

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>12/31/2019</u> and ending <u>12/30/2020</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>CRESCENT METAL PRODUCTS, INC. HOURLY PAID EMPLOYEES PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>02/01/1974</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>02/01/1974</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>02/01/1974</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>CRESCENT METAL PRODUCTS, INC.</u> <u>5925 HEISLEY RD</u> <u>MENTOR, OH 44060-1833</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-0683264</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>440-350-1100</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>332900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0683264</u>	2c Plan Sponsor's telephone number <u>440-350-1100</u>	2d Business code (see instructions) <u>332900</u>	
2b Employer Identification Number (EIN) <u>34-0683264</u>					
2c Plan Sponsor's telephone number <u>440-350-1100</u>					
2d Business code (see instructions) <u>332900</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	CLIFFORD D. BAGGOTT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☐ Same as Plan Sponsor CRESCENT METAL PRODUCTS, INC. 5925 HEISLEY RD MENTOR, OH 44060-1833	3b Administrator's EIN 34-0683264 3c Administrator's telephone number 440-350-1100
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	5 174
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 51 6a(2) 44 6b 63 6c 50 6d 157 6e 16 6f 173 6g 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: 1B 1H 1I 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 12/31/2019 and ending 12/30/2020		
A Name of plan CRESCENT METAL PRODUCTS, INC. HOURLY PAID EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CRESCENT METAL PRODUCTS, INC.	D Employer Identification Number (EIN) 34-0683264	

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 AXA EQUITABLE 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
13-5570651	62944	317074410	172	12/31/2019	12/30/2020

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

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

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid LPL FINANCIAL DEPARTMENT M 9785 TOWNE CENTER DRIVE SAN DIEGO, CA 92121
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			7

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 590204**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 514644**c** Additions: (1) Contributions deposited during the year **7c(1)** 0
(2) Dividends and credits **7c(2)** 75560
(3) Interest credited during the year **7c(3)** 0
(4) Transferred from separate account **7c(4)** 0
(5) Other (specify below) **7c(5)** 0
▶(6) Total additions **7c(6)** 75560**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 590204**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 0(2) Administration charge made by carrier **7e(2)** 0(3) Transferred to separate account **7e(3)** 0(4) Other (specify below) **7e(4)** 0
▶(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 590204

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 12/31/2019 and ending 12/30/2020

► **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>CRESCENT METAL PRODUCTS, INC. HOURLY PAID EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CRESCENT METAL PRODUCTS, INC.</u>	D Employer Identification Number (EIN) <u>34-0683264</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>31</u> Year <u>2019</u>		
2	Assets:		
	a Market value	2a	<u>5735339</u>
	b Actuarial value	2b	<u>5735339</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	<u>75</u>	<u>3718921</u>
	b For terminated vested participants.....	<u>48</u>	<u>953936</u>
	c For active participants	<u>51</u>	<u>1920117</u>
	d Total.....	<u>174</u>	<u>6592974</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>5.48</u> %
6	Target normal cost.....	6	<u>0</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>JULIUS SMETONA, F.S.A., E.A.</u> Type or print name of actuary <u>DESALES ASSOCIATES</u> Firm name <u>P.O. BOX 241548</u> <u>CLEVELAND, OH 44124</u> Address of the firm	<u>08/28/2021</u> Date <u>20-05589</u> Most recent enrollment number <u>216-595-3940</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 v. 190130

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	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>16.48</u> %	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)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.65</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	86.99 %
15 Adjusted funding target attainment percentage	15	86.99 %
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	80.63 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/17/2020	49333	0			
07/08/2020	49333	0			
09/04/2020	1247	0			
10/09/2020	50467	0			
01/12/2021	49740	0			
02/17/2021	29704	0			
Totals ▶			18(b)	229824	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	221171

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 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 63
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	857635	221065	
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	221065	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	221065	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	221171	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	106	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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

For calendar plan year 2019 or fiscal plan year beginning 12/31/2019 and ending 12/30/2020		
A Name of plan CRESCENT METAL PRODUCTS, INC. HOURLY PAID EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CRESCENT METAL PRODUCTS, INC.	D Employer Identification Number (EIN) 34-0683264	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

OSWALD FINANCIAL, INC.

1360 EAST NINTH STREET
SUITE 600
CLEVELAND, OH 44114

34-1892136

(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?
27	CONSULTANT	21477	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MATRIX TRUST COMPANY

2800 NORTH CENTRAL AVENUE
SUITE 900
PHOENIX, AZ 85004

75-3182674

(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	SERVICE PROVIDER	6286	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2019 This Form is Open to Public Inspection.	
For calendar plan year 2019 or fiscal plan year beginning 12/31/2019 and ending 12/30/2020					
A Name of plan CRESCENT METAL PRODUCTS, INC. HOURLY PAID EMPLOYEES PENSION PLAN				B Three-digit plan number (PN) ▶ 002	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CRESCENT METAL PRODUCTS, INC.				D Employer Identification Number (EIN) 34-0683264	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: POOLED SEPARATE ACCOUNT 49					
b Name of sponsor of entity listed in (a): AXA EQUITABLE LIFE INSURANCE COMPANY					
c EIN-PN 13-5570651-001		d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 569857		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
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		

