to elections or deemed elections	0	251371
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	89.80 %
15 Adjusted funding target attainment percentage	15	89.91 %
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	79.22 %
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
03/12/2020	354621				
03/23/2020	500000				
Totals ▶			18(b)	854621	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	845019

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

0

22 Weighted average retirement age**22**

64

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** 190000**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 1288197 Installment 436203**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** 626203**35** Balances elected for use to offset funding requirement Carryover balance Prefunding balance Total balance 0**36** Additional cash requirement (line 34 minus line 35) **36** 626203**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 845019**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 218816**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 218816**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
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 12/30/2019 and ending 12/29/2020		
A Name of plan NATIONAL MACHINERY LLC RETIREMENT PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL MACHINERY LLC	D Employer Identification Number (EIN) 03-0400206	

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

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

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

AMERICAN BENEFIT EVALUATORS, LLC

03-0398807

(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	28500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RSM US LLP

42-0174325

(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	21570	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	8627	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 12/30/2019 and ending 12/29/2020

A Name of plan <u>NATIONAL MACHINERY LLC RETIREMENT PLAN AND TRUST</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL MACHINERY LLC</u>	D Employer Identification Number (EIN) <u>03-0400206</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL CORE FIXED INCOME SA</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-118</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1767560</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL CORE PLUS BOND SA</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-005</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1970386</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL MDGP S&P 400 SEP ACCT</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-023</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>962776</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCP S&P 500 INDEX SA</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-016</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1822590</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL CAPITAL APPREC SA</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-119</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1854301</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL EQUITY INCOME SA</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-120</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1113371</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCP GROWTH I SA</u>				
b Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u>				
c EIN-PN <u>42-0127290-066</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2254421</u>		

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

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

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

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

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

For calendar plan year 2019 or fiscal plan year beginning 12/30/2019 and ending 12/29/2020		
A Name of plan NATIONAL MACHINERY LLC RETIREMENT PLAN AND TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL MACHINERY LLC	D Employer Identification Number (EIN) 03-0400206	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	103	500
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	106387	0
(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)	12939	70922
(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)	10777949	11745405
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	450402	243852
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	11347780	12060679

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i	0	
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	11347780	12060679
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	854876	
(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)		854876
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)	1044	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1044
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1579698
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-3214
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2432404

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1557454	
(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)		1557454
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)	51580	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	110471	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		162051
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1719505

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		712899
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

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

(1) Name: **RSM US LLP**

(2) EIN: **42-0714325**

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

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

Part IV Compliance Questions

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

During the plan year:

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

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

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

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 425640. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
For calendar plan year 2019 or fiscal plan year beginning 12/30/2019 and ending 12/29/2020		
A Name of plan NATIONAL MACHINERY LLC RETIREMENT PLAN AND TRUST		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL MACHINERY LLC		D Employer Identification Number (EIN) 03-0400206
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): 42-0127290		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 7
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2019 v. 190130		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

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

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

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

b The corresponding number for the second preceding plan year

15a**15b**

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

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

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

16a**16b**

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

National Machinery LLC Retirement Plan and Trust

Financial Report
December 29, 2020

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Independent Auditor's Report

Plan Administrator
National Machinery LLC Retirement Plan and Trust

Report on the Financial Statements

We have audited the accompanying financial statements of the National Machinery LLC Retirement Plan and Trust (the Plan), which comprise the statements of net assets available for benefits as of December 29, 2020 and 2019, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 29, 2019, 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 these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of December 29, 2020 and 2019, and changes therein for the years then ended, and its financial status as of December 29, 2019, and changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter – Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions as of or for the year ended December 29, 2020 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

RSM US LLP

Columbus, Ohio
October 14, 2021

National Machinery LLC Retirement Plan and Trust

Statements of Net Assets Available for Benefits December 29, 2020 and 2019

	2020	2019
Assets		
Investments, at fair value:		
Pooled separate accounts	\$ 11,745,405	\$ 10,777,949
Money market deposit accounts	70,922	12,939
Exchange traded funds	243,852	450,402
Total investments	12,060,179	11,241,290
Employer contributions receivable	-	106,387
Cash	500	103
Total assets and net assets available for benefits	\$ 12,060,679	\$ 11,347,780

See notes to financial statements.

National Machinery LLC Retirement Plan and Trust

Statements of Changes in Net Assets Available for Benefits Years Ended December 29, 2020 and 2019

	2020	2019
Additions to net assets attributed to:		
Net appreciation in fair value of investments	\$ 1,576,484	\$ 2,150,301
Interest and dividend income	1,044	20,142
Employer contributions	854,876	935,002
Total additions	2,432,404	3,105,445
Deductions from net assets attributed to:		
Benefits paid directly to participants	1,557,454	1,602,118
PBGC premiums	101,844	102,684
Administrative expenses	60,207	71,432
Total deductions	1,719,505	1,776,234
Net increase	712,899	1,329,211
Net assets available for benefits:		
Beginning of year	11,347,780	10,018,569
End of year	\$ 12,060,679	\$ 11,347,780

See notes to financial statements.

National Machinery LLC Retirement Plan and Trust

Statement of Accumulated Plan Benefits

Year Ended December 29, 2019

Actuarial present value of a accumulated plan benefits	
Vested benefits:	
Participants currently receiving payments	\$ 4,839,050
Other participants	<u>6,280,248</u>
	11,119,298
 Nonvested benefits	 <u>64,123</u>
 Total actuarial present value of accumulated plan benefits	 <u><u>\$ 11,183,421</u></u>

See notes to financial statements.

National Machinery LLC Retirement Plan and Trust

Statement of Changes in Accumulated Plan Benefits
Year Ended December 29, 2019

Actuarial present value of accumulated plan benefits at beginning of year	\$ 11,677,980
Increase/decrease during the year attributable to:	
Interest due to decrease in the discount year	816,855
Actuarial losses	543,553
Change in assumptions	(252,849)
Benefits paid	<u>(1,602,118)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 11,183,421</u>

See notes to financial statements.

National Machinery LLC Retirement Plan and Trust

Notes to Financial Statements

Note 1. Plan Description

The following brief description of the National Machinery LLC Retirement Plan and Trust ("the Plan") provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General: The Plan is a noncontributory defined benefit plan, which covers substantially all employees of The National Machinery Company who completed 18 months of service and attained age 21 prior to the Plan being frozen on October 31, 1999, as defined in the Plan. During 2002, National Machinery LLC ("the Company") acquired substantially all of the assets of The National Machinery Company and assumed sponsorship of the Plan. The Plan provides for retirement and certain disability benefits and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, the Pension Protection Act of 2006 (PPA), the Worker, Retiree and Employer Recovery Act of 2008 (WREERA), the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010 (PRA), the 2012 Pension Relief Act, the Highway and Transportation Funding Act of 2014 (HTFA), the Moving Ahead for Progress in the 21st Century Act (MAP-21), the Bipartisan Budget Act of 2015, the Pension Protection Act of 2016, and the Setting Every Community Up for Retirement Enhancement Act of 2019 (SECURE).

Pension benefits: The Plan provides for a monthly benefit at retirement that is the actuarial equivalent of a benefit payable for life with a guarantee of 120 monthly payments. Benefits under the Plan may also be paid on a joint and survivor basis or on a lump-sum basis. The monthly amount payable to a participant who retires at age 65, the normal retirement age under the Plan, is the greater of benefit amounts determined under four formulas based upon average monthly compensation. For purposes of the Plan, the average monthly compensation is one-twelfth of the average of the highest five consecutive calendar years' compensation. Participants may retire at age 60 or later with an unreduced accrued benefit. Benefits to participants retiring prior to age 60 are reduced based upon years of credited service in relation to years of service at normal retirement age. On January 1, 1995, the Plan was amended to provide a monthly temporary supplement for all employees who were participants in the Plan on that date and who were age 55 or older during 1995. The supplement varies by year of birth and is only paid to employees who retire from active employment or their widows and is payable from the date of retirement to age 65. New employees are not permitted to enter the Plan and future lump-sum benefit payments to participants will be computed using a discount rate no greater than 5.54 percent, the discount rate as of December 31, 1998. All benefits and compensation upon which benefits are based may not exceed the maximum annual limitations as defined in the Internal Revenue Code (IRC).

Administrative and investment management expenses: Certain trustee and professional fees are paid by the Plan and are reflected in the financial statements as administrative expenses of the Plan. Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income (loss) reported by the Plan. All other expenses of the Plan are paid by the Company.

Vesting: Participants are 100% vested in their monthly retirement benefit, attributable to their actual periods of employment with the Company. Active participants who are not currently age 60 or older may become eligible for early retirement subsidies, which vest only upon the acceptance of early retirement by the participants under the terms of the Plan.

National Machinery LLC Retirement Plan and Trust

Notes to Financial Statements

Note 2. Significant Accounting Policies

Basis of accounting: The accompanying financial statements are prepared on the accrual basis of accounting.

Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from those estimates. It is reasonably possible that a significant change may occur in the near term for the estimates of actuarial present value of accumulated plan benefits.

Risks and uncertainties: The Plan invests in various investments including stocks, money market funds, pooled separate accounts and other investment securities. The underlying investment securities are exposed to various risks, such as interest rate, liquidity, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates 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.

Payment of benefits: Benefit payments to participants are recorded upon distribution.

Investment valuation and income recognition and valuation of derivative instruments: The Plan's investments and derivative instruments are reported at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial present value of accumulated plan benefits: Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated Plan Benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries; (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits payable under the Plan are calculated as described in Note 1.

The actuarial present value of accumulated plan benefits is determined by an actuary from American Benefit Evaluators, LLC by 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.

National Machinery LLC Retirement Plan and Trust

Notes to Financial Statements

Note 2. Significant Accounting Policies (Continued)

The actuarial information is as of December 30, 2019, the most recent benefit information date. Had the valuation been performed as of December 29, 2019 there would be no material differences.

The significant actuarial assumptions used in the valuation as of December 29, 2019 were as follows:

Life expectancy of participants:

Mortality (disabled lives): Pri-2012 Combined Mortality Table Projected by MP-2019

Mortality (healthy lives): Pri-2012 Combined Mortality Table Projected by MP-2019

Long term rate of return: 7.50%

Retirement age: 62 to 65

Participant benefits: 75% of benefits are projected to be distributed in lump sums

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

Recently adopted accounting pronouncement: In August 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to Disclosure Requirements for Fair Value Measurement*. The amendments in this ASU modify the disclosure requirements on fair value measurements in Topic 820, *Fair Value Measurement*, based on the concepts in the FASB Concepts Statement, including the consideration of costs and benefits.