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
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For calendar plan year 2019 or fiscal plan year beginning <u>12/31/2019</u> and ending <u>12/30/2020</u>		
A Name of plan <u>CRESCENT METAL PRODUCTS, INC. HOURLY PAID EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CRESCENT METAL PRODUCTS, INC.</u>	D Employer Identification Number (EIN) <u>34-0683264</u>	

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	146174	79444
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	77427	378622
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	430671	234210
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	4570220	4837742
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	514644	590204
(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	5739136	6120222

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
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	5739136	6120222
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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)	229824	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		229824
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	263	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		263
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	25600	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	105069	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		130669
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	-124501	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-124501

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		521789
c Other income	2c		2899
d Total income. Add all income amounts in column (b) and enter total	2d		760943

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	353874	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		353874
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	20100	
(4) Other	2i(4)	5883	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		25983
j Total expenses. Add all expense amounts in column (b) and enter total	2j		379857

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		381086
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: MEADEN & MOORE, LTD.

(2) EIN: 34-1818258

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.)		X	
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.).....		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
4e	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?.....		X	
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?.....		X	
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.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c 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 4300036. (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 12/31/2019 and ending 12/30/2020		
A Name of plan CRESCENT METAL PRODUCTS, INC. HOURLY PAID EMPLOYEES PENSION PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 CRESCENT METAL PRODUCTS, INC.		D Employer Identification Number (EIN) 34-0683264
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): 75-3182674		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 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 _____

CRESCENT METAL PRODUCTS, INC.
HOURLY PAID EMPLOYEES PENSION PLAN

FINANCIAL STATEMENTS
WITH
INDEPENDENT AUDITOR'S REPORT

December 30, 2020

INDEX

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INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Crescent Metal Products, Inc. Hourly Paid Employees Pension Plan
Mentor, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Crescent Metal Products, Inc. Hourly Paid Employees Pension Plan (the “Plan”), which comprise the statement of net assets available for benefits as of December 30, 2020 and 2019, and the related statement of changes in net assets available for benefits for the years ended December 30, 2020 and 2019, 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. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Matrix Trust Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of December 30, 2020 and 2019, and for the years ended December 30, 2020 and 2019, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Disclaimer of Opinion

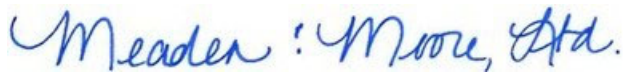
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The Schedule of Assets Held for Investment Purposes at End of Year and Schedule of Reportable Transactions as of and for the year ended December 30, 2020 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

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

A handwritten signature in blue ink that reads "Meaden & Moore, Ltd." in a cursive script.

Meaden & Moore, Ltd.
Cleveland, Ohio

October 14, 2021

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

Crescent Metal Products, Inc. Hourly Paid Employees Pension Plan

	December 30	
	<u>2020</u>	<u>2019</u>
ASSETS		
Receivables:		
Receivable - Employer contributions	\$ 79,444	\$ 146,174
Investments (at Fair Value):		
Mutual Funds and Exchange Traded Funds	4,837,742	4,495,973
Money Market Funds	378,622	151,674
Common Stock	234,210	430,671
Annuity	<u>590,204</u>	<u>514,644</u>
Total Investments	<u>6,040,778</u>	<u>5,592,962</u>
Total Assets	6,120,222	5,739,136
LIABILITIES	<u>-</u>	<u>-</u>
Net Assets Available for Benefits	<u><u>\$ 6,120,222</u></u>	<u><u>\$ 5,739,136</u></u>

See accompanying notes.

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Crescent Metal Products, Inc. Hourly Paid Employees Pension Plan

	Year Ended December 30	
	<u>2020</u>	<u>2019</u>
Additions to Net Assets Attributed to:		
Contributions:		
Employer	\$ 229,824	\$ 259,907
Investment Income:		
Interest and dividend income	131,008	190,721
Net unrealized/realized appreciation	<u>400,111</u>	<u>663,986</u>
Total Investment Income	531,119	854,707
Deductions from Net Assets Attributed to:		
Distributions to purchase annuities or pay benefits to retired participant or their beneficiaries	353,874	355,650
Administrative expenses	<u>25,983</u>	<u>37,271</u>
Total Deductions	<u>379,857</u>	<u>392,921</u>
Net Increase	381,086	721,693
Net Assets Available for Benefits:		
Beginning of Year	<u>5,739,136</u>	<u>5,017,443</u>
End of Year	<u>\$ 6,120,222</u>	<u>\$ 5,739,136</u>

See accompanying notes.