The following disclosure requirements were removed from Topic 820:

1. The amount of and reasons for transfers between Level 1 and Level 2 of the fair value hierarchy.
2. The policy for timing of transfers between levels.
3. The valuation processes for Level 3 fair value measurements.
4. For nonpublic entities, the changes in unrealized gains and losses for the period included in earnings for recurring Level 3 fair value measurements held at the end of the reporting period.

The following disclosure requirements were modified in Topic 820:

1. In lieu of a roll forward for Level 3 fair value measurements, a nonpublic entity is required to disclose transfers into and out of Level 3 of the fair value hierarchy and purchases and issues of Level 3 assets and liabilities.
2. For investments in certain entities that calculate net asset value, an entity is required to disclose the timing of liquidation of an investee's assets and the date when restrictions from redemption might lapse only if the investee has communicated the timing to the entity or announced the timing publicly.
3. The amendments clarify that the measurement uncertainty disclosure is to communicate information about the uncertainty in measurement as of the reporting date.

National Machinery LLC Retirement Plan and Trust

Notes to Financial Statements

Note 2. Significant Accounting Policies (Continued)

The amendments in this update are effective for all entities for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2019. The entity is permitted to early adopt any removed or modified disclosures upon issuance of this update and delay adoption of the additional disclosures until their effective date. The effect of adopting this update resulted in the removal or modification of certain fair value measurement disclosures presented in the financial statements.

Subsequent events: The Plan Sponsor has evaluated subsequent events for potential recognition and/or disclosure through October 14, 2021, the date the financial statements were available to be issued.

Note 3. Funding Policy

The Company's funding policy is to make annual contributions to the Plan in amounts that meet the minimum funding requirements. The Plan met the minimum funding requirements of ERISA for the years ended December 29, 2020 and 2019.

Note 4. Fair Value Measurements

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs when measuring fair value. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The following are descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments and derivative instruments held by the Plan.

Exchange traded funds: The fair value of American depository receipts, exchange traded funds, and common stocks investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

Money market deposit accounts: Fair values of money market deposit account balances are based upon the deposit account balances with no discounts for credit quality (Level 2 inputs). The Plan's investments in money market deposit accounts occasionally exceed federally insured balances.

National Machinery LLC Retirement Plan and Trust

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

Pooled separate accounts: The fair values of participation units held in pooled separate accounts are based on the net asset values reported by the fund managers as of the financial statement dates and recent transaction prices. Each pooled separate account provides for daily redemptions by the Plan. The investments allow one transfer per 30-day period. The transfer restriction applies to all transfers out of this investment. Once the number of allowed transfers out is met, the Plan is not allowed to transfer back into this investment option until the holding period elapses. Contributions into the investment option are not impacted.

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

The following tables set forth by level, within the fair value hierarchy, the Plans assets at fair value as of December 29:

	2020			
	Level 1	Level 2	Level 3	Total
Money market deposit accounts	\$ -	\$ 70,922	\$ -	\$ 70,922
Exchange traded funds	243,852	-	-	243,852
Total assets in fair value hierarchy	\$ 243,852	\$ 70,922	\$ -	314,774
Investments measured at net asset value ^(a)				11,745,405
Investments at fair value				\$ 12,060,179

	2019			
	Level 1	Level 2	Level 3	Total
Money market deposit accounts	\$ -	\$ 12,939	\$ -	\$ 12,939
Exchange traded funds	450,402	-	-	450,402
Total assets in fair value hierarchy	\$ 450,402	\$ 12,939	\$ -	463,341
Investments measured at net asset value ^(a)				10,777,949
Investments at fair value				\$ 11,241,290

^(a) In accordance with Subtopic 820-10, certain investments that were measured at net assets 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.

Changes in fair value levels: To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another.

The Plan evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfers relative to total net assets available for benefits.

National Machinery LLC Retirement Plan and Trust

Notes to Financial Statements

Note 5. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue contributions and terminate the Plan subject to the provisions of ERISA and its related regulations. In the event the Plan terminates, the net assets of the Plan will be allocated among the participants and beneficiaries of the Plan in the order provided by ERISA.

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

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

Note 6. Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated December 28, 2018, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt.

The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 29, 2020 and 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2017.

Note 7. Party-In-Interest Transactions

Parties-in-interest are defined under DOL regulations as any fiduciary of the plan, any party rendering service to the plan, the employer, and certain others. Various professional fees for the administration of the Plan were paid from Plan assets. Fees paid to parties-in-interest for the years ended December 29, 2020 and 2019, are as follows:

	Relationship	2020	2019
Parties-In-Interest:			
Principal Life Insurance Company	Custodian	\$ 8,627	\$ 13,557
Wells Fargo Bank, N.A.	Custodian	-	5
RSM US LLP	Auditor	23,080	31,570
American Benefit Evaluators, LLC	Actuary	28,500	26,300
		<u>\$ 60,207</u>	<u>\$ 71,432</u>

Certain fees were paid on behalf of the Plan by the Company.

Certain Plan investments are units of participation in pooled separate accounts issued by Principal Life Insurance Company. At December 29, 2020 and 2019, plan investments of \$11,745,405 and \$10,777,949, respectively, were invested in units of participation in pooled separate accounts. Money market deposit accounts of \$70,922 and \$12,939 were held at Wells Fargo Bank, N.A as of December 29, 2020 and 2019, respectively.

National Machinery LLC Retirement Plan and Trust

Notes to Financial Statements

Note 8. COVID-19 Pandemic, Economic Uncertainty

On January 30, 2020, the World Health Organization declared the coronavirus outbreak a “Public Health Emergency of International Concern” and on March 11, 2020, declared it a pandemic. The coronavirus and actions taken to mitigate the spread of it have and are expected to have an adverse impact on the economies and financial markets of many countries, including the United States of America. On March 27, 2020, the Coronavirus Aid, Relief, Economic Security Act (CARES Act) was enacted to, amongst other provisions, provide emergency assistance for individuals, families and businesses affected by the coronavirus pandemic. It is unknown how long the adverse conditions associated with the coronavirus will last and what the complete financial effect will be to the Plan.

Supplemental Schedules

National Machinery LLC Retirement Plan and Trust

EIN: 03-0400206

Plan Number: 001

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

December 29, 2020

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
		Pooled separate accounts:		
*	Principal Life Insurance Company	Core Fixed Income Separate Account R6	\$ 1,071,038	\$ 1,767,560
*	Principal Life Insurance Company	Core Plus Bond Separate Account R6	1,176,828	1,970,386
*	Principal Life Insurance Company	Large Cap S&P 500 Index Separate Account R6	736,472	1,822,590
*	Principal Life Insurance Company	MidCap S&P 400 Index Separate Account R6	190,161	962,776
*	Principal Life Insurance Company	Capital Appreciation Separate Account R6	808,174	1,854,301
*	Principal Life Insurance Company	Equity Income Separate Account R6	1,102,270	1,113,371
*	Principal Life Insurance Company	Large Cap Growth I Separate Account R6	790,581	2,254,421
		Total pooled separate accounts		11,745,405
		Exchange traded funds:		
	BlackRock	iShares Core MSCI EAFE, 500 shares	34,057	34,545
	Invesco	QQQ Trust, Series 1, 300 shares	76,926	94,122
	Krane Shares	CSI China Internet, 1500 shares	59,260	115,185
		Total exchange traded funds		243,852
		Money market deposit account:		
*	Wells Fargo Bank, N.A.	Bank Deposit Sweep	70,922	70,922
				<u><u>\$ 12,060,179</u></u>

* Party in interest

National Machinery LLC Retirement Plan and Trust

EIN: 03-0400206, Plan Number: 001

Schedule H, Line 4j - Schedule of Reportable Transactions

December 29, 2020

(a)	(b)	(c)	(d)	(g)	(h)	(i)	
Identity of Party involved	Description of Assets	Transaction Count	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category (i) - single transactions in excess of 5% of plan assets:							
Principal Global Investors	Core Plus Bond Separate Account R6	1	\$ 1,000,000	\$ -	\$ 1,000,000	\$ 1,000,000	\$ -
Principal Global Investors	Core Plus Bond Separate Account R6	1	1,170,000	-	1,170,000	1,170,000	-
Principal Global Investors	Core Fixed Income Separate Account R6	1	-	600,000	546,654	600,000	53,346
Principal Global Investors	MidCap S&P 400 Index Separate Account R6	1	-	667,500	667,583	667,500	(83)
Principal Global Investors	Equity Income Separate Account R6	1	1,102,270	-	1,102,270	1,102,270	-
A series of transactions in the same security in excess of 5% of the current value of Plan assets:							
Principal Global Investors	Core Fixed Income Separate Account R6	5	\$ 500,311	\$ 1,102,512	\$ 1,542,365	\$ 1,602,823	\$ 60,458
Principal Global Investors	Core Plus Bond Separate Account R6	66	2,670,311	1,719,505	4,643,129	4,389,816	(253,313)
Principal Global Investors	MidCap S&P 400 Index Separate Account R6	3	26,597	917,500	924,239	944,097	19,858

2019 Form 5500, Schedule SB, Line 19 -- Discounted Contributions

Plan Sponsor's EIN: 03-0400206
Plan Number: 001
Plan Name: National Machinery LLC Retirement Plan and Trust

Plan Year 12/30/2018 to 12/29/2019 Quarterly Contributions

The minimum required contribution is calculated assuming the payment was made on the valuation date. Payments made after the valuation date are discounted at the plan's effective interest rate for the year from the payment date back to the valuation date to test if the discounted contributions meet the minimum requirement for the year. The plan's effective interest rate is the single interest rate that would develop the same Funding Target. If quarterly contributions are required, and the quarterly contribution was made after its due date, then the effective interest rate is increased by 5% in determining the discounted value of the quarterly contribution.