NOTES TO FINANCIAL STATEMENTS

Crescent Metal Products, Inc. Hourly Paid Employees Pension Plan

1 Description of Plan

The following description of the Crescent Metal Products, Inc. Hourly Paid Employees Pension Plan ("Plan") provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General:

The Plan, which was established February 1, 1974, is a defined benefit pension plan covering the Bargaining Unit Employees of Crescent Metal Products, Inc. ("Company"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

In 2012, the Plan was amended to temporarily limit entrance into the Plan to those employees who were active participants to freeze benefit accruals.

Effective December 31, 2019 the Plan document was restated to incorporate previous amendments and to conform with the Pension Protection Act of 2006 (PPA).

Eligibility:

All employees represented under the collective bargaining agreement will be included in the Plan as participants on the first day of the month after completion of one year of service (1,000 hours of service). Effective February 29, 2012, any employee who was not an active participant as of that date are not eligible to participate in the Plan.

Funding Policy:

The Plan is funded by employer contributions from the Company. The Plan does not provide for employee contributions.

The Plan uses the full funding method for funding vested benefits. The unfunded liability is being amortized over 30 years for Minimum Funding Standard Account purposes. The Plan meets the minimum funding requirements of ERISA.

Vesting:

Participants become 100% vested with five or more years of service. In addition, participants may become 100% vested once the requirements for early retirement are met.

Normal Retirement:

The normal retirement date is the first day of the month coincident with or next following the later of the day the participant attains age 65 or the fifth anniversary of the date the participant commenced participation in the Plan.

The normal retirement benefits are computed by multiplying the years of credited service by an amount determined as of retirement date in accordance with the following schedule. Effective April 8, 2012, service credits were frozen and, as a result, no credit may be earned past that date.

NOTES TO FINANCIAL STATEMENTS

Crescent Metal Products, Inc. Hourly Paid Employees Pension Plan

1 Description of Plan, Continued

Normal Retirement, Continued:

<u>For Individual Retiring</u>	<u>Dollar Value Per Year of Credited Service</u>
Before 1/31/1994	\$12.80
Between 2/1/1994 - 1/31/1995	\$13.70
2/1/1995 - 1/31/1996	\$14.60
2/1/1996 - 1/31/1997	\$15.60
2/1/1997 - 1/31/1998	\$16.60
2/1/1998 - 1/31/1999	\$17.70
2/1/1999 - 1/31/2000	\$18.70
2/1/2000 - 1/31/2001	\$19.70
2/1/2001 - 1/31/2002	\$21.00
2/1/2002 - 1/31/2003	\$22.00
2/1/2003 - 1/31/2004	\$23.00
2/1/2004 - 1/31/2006	\$24.00
2/1/2006 - 1/31/2007	\$24.50
2/1/2007 - 1/31/2008	\$25.00
2/1/2008 - 1/31/2009	\$25.50
2/1/2009 - 1/31/2010	\$26.00
2/1/2010 - 1/31/2011	\$26.50
After 1/31/2011	\$27.00

Early Retirement:

Early retirement is permitted at age 60 for employees with ten or more years of service, including two years of participation. The pension benefit due at early retirement is computed in the same way as for normal retirement but is reduced to reflect early commencement.

Late Retirement:

A participant may elect to continue employment after their normal retirement date; however, benefit payments must begin no later than April 1 following the calendar year in which the participant reaches age 70 ½. The pension benefit paid at late retirement is the greater of the benefit calculated as of the late retirement date, or the benefit calculated as of the normal retirement date, actuarially increased.

NOTES TO FINANCIAL STATEMENTS

Crescent Metal Products, Inc. Hourly Paid Employees Pension Plan

1 Description of Plan, Continued

Disability Benefits:

The minimum age for a participant is 50 and five years of service.

Disability benefits are available from the disability retirement date for as long as the individual is disabled, until the normal retirement date. The disability retirement date is defined as the first day of the month that is six months after the disability date. Benefits are computed as of the date the participant becomes disabled.

Death Benefits:

The surviving spouse will receive a benefit upon the death of a partially or fully vested participant. The benefit is calculated as follows:

For a participant who had qualified for early retirement before death (ten years of service, two years of participation), the spouse will receive a 50% contingent annuitant benefit.

For a participant who had not qualified for early retirement at the date of death, the benefit is calculated as if the participant terminated employment on the day preceding death, survived to the earliest possible retirement date, elected the 50% contingent annuitant option and died on the day following the earliest retirement date.

Payment of Benefits:

Employees may elect to receive their pension benefits in the form of a contingent annuitant option, a life annuity where monthly benefit payments are for life, except if the individual dies before receiving 60, 120 or 180 payments, the beneficiary will receive the remaining payments. Benefits are recorded when paid.

2 Summary of Significant Accounting Policies

Basis of Accounting:

The Plan's transactions are reported on the accrual basis of accounting.

Valuation of Investments:

Marketable securities are reported at fair market value as of the balance sheet date. Fair market values represent quoted market prices or, if quoted market prices are not available, estimated fair values as determined by the Plan's investment broker.

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.

NOTES TO FINANCIAL STATEMENTS

Crescent Metal Products, Inc. Hourly Paid Employees Pension Plan

2 Summary of Significant Accounting Policies, Continued

Use of Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Cash Equivalents:

The Plan considers all highly liquid investments with a maturity of three months or less to be cash equivalents.