Required Contributions		Actual Contributions		Discounted Actual Contributions				
				Days From Val Date	Days Late	Regular Interest Adj Factor	Late Interest Adj Factor	Discounted Contribution
Due Date	Amount	Date	Amount					
4/15/2020	118,207	3/12/2020	118,207	73	0	1.010440	1.000000	116,986
7/15/2020	118,207	3/12/2020	118,207	73	0	1.010440	1.000000	116,986
10/15/2020	118,207	3/12/2020	118,207	73	0	1.010440	1.000000	116,986
1/15/2021	118,207	3/23/2020	118,207	84	0	1.012022	1.000000	116,803
9/15/2021	185,235	3/23/2020	381,793	84	0	1.012022	1.000000	377,258
	<u>\$658,063</u>		<u>\$854,621</u>					<u>\$845,019</u>

Contributions allocated toward unpaid required contributions from prior years	\$0
Contributions made to avoid benefit restrictions adjusted to valuation date	\$0
Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	\$650,796
Beginning of the plan year minimum required contribution	\$194,223
Interest-adjusted excess contributions for current year	\$456,573

Effective Interest Rate	5.33%	Used to discount contributions from earlier of scheduled due date and actual date paid back to the valuation date.
Interest Rate Reflecting Late Payment	10.33%	Used to discount contributions back from actual date paid to schedule due date if not paid by scheduled due date.
Valuation Date	12/30/2019	
NOTE:	(1)	The column headed "Days From Valuation Date" is the number of days from the valuation date to the earlier of the actual date paid or the scheduled payment date.

2019 Form 5500, Schedule SB, Line 22 -- Description of Weighted Average Retirement Age

Plan Sponsor's EIN: 03-0400206
Plan Number: 001
Plan Name: National Machinery LLC Retirement Plan and Trust

Retirement Age	Assumed Retirement Rate	Model Group Count	Number Retiring (2) x (3)	Weighted Average (1)x(4)/1000
(1)	(2)	(3)	(4)	(5)
< 62	0%	1,000	0	0
62	30%	1,000	300	18.600
63	20%	700	140	8.820
64	20%	560	112	7.168
65	100%	448	448	29.120
			<u>1,000</u>	<u>63.708</u>

Assumed Retirement Age	64
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2019 Form 5500, Schedule SB, Line 26 -- Schedule of Active Participant Data

Plan Sponsor's EIN: 03-0400206
Plan Number: 001
Plan Name: National Machinery LLC Retirement Plan and Trust

Schedule of Active Participants as of 12/30/2019

Age Last Birthday	Number of Participants by Completed Years of Service										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Up	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	1	0	0	0	0	0	0	0	0	1
45-49	0	12	0	0	0	0	0	0	0	0	12
50-54	0	9	1	0	0	0	0	0	0	0	10
55-59	0	0	18	20	0	0	0	0	0	0	38
60-64	0	0	4	29	6	0	0	0	0	0	39
65-69	0	0	1	4	4	0	0	0	0	0	9
70 & Up	0	0	0	0	0	0	0	0	0	0	0
Total	0	22	24	53	10	0	0	0	0	0	109
Average Age =				58.4	Average Service =				14.0		

2019 Form 5500, Schedule SB, Line 32 -- Schedule of Amortization Bases

Plan Sponsor's EIN: 03-0400206
Plan Number: 001
Plan Name: National Machinery LLC Retirement Plan and Trust

Schedule of Amortization Bases

Type of Base	Date Created	Initial Base	Initial Present Value Factor	Annual Amort. Payment	Years Left	Current Present Value Factor	Present Value of Remaining Payments
Shortfall	12/30/2013	(744,459)	5.9419	(125,290)	1	1.0000	(125,290)
Shortfall	12/30/2014	1,114,038	5.9756	186,431	2	1.9639	366,132
Shortfall	12/30/2015	1,608,993	6.0131	267,581	3	2.8931	774,139
Shortfall	12/30/2016	499,293	6.0525	82,494	4	3.7888	312,553
Shortfall	12/30/2017	256,773	6.0897	42,165	5	4.6522	196,160
Shortfall	12/30/2018	1,086,774	6.1256	177,415	6	5.4228	962,086
				630,796			2,485,780
Shortfall	12/30/2019	(1,197,583)	6.1543	(194,593)	7	6.1543	(1,197,583)
Total				\$436,203			\$1,288,197

Development of Amortization Present Value Factors

Current Segment Rate	Present Value For Number of Years Indicated						
	7	6	5	4	3	2	1
3.74%	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.74%	0.9639	0.9639	0.9639	0.9639	0.9639	0.9639	
3.74%	0.9292	0.9292	0.9292	0.9292	0.9292		
3.74%	0.8957	0.8957	0.8957	0.8957			
3.74%	0.8634	0.8634	0.8634				
5.35%	0.7706	0.7706					
5.35%	0.7315						
Total	6.1543	5.4228	4.6522	3.7888	2.8931	1.9639	1.0000

2019 Form 5500, Schedule SB, Part V -- Statement of Actuarial Assumptions/Methods

Plan Sponsor's EIN: 03-0400206
Plan Number: 001
Plan Name: National Machinery LLC Retirement Plan and Trust

Actuarial Assumptions**Economic Assumptions**

Interest Rates

▪ Discount rate	— First 5 years	3.74%
	— Next 15 years	5.35%
	— Thereafter	6.11%
▪ Lump sum interest rate	— First 5 years	Lesser of Discount Rate and 5.54%
	— Next 15 years	Lesser of Discount Rate and 5.54%
	— Thereafter	Lesser of Discount Rate and 5.54%

Annual rates of increase in

▪ Annual compensation	N/A
-----------------------	-----

Demographic Assumptions

▪ Mortality		RP-2014 Projected Projected By MP-2017 Generation Factors
— Healthy lives - Males		
— Healthy lives - Females		
— Disabled lives - Males		
— Disabled Lives - females		
▪ Termination		Table 3
▪ Disability		
	— Males	Table 1
	— Females	Table 2
▪ Retirement	Age	
	>64	100%
	64	20%
	63	20%
	62	30%
▪ Form of payment at retirement		
	— % electing monthly life benefit	25%
	— % electing lump sum benefit	75%
▪ Percent married		
	— Males	100%
	— Females	100%
▪ Spouse age	Wives are 3 years younger than husbands	
▪ Administrative expenses		\$190,000

2019 Form 5500, Schedule SB, Part V -- Statement of Actuarial Assumptions/Methods

Plan Sponsor's EIN: 03-0400206
Plan Number: 001
Plan Name: National Machinery LLC Retirement Plan and Trust

Actuarial Methods

- Target Normal Cost and Funding Unit Credit
Target
- Actuarial value of assets The market value of assets including accrued contributions.