Plan Termination:

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, to vested participants based upon an actuarial calculation.

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. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

Risks and Uncertainties:

The Plan invests in various investment securities, as described in Note 4. These investments are exposed to varying degrees of risk, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the Statement of Net Assets Available for Benefits.

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

NOTES TO FINANCIAL STATEMENTS

Crescent Metal Products, Inc. Hourly Paid Employees Pension Plan

2 Summary of Significant Accounting Policies, Continued

Actuarial Present Value of Accumulated Plan Benefits:

Accumulated Plan benefits represent future periodic payments for services employees have rendered. Accumulated Plan benefits include benefits expected to be paid to:

- a) Retired or terminated employees or their beneficiaries;
- b) Beneficiaries of employees who have died;
- 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.

The actuarial present value of accumulated Plan benefits is determined by the actuary 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. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

Administrative Fees:

Administrative fees are paid by the Plan.

Subsequent Events:

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements.

Subsequent events have been evaluated through October 14, 2021, which is the date the financial statements were available to be issued.

3 Accumulated Plan Benefits

The significant actuarial assumptions used in the valuations were:

- a) Retirement age, 65 with five years of service
- b) Effective interest rate of 5.34% (2020) and 5.48% (2019)
- c) Post-retirement actuarial present value of retirement benefits is based on the sex-distinct RP 2000 combined tables, male and female rates as set forth by Revenue Ruling 96-7
- d) Mortality tables: Sex-distinct RP-2000 combined tables, updated to reflect longevity - Static RP-2000 C (2020) and Static RP-2000 C (2019)

NOTES TO FINANCIAL STATEMENTS

Crescent Metal Products, Inc. Hourly Paid Employees Pension Plan

3 Accumulated Plan Benefits, Continued

The current liability interest rate changed from 3.74% to 3.64% (first segment), 5.35% to 5.21% (second segment), and 6.11% to 5.94% (third segment). The first segment rate is used for payments that occur in the first five years after valuation date, the second segment rate is used for payments occurring in the fifteen years after valuation date and the third rate is used for payments that occur twenty or more years after the valuation date.

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

The accumulated Plan benefit information is as follows:

	December 30 <u>2020</u>	<u>2019</u>
Actuarial Present Value of Accumulated Plan Benefits:		
Vested benefits	<u><u>\$ 8,200,125</u></u>	<u><u>\$ 7,741,664</u></u>

A schedule of changes in the actuarial present value of accumulated Plan benefits is as follows:

	December 30 <u>2020</u>	<u>2019</u>
Actuarial Present Value of Accumulated Plan		
Benefits at Beginning of Year	<u><u>\$ 7,741,664</u></u>	<u><u>\$ 7,354,064</u></u>
Changes During the Plan Year Attributable to:		
- Interest	300,485	290,754
- Benefits paid and other	(354,068)	(355,650)
- Effect of non-investment experience	(73,751)	130,924
- Change in assumptions	<u>585,795</u>	<u>321,572</u>
Net Increase	<u><u>458,461</u></u>	<u><u>387,600</u></u>
Actuarial Present Value of Accumulated Plan		
Benefits at End of Year	<u><u>\$ 8,200,125</u></u>	<u><u>\$ 7,741,664</u></u>

NOTES TO FINANCIAL STATEMENTS

Crescent Metal Products, Inc. Hourly Paid Employees Pension Plan

4 Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

- * Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.
- * Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:
 - * Quoted prices for similar assets or liabilities in active markets
 - * Quoted prices for identical or similar assets or liabilities in inactive markets
 - * Inputs other than quoted prices that are observable for the asset or liability
 - * Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

- * Level 3: Inputs that are unobservable inputs for the asset or liability.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 30, 2020 and 2019.

Mutual Funds and Exchange Traded Funds:

The fair value of the mutual funds and exchange traded funds (ETF) are based on quoted market prices. These fall into the Level 1 category of the valuation hierarchy.

Common Stock:

The fair value of the common stock is based on quoted market prices reported on the New York Stock Exchange and is classified in the Level 1 category of the fair value hierarchy. Prior to June 2020, the fair value of the common stock was based on the value determined by public filings of the issuer and was classified in the Level 2 category of the valuation hierarchy.

Money Market Funds:

The money market funds are valued with a net asset value ("NAV") of \$1, which is based upon the fair value of the underlying assets held by the funds. The NAV is a quoted price in an active market; thus, these investments are classified in the Level 1 category of the valuation hierarchy.