Changes in Assumptions and Methods Since Last Year

	Prior Year	<u>Current Year</u>
▪ Valuation Interest Rate		
— First segment rate	3.92%	3.74%
— Second segment rate	5.52%	5.35%
— Third segment rate	6.29%	6.11%
▪ Mortality		
— Healthy Life Mortality	RP2014 Projected By MP-2016 Using Generational Rates	RP2014 Projected By MP-2017 Using Generational Rates

2019 Form 5500, Schedule SB, Part V -- Statement of Actuarial Assumptions/Methods

Plan Sponsor's EIN: 03-0400206
Plan Number: 001
Plan Name: National Machinery LLC Retirement Plan and Trust

Age	Disability		Turnover	
	Male	Female	Male	Female
	Table 1	Table 2	Table 3	Table 4
25	0.000605	0.000908	0.0495	0.0495
26	0.000610	0.000915	0.0470	0.0470
27	0.000620	0.000930	0.0450	0.0450
28	0.000630	0.000945	0.0430	0.0430
29	0.000640	0.000960	0.0405	0.0405
30	0.000650	0.000975	0.0380	0.0380
31	0.000665	0.000998	0.0360	0.0360
32	0.000685	0.001028	0.0345	0.0345
33	0.000710	0.001065	0.0330	0.0330
34	0.000735	0.001103	0.0315	0.0315
35	0.000765	0.001148	0.0300	0.0300
36	0.000795	0.001192	0.0290	0.0290
37	0.000845	0.001268	0.0280	0.0280
38	0.000915	0.001373	0.0270	0.0270
39	0.000990	0.001485	0.0260	0.0260
40	0.001105	0.001657	0.0250	0.0250
41	0.001245	0.001867	0.0240	0.0240
42	0.001405	0.002108	0.0225	0.0225
43	0.001575	0.002363	0.0210	0.0210
44	0.001785	0.002678	0.0195	0.0195
45	0.002025	0.003038	0.0180	0.0180
46	0.002315	0.003473	0.0155	0.0155
47	0.002615	0.003923	0.0140	0.0140
48	0.002965	0.004448	0.0125	0.0125
49	0.003405	0.005107	0.0110	0.0110
50	0.003955	0.005933	0.0095	0.0095
51	0.004650	0.006975	0.0080	0.0080
52	0.005550	0.008325	0.0065	0.0065
53	0.006300	0.009450	0.0050	0.0050
54	0.006900	0.010350	0.0000	0.0000
55	0.007355	0.011033	0.0000	0.0000
56	0.007710	0.011565	0.0000	0.0000
57	0.007990	0.011985	0.0000	0.0000
58	0.008200	0.012300	0.0000	0.0000
59	0.000000	0.000000	0.0000	0.0000
60	0.000000	0.000000	0.0000	0.0000
61	0.000000	0.000000	0.0000	0.0000
62	0.000000	0.000000	0.0000	0.0000
63	0.000000	0.000000	0.0000	0.0000
64	0.000000	0.000000	0.0000	0.0000
65	0.000000	0.000000	0.0000	0.0000

2019 Form 5500, Schedule SB, Part V -- Summary of Plan Provisions

Plan Sponsor's EIN: 03-0400206
Plan Number: 001
Plan Name: National Machinery LLC Retirement Plan and Trust

Effective Date Most recent amendment January 1, 2017

Covered Employees Employees of a Participating Company as of October 31, 1999

Participation Date December 30, 1978, or the first anniversary (December 30) thereafter, after meeting the following requirements:

- (a) Covered employee;
- (b) 1-1/2 years continuous service with the Company;
- (c) Resident or citizen of the United States of America;
- (d) Attained at least age 21.

Definitions

Benefit Service The sum of the following:

- (1) Service as a participant under this Plan or as an active participant in the 1976 Plan and prior plans.
- (2) Service during the period from 12-30-77 to 12-29-78 if not in the 1976 Plan during that period but would have met the participation requirements.
- (3) Any period from the last day as an active participant to the calendar month.

Credited benefit service was frozen as of October 31, 1999.

Average Monthly Compensation One twelfth of the highest five consecutive calendar year average. Compensation excludes bonuses other than management or productivity bonuses and includes amounts deferred under the Employees Savings and Protection Plan. Earnings prior to the first year of participation are ignored. Also, earnings earned in the year of termination are ignored except if the termination is on December 30 or 31 or in the first year of participation. Average monthly compensation was frozen as of October 31, 1999.

Covered Compensation Amount One twelfth of the average of the Social Security taxable wage bases during the 35-year ending with the last day of the calendar year in which the participant attains (or will attain) Social Security retirement age. The Social Security retirement age is 65 for participants born before 1938, age 66 for those born between 1938 and 1954, and age 67 for those born after 1954. Covered compensation was frozen as of October 31, 1999.

2019 Form 5500, Schedule SB, Part V -- Summary of Plan Provisions

Plan Sponsor's EIN: 03-0400206
Plan Number: 001
Plan Name: National Machinery LLC Retirement Plan and Trust

Normal Retirement Date Last day of the month in which 65th birthday occurs.

Monthly Pension Benefit The greatest of (a), (b), (c) and (d) below to participants who retire at benefit Normal Retirement Date.

- (a) Prospective Accrued Benefit: The number of years of service (maximum 30 years) multiplied by the sum of (1) and (2) below:
- (1) 1.3% times Average Monthly Compensation up to the Covered Compensation Amount, and
 - (2) 1.7% times Average Monthly Compensation in excess of the Covered Compensation Amount.
- (b) Older Plan Minimum Benefit as of December 29, 1990: The greater of \$50 or the product of the product (1), (2) and (3) below, payable in the form of a life annuity with a 10-year guarantee:
- (1) 60% of the Average Monthly Compensation, reduced by 44% of the Anticipated Primary Social Security benefit, and
 - (2) a fraction, the numerator of which is the Benefit Service at the later of the last day of the month in which the participant's 60th birthday occurs or December 29, 1990 (maximum 30) and the denominator of which is 30, and
 - (3) a fraction, the numerator of which is Benefit Service to December 29, 1990 and the denominator of which is the total Benefit Service which the participant would have had at age 60.
- (c) Pre-1979 Plan Minimum Benefit as of December 29, 1990

Qualification : Any participant who was an active participant in the 1976 plan on December 29, 1978, and became an active participant in the 1978 Plan as of December 30, 1978.

2019 Form 5500, Schedule SB, Part V -- Summary of Plan Provisions

Plan Sponsor's EIN: 03-0400206
Plan Number: 001
Plan Name: National Machinery LLC Retirement Plan and Trust

Amount : A normal retirement income of 50% of Average Monthly Compensation (earnings over \$66,000 are excluded) multiplied by a fraction, the numerator of which is Benefit Service at age 60 (maximum 10) and the denominator of which is 10, and further multiplied by a fraction, the numerator of which is Benefit Service to December 29, 1990 and the denominator of which is the total Benefit Service which the participant would have had at age 60. The benefit is payable in the form of a life annuity with a 10-year guarantee.

- (d) 1986 Minimum Accrued Benefit: A monthly benefit payable at age 60 based on the actuarial equivalent value of the benefit earned to December 29, 1986 converted to a frozen monthly benefit using lump-sum factors as of December 29, 1986. The benefit is payable in the form of a life annuity with a 10-year guarantee.

Monthly
Temporary
Supplement

A monthly temporary supplement was added effective January 1, 1995 for all employees who attain their 55th (or later) birthday in 1995. The supplement varies by year of birth as follows:

Year of Birth	Monthly Supplement
1935 or earlier	\$300
1936	250
1937	200
1938	150
1939	100
1940	50

The supplement is only paid to employees who retire from active employment or their widows and is payable from the date of retirement to the date the retiree becomes or would have been age 65. Supplemental payments are not available to highly compensated employees.

Monthly
Preretirement
Spouse Benefit

An amount equal to the lump-sum actuarial equivalent value of the participant's vested benefit at the date of death. If the participant is married for one year prior to death, the spouse will receive a monthly annuity unless a lump sum is elected.

2019 Form 5500, Schedule SB, Part V -- Summary of Plan Provisions

Plan Sponsor's EIN:	03-0400206
Plan Number:	001
Plan Name:	National Machinery LLC Retirement Plan and Trust

Eligibility for Benefits

Normal Retirement	Retirement after NRD.
Early Retirement	Any participant who retires after age 60 but before NRD.
Postponed Retirement	Retirement after NRD.
Deferred Vested	Termination for reasons other than death or retirement.
Preretirement Spouse Benefit	Any active participant, inactive participant or vested former participant who dies prior to his pension starting date.
Disability Benefit	An active participant whose employment is terminated prior to his 60th birthday as a result of a long-term disability and remains disabled until normal retirement.

Monthly Benefits Paid Upon the Following Events

Normal Retirement	Monthly pension benefit determined as of NRD.
Early Retirement	Monthly pension benefit determined as of early retirement date without reduction.
Postponed Retirement	Monthly pension benefit determined as of actual retirement date.
Termination With Deferred Vested Benefit	An amount equal to the greater of (1) and (2) below: (1) Monthly pension benefit in (a) payable at Normal Retirement Date in a life annuity form. The benefit may be received as early as age 60, in which case the benefit is reduced by .5% for each month that payment precedes Normal Retirement Date. (2) The greater of the monthly pension benefit in (b), (c) or (d) payable at age 60 in the form of a life annuity with a 10-year guarantee, actually increased to an amount payable in a life annuity form.
Preretirement Spouse Benefits	Monthly pre-retirement spouse benefit is payable.