NOTES TO FINANCIAL STATEMENTS

Crescent Metal Products, Inc. Hourly Paid Employees Pension Plan

4 Fair Value Measurements, Continued

Annuity:

The Plan holds a variable, index-linked deferred annuity contract issued by Equitable Financial Life Insurance Company. The contract provides for the accumulation of retirement savings and incurs a withdrawal charge should the contract be redeemed early. The contract does not include a principal guarantee feature. The contract provides for a structured investment option which allows for the investment of the contract in one or more segments tied to the performance of a securities index or exchange-traded fund for a set period. The fair value of the annuity is determined by Equitable Financial Life Insurance Company, based on a formula that depends on among other things, how the specific index has performed since the start date. The contract is included in the general account of the insurance company and is classified in the Level 3 category of the valuation hierarchy.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 30, 2020 and 2019. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	<u>Assets at Fair Value at December 30, 2020</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds and EFTs	\$ 4,837,742	\$ -	\$ -	\$ 4,837,742
Money Market Funds	378,622	-	-	378,622
Common Stock	234,210	-	-	234,210
Annuity	<u>-</u>	<u>-</u>	<u>590,204</u>	<u>590,204</u>
Investments at fair value	<u>\$ 5,450,574</u>	<u>\$ -</u>	<u>\$ 590,204</u>	<u>\$ 6,040,778</u>

	<u>Assets at Fair Value at December 30, 2019</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds and EFTs	\$ 4,495,973	\$ -	\$ -	\$ 4,495,973
Money Market Funds	151,674	-	-	151,674
Common Stock	-	430,671	-	430,671
Annuity	<u>-</u>	<u>-</u>	<u>514,644</u>	<u>514,644</u>
Investments at fair value	<u>\$ 4,647,647</u>	<u>\$ 430,671</u>	<u>\$ 514,644</u>	<u>\$ 5,592,962</u>

For the years ended December 30, 2020 and 2019, there were no purchases or sales of assets using significant unobservable inputs (Level 3) and there were no significant transfers in or out of Level 3.

NOTES TO FINANCIAL STATEMENTS

Crescent Metal Products, Inc. Hourly Paid Employees Pension Plan

5 Information Prepared and Certified by the Trustee

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified as complete and accurate by the Trustee:

	<u>2020</u>	<u>2019</u>
Investments, at fair value	\$ 5,450,574	\$ 5,592,962
Interest and dividend income	\$ 131,008	\$ 190,721
Net unrealized/realized appreciation	\$ 324,551	\$ 663,986

6 Tax Status

The volume submitter defined benefit plan adopted by the Plan received an opinion letter from the Internal Revenue Service, dated March 31, 2018, stating that the form or the prototype plan used by the Plan is acceptable under Section 401 of the Internal Revenue Code. The previously adopted plan was a volume submitter plan which received a favorable opinion letter dated March 31, 2010. The Plan has not received a determination letter specific to the Plan itself. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified, and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by applicable taxing authorities. The Plan Administrator has analyzed tax positions taken by the Plan and has concluded that, as of December 30, 2020, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are in progress.

7 Party-in-Interest Transactions

Usual and customary fees were paid by the Plan for the investment management services. In addition, the Plan has arrangements with various service providers and these arrangements qualify as party in interest transactions.

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
Form 5500, Schedule H, Part IV, Line 4i

Crescent Metal Products, Inc.
Hourly Paid Employees Pension Plan

EIN 34-0683264
Plan Number 002

December 30, 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
	Federated Government Obligations Fund IS	Money Market Fund	\$ 349,701	\$ 349,701
	JP Morgan US Government Money Market Investo	Money Market Fund	28,921	28,921
	FS KKR Capital Corp	Common Stock	500,000	234,210
	John Hancock International Growth I	Mutual Fund	460,726	647,136
	MAI Managed Volatility Institutional	Mutual Fund	76,708	84,399
	PIMCO Income Fund Institutional	Mutual Fund	881,582	865,496
	Calvert Emerging Markets Equity I	Mutual Fund	265,848	333,893
	American Century Focused Dynamic Gr Inv	Mutual Fund	475,000	474,470
	Columbia Dividend Income Inst	Mutual Fund	376,688	387,868
	Western Asset Core Bond I	Mutual Fund	800,000	802,946
	SPDR S&P 500 ETF Trust	Exchange Traded Fund	365,632	534,215
	Vanguard Mid-Cap ETF	Exchange Traded Fund	226,194	318,971
	Vanguard Small-Cap ETF	Exchange Traded Fund	281,753	388,348
	AXA Equitable Life Insurance Annuity	Annuity	500,000	590,204
			<u>\$ 5,588,753</u>	<u>\$ 6,040,778</u>

* Party in interest

SCHEDULE OF REPORTABLE TRANSACTIONS
Form 5500, Schedule H, Part IV, Line 4j

Crescent Metal Products, Inc.
Hourly Paid Employees Pension Plan

EIN 34-0683264
Plan Number 002

December 30, 2020

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<i>Single transaction in excess of 5%</i>								
American Century	American Century Focused Dynamic Gr	\$ 475,000	N/A	\$ -	\$ -	\$ 475,000	\$ 475,000	\$ -
ClearBridge	ClearBridge Large Cap Growth Fund	N/A	\$ 482,222	\$ -	\$ -	\$ 294,911	\$ 482,222	\$ 187,311
Columbia Investment	Columbia Dividend Income Fund	\$ 375,000	N/A	\$ -	\$ -	\$ 375,000	\$ 375,000	\$ -
Invesco	Invesco Diversified Dividend Fund	N/A	\$ 373,052	\$ -	\$ -	\$ 373,152	\$ 373,052	\$ (100)
John Hancock	John Hancock Bond Fund	N/A	\$ 804,957	\$ -	\$ -	\$ 769,579	\$ 804,957	\$ 35,378
Western Asset	Western Asset Core Bond Fund	\$ 800,000	N/A	\$ -	\$ -	\$ 800,000	\$ 800,000	\$ -
<i>Series of transactions in excess of 5%</i>								
American Century	American Century Focused Dynamic Gr	\$ 475,000	N/A	\$ -	\$ -	\$ 475,000	\$ 475,000	\$ -
ClearBridge	ClearBridge Large Cap Growth	N/A	\$ 557,222	\$ -	\$ -	\$ 346,028	\$ 557,222	\$ 211,194
Columbia Investment	Columbia Dividend Income Fund	\$ 376,688	N/A	\$ -	\$ -	\$ 376,688	\$ 376,688	\$ -
Invesco	Invesco Diversified Dividend Fund	\$ 1,688	N/A	\$ -	\$ -	\$ 1,688	\$ 1,688	\$ -
Invesco	Invesco Diversified Dividend Fund	N/A	\$ 373,052	\$ -	\$ -	\$ 373,152	\$ 373,052	\$ (100)
John Hancock	John Hancock Bond Fund	\$ 33,890	N/A	\$ -	\$ -	\$ 33,890	\$ 33,890	\$ -
John Hancock	John Hancock Bond Fund	N/A	\$ 874,957	\$ -	\$ -	\$ 840,009	\$ 874,957	\$ 34,948
JP Morgan	JP Morgan US Govt Money Market	\$ 413,753	N/A	\$ -	\$ -	\$ 413,753	\$ 413,753	\$ -
JP Morgan	JP Morgan US Govt Money Market	N/A	\$ 459,087	\$ -	\$ -	\$ 459,087	\$ 459,087	\$ -
Western Asset	Western Asset Core Bond Fund	\$ 800,000	N/A	\$ -	\$ -	\$ 800,000	\$ 800,000	\$ -

SCHEDULE OF REPORTABLE TRANSACTIONS
Form 5500, Schedule H, Part IV, Line 4j

Crescent Metal Products, Inc.
Hourly Paid Employees Pension Plan

EIN 34-0683264
Plan Number 002

December 30, 2020

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
<i>Series of transactions with same broker in excess of 5%</i>								
Linsco Private Ledger	American Century Focused Dynamic Gr	\$ 475,000	N/A	\$ -	\$ -	\$ 475,000	\$ 475,000	\$ -
Linsco Private Ledger	Calvert Emerging Markets Equity Fund	\$ 1,358	N/A	\$ -	\$ -	\$ 1,358	\$ 1,358	\$ -
Linsco Private Ledger	ClearBridge Large Cap Growth Fund	\$ 346,028	\$ 557,222	\$ -	\$ -	\$ 346,028	\$ 557,222	\$ 211,194
Linsco Private Ledger	Columbia Dividend Income Fund	\$ 376,688	N/A	\$ -	\$ -	\$ 376,688	\$ 376,688	\$ -
Linsco Private Ledger	Invesco Diversified Dividend Fund	\$ 6,957	N/A	\$ -	\$ -	\$ 6,957	\$ 6,957	\$ -
Linsco Private Ledger	Invesco Diversified Dividend Fund	\$ 373,152	\$ 373,052	\$ -	\$ -	\$ 373,152	\$ 373,052	\$ (100)
Linsco Private Ledger	John Hancock Bond Fund	\$ 33,890	N/A	\$ -	\$ -	\$ 33,890	\$ 33,890	\$ -
Linsco Private Ledger	John Hancock Bond Fund	\$ 840,009	\$ 874,957	\$ -	\$ -	\$ 840,009	\$ 874,957	\$ 34,948
Linsco Private Ledger	John Hancock International Growth Fund	\$ 1,368	N/A	\$ -	\$ -	\$ 1,368	\$ 1,368	\$ -
Linsco Private Ledger	John Hancock International Growth Fund	\$ 63,244	\$ 75,000	\$ -	\$ -	\$ 63,244	\$ 75,000	\$ 11,756
Linsco Private Ledger	JP Morgan US Government Money Market	\$ 413,753	N/A	\$ -	\$ -	\$ 413,753	\$ 413,753	\$ -
Linsco Private Ledger	JP Morgan US Government Money Market	\$ 459,087	\$ 459,087	\$ -	\$ -	\$ 459,087	\$ 459,087	\$ -
Linsco Private Ledger	MAI Managed Volatility Institutional	\$ 266	N/A	\$ -	\$ -	\$ 266	\$ 266	\$ -
Linsco Private Ledger	PIMCO Income Institutional	\$ 41,999	N/A	\$ -	\$ -	\$ 41,999	\$ 41,999	\$ -
Linsco Private Ledger	PIMCO Short-Term Fund C	\$ 159	N/A	\$ -	\$ -	\$ 159	\$ 159	\$ -
Linsco Private Ledger	PIMCO Short-Term Fund C	\$ 18,874	\$ 18,875	\$ -	\$ -	\$ 18,874	\$ 18,875	\$ 1
Linsco Private Ledger	SPDR S&P 500 ETF Trust	\$ 8,224	N/A	\$ -	\$ -	\$ 8,224	\$ 8,224	\$ -
Linsco Private Ledger	SPDR S&P 500 ETF Trust	\$ 25,384	\$ 31,453	\$ -	\$ -	\$ 25,384	\$ 31,453	\$ 6,069
Linsco Private Ledger	Vanguard Mid-Cap ETF	\$ 4,584	N/A	\$ -	\$ -	\$ 4,584	\$ 4,584	\$ -
Linsco Private Ledger	Vanguard Small Cap ETF	\$ 4,399	N/A	\$ -	\$ -	\$ 4,399	\$ 4,399	\$ -
Linsco Private Ledger	Western Asset Core Bond Fund	\$ 800,000	N/A	\$ -	\$ -	\$ 800,000	\$ 800,000	\$ -
Total						\$ 4,294,423	\$ 4,558,291	\$ 263,868