2019 Form 5500, Schedule SB, Part V -- Summary of Plan Provisions

Plan Sponsor's EIN: 03-0400206
Plan Number: 001
Plan Name: National Machinery LLC Retirement Plan and Trust

Disability Benefit	A monthly benefit determined at normal retirement as if employment had continued but based on Average Monthly Compensation determined at date of disability.
Forms of Payment	Optional forms include life annuity, life with 10 years certain, joint and survivor annuities and lump-sum payment.
Maximum on Benefits and Pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Plan Provisions Effective After Current Valuation Date

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Changes in Plan Provisions Since Prior Year

No change in plan provisions were made since the prior year.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2019**This Form is Open to Public
Inspection**For calendar plan year 2019 or fiscal plan year beginning 12/30/2019 and ending 12/29/2020

▶ 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.

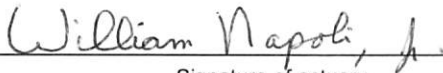
A Name of plan National Machinery LLC Retirement Plan and Trust		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF National Machinery LLC		D Employer Identification Number (EIN) 03-0400206
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information

1 Enter the valuation date: Month _____ Day _____ Year _____			
2 Assets:			
a Market value		2a	11,347,538
b Actuarial value		2b	11,347,538
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	52	5,888,261	5,888,261
b For terminated vested participants	3	89,404	89,404
c For active participants	109	6,540,999	6,658,070
d Total	164	12,518,664	12,635,735
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	5.33 %	
6 Target normal cost	6	190,000	

Statement by Enrolled Actuary

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

**SIGN
HERE**

Signature of actuary

William Napoli, Jr.

Type or print name of actuary

American Benefit Evaluators, LLC

Firm name

7549 Rollingbrook Trail

US Solon

OH 44139

Address of the firm

06/30/2021

Date

20-00779

Most recent enrollment number

(440) 248-9155

Telephone number (including area code)

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) 2019
v. 190130

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2019 or fiscal plan year beginning		12/30/2019	and ending 12/29/2020
A This return/report is for:	☐ a multiemployer plan	☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	
	☒ a single-employer plan	☐ 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 NATIONAL MACHINERY LLC RETIREMENT PLAN AND TRUST		1b Three-digit plan number (PN) ▶	001
		1c Effective date of plan	12/30/1941
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) NATIONAL MACHINERY LLC 161 GREENFIELD ST TIFFIN OH 44883		2b Employer Identification Number (EIN) 03-0400206	
		2c Plan Sponsor's telephone number (419) 443-2337	
		2d Business code (see instructions) 333510	

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		10/15/2021	SUSAN JOHNSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			SUSAN JOHNSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

National Machinery LLC Retirement Plan and Trust

EIN: 03-0400206

Plan Number: 001

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

December 29, 2020

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
		Pooled separate accounts:		
*	Principal Life Insurance Company	Core Fixed Income Separate Account R6	\$ 1,071,038	\$ 1,767,560
*	Principal Life Insurance Company	Core Plus Bond Separate Account R6	1,176,828	1,970,386
*	Principal Life Insurance Company	Large Cap S&P 500 Index Separate Account R6	736,472	1,822,590
*	Principal Life Insurance Company	MidCap S&P 400 Index Separate Account R6	190,161	962,776
*	Principal Life Insurance Company	Capital Appreciation Separate Account R6	808,174	1,854,301
*	Principal Life Insurance Company	Equity Income Separate Account R6	1,102,270	1,113,371
*	Principal Life Insurance Company	Large Cap Growth I Separate Account R6	790,581	2,254,421
		Total pooled separate accounts		11,745,405
		Exchange traded funds:		
	BlackRock	iShares Core MSCI EAFE, 500 shares	34,057	34,545
	Invesco	QQQ Trust, Series 1, 300 shares	76,926	94,122
	Krane Shares	CSI China Internet, 1500 shares	59,260	115,185
		Total exchange traded funds		243,852
		Money market deposit account:		
*	Wells Fargo Bank, N.A.	Bank Deposit Sweep	70,922	70,922
				<u><u>\$ 12,060,179</u></u>

* Party in interest

National Machinery LLC Retirement Plan and Trust

EIN: 03-0400206, Plan Number: 001

Schedule H, Line 4j - Schedule of Reportable Transactions

December 29, 2020

(a)	(b)	(c)	(d)	(g)	(h)	(i)	
Identity of Party involved	Description of Assets	Transaction Count	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category (i) - single transactions in excess of 5% of plan assets:							
Principal Global Investors	Core Plus Bond Separate Account R6	1	\$ 1,000,000	\$ -	\$ 1,000,000	\$ 1,000,000	\$ -
Principal Global Investors	Core Plus Bond Separate Account R6	1	1,170,000	-	1,170,000	1,170,000	-
Principal Global Investors	Core Fixed Income Separate Account R6	1	-	600,000	546,654	600,000	53,346
Principal Global Investors	MidCap S&P 400 Index Separate Account R6	1	-	667,500	667,583	667,500	(83)
Principal Global Investors	Equity Income Separate Account R6	1	1,102,270	-	1,102,270	1,102,270	-
A series of transactions in the same security in excess of 5% of the current value of Plan assets:							
Principal Global Investors	Core Fixed Income Separate Account R6	5	\$ 500,311	\$ 1,102,512	\$ 1,542,365	\$ 1,602,823	\$ 60,458
Principal Global Investors	Core Plus Bond Separate Account R6	66	2,670,311	1,719,505	4,643,129	4,389,816	(253,313)
Principal Global Investors	MidCap S&P 400 Index Separate Account R6	3	26,597	917,500	924,239	944,097	19,858