2019 Schedule SB, Line 26
Schedule of Active Participants

	Years of Credited Service										
Attained Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 99	Total
0 to 24	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	1	0	0	0	0	0	0	0	1
35 to 39	0	0	1	0	0	0	0	0	0	0	1
40 to 44	0	0	1	2	0	0	0	0	0	0	3
45 to 49	0	0	1	5	1	0	0	0	0	0	7
50 to 54	0	0	2	5	1	2	0	0	0	0	10
55 to 59	0	1	1	3	1	0	0	0	0	0	6
60 to 64	0	0	5	2	3	0	1	2	1	0	14
65 to 69	0	0	2	0	4	1	0	2	0	0	9
70 to 99	0	0	0	0	0	0	0	0	0	0	0
Total	0	1	14	17	10	3	1	4	1	0	51

Crescent Metal Products, Inc. Hourly Paid Employees Pension Plan
EIN: 34-0683264
Plan Number: 002

2019 Schedule SB, Part 5

Statement of Actuarial Assumptions and Methods

Twenty-Four Month Segment Rates	December 2018	December 2019
First Segment Rate	3.92%	3.74%
Second Segment Rate	5.52%	5.35%
Third Segment Rate	6.29%	6.11%

Valuation Mortality Table (Static mortality table for valuations in 2018)	<u>Pre-retirement</u>	<u>Post-retirement</u>
Males	Male RP-2000 Combined	Male RP-2000 Combined
Females	Female RP-2000 Combined	Female RP-2000 Combined
Disabled Mortality	Male and female rates as set forth by Revenue Ruling 96-7.	

Disability Rates	100% of Table S-10 of the 11 th Railroad Retirement Board Valuation (modified)			
	Age	Rate	Age	Rate
	15-34	.00800	50	.01550
	35	.00100	51	.01700
	36	.00150	52	.01880
	37	.00200	53	.02090
	38	.00260	54	.02330
	39	.00330	55	.02610
	40	.00410	56	.02930
	41	.00490	57	.03310
	42	.00590	58	.03730
	43	.00690	59	.04380
	44	.00800	60	.04660
	45	.00920	61	.04360
	46	.01040	62	.04040
	47	.01160	63	.03340
	48	.01280	64	.03000
	49	.01410	65-70	.00000

Marital Assumption	75% of active participants are assumed to be married; wives are assumed to be three years younger than their husbands.
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Retirement Rates	
Less than age 60	0%
Age 60	20%
Age 61	20%
Age 62	20%
Age 63	20%
Age 64	20%
Age 65 and over	100%

2019 Schedule SB, Part 5
Statement of Actuarial Assumptions and Methods
(continued)

Salary Scale

Not applicable.

Withdrawal Rates

3-year select and ultimate rates that are based on an employee's age and service. Sample rates appear below.

Age	Years of Service			
	0	1	2	3+
20	.30000	.20020	.10000	.20000
25	.26053	.17368	.08684	.17368
30	.22105	.14737	.07368	.14736
35	.18158	.12105	.06053	.12106
40	.14211	.09474	.04737	.09474
45	.10263	.06842	.03421	.06842
50	.06316	.04211	.02105	.04210
55	.02368	.01579	.00789	.01578
58	.00000	.00000	.00000	.00000

Actuarial Cost Method

Unit Credit

Asset Valuation Method

Market Value

Expense Loading

None

Form of Distribution

All participants are assumed to elect a straight life annuity.

Asset data

Supplied by Matrix Trust as of December 31, 2019

Participant data

Supplied by CresCor as of December 31, 2019

Benefits Valued

Death, disability, early, normal, and late retirement, and termination.

Other

The liability for termination benefits reflects the pre-retirement survivor annuity.

Disabled rather than healthy mortality rates are used to value disability benefits.

Participants working past Normal Retirement Age are assumed to retire immediately.

2019 Form 5500
Schedule H, Line 4j
Schedule of Reportable Transactions

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Single Transaction within the Plan Year in Excess of 5% of the Current Value of Plan Assets								
	American Century Focused Dynamic Gr Inv	475,000.00	N.A.	0.00	0.00	475,000.00	475,000.00	0.00
	ClearBridge Large Cap Growth I	294,911.04	482,222.11	0.00	0.00	294,911.04	482,222.11	187,311.07
	Columbia Dividend Income Inst	375,000.00	N.A.	0.00	0.00	375,000.00	375,000.00	0.00
	Invesco Diversified Dividend Y	373,151.56	373,051.78	0.00	0.00	373,151.56	373,051.78	(99.78)
	John Hancock Bond I	769,578.57	804,956.71	0.00	0.00	769,578.57	804,956.71	35,378.14
	Western Asset Core Bond I	800,000.00	N.A.	0.00	0.00	800,000.00	800,000.00	0.00
	Total:					3,087,641.17	3,310,230.60	222,589.43

2019 Form 5500
Schedule H, Line 4j
Schedule of Reportable Transactions

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Series of Transactions in Same Security Exceeds 5% of the Current Value of Plan Assets								
Linsco Private Ledger	American Century Focused Dynamic Gr Inv	475,000.00	N.A.	0.00	0.00	475,000.00	475,000.00	0.00
	Subtotal:	475,000.00	N.A.	0.00	0.00	475,000.00	475,000.00	0.00
Linsco Private Ledger	ClearBridge Large Cap Growth I	35,564.26	50,000.00	0.00	0.00	35,564.26	50,000.00	14,435.74
Linsco Private Ledger	ClearBridge Large Cap Growth I	15,552.68	25,000.00	0.00	0.00	15,552.68	25,000.00	9,447.32
Linsco Private Ledger	ClearBridge Large Cap Growth I	294,911.04	482,222.11	0.00	0.00	294,911.04	482,222.11	187,311.07
	Subtotal:	346,027.98	557,222.11	0.00	0.00	346,027.98	557,222.11	211,194.13
Linsco Private Ledger	Columbia Dividend Income Inst	375,000.00	N.A.	0.00	0.00	375,000.00	375,000.00	0.00
Linsco Private Ledger	Columbia Dividend Income Inst	1,688.41	N.A.	0.00	0.00	1,688.41	1,688.41	0.00
	Subtotal:	376,688.41	N.A.	0.00	0.00	376,688.41	376,688.41	0.00
Linsco Private Ledger	Invesco Diversified Dividend Y	2,349.09	N.A.	0.00	0.00	2,349.09	2,349.09	0.00
Linsco Private Ledger	Invesco Diversified Dividend Y	2,354.74	N.A.	0.00	0.00	2,354.74	2,354.74	0.00
Linsco Private Ledger	Invesco Diversified Dividend Y	2,253.60	N.A.	0.00	0.00	2,253.60	2,253.60	0.00
Linsco Private Ledger	Invesco Diversified Dividend Y	373,151.56	373,051.78	0.00	0.00	373,151.56	373,051.78	-99.78
	Subtotal:	380,108.99	373,051.78	0.00	0.00	380,108.99	380,009.21	-99.78
Linsco Private Ledger	John Hancock Bond I	2,202.74	N.A.	0.00	0.00	2,202.74	2,202.74	0.00
Linsco Private Ledger	John Hancock Bond I	2,196.85	N.A.	0.00	0.00	2,196.85	2,196.85	0.00
Linsco Private Ledger	John Hancock Bond I	2,206.14	N.A.	0.00	0.00	2,206.14	2,206.14	0.00
Linsco Private Ledger	John Hancock Bond I	2,265.99	N.A.	0.00	0.00	2,265.99	2,265.99	0.00
Linsco Private Ledger	John Hancock Bond I	2,215.85	N.A.	0.00	0.00	2,215.85	2,215.85	0.00
Linsco Private Ledger	John Hancock Bond I	2,070.59	N.A.	0.00	0.00	2,070.59	2,070.59	0.00
Linsco Private Ledger	John Hancock Bond I	2,051.75	N.A.	0.00	0.00	2,051.75	2,051.75	0.00
Linsco Private Ledger	John Hancock Bond I	2,039.76	N.A.	0.00	0.00	2,039.76	2,039.76	0.00
Linsco Private Ledger	John Hancock Bond I	2,015.15	N.A.	0.00	0.00	2,015.15	2,015.15	0.00
Linsco Private Ledger	John Hancock Bond I	2,048.42	N.A.	0.00	0.00	2,048.42	2,048.42	0.00

2019 Form 5500
Schedule H, Line 4j
Schedule of Reportable Transactions

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Series of Transactions in Same Security Exceeds 5% of the Current Value of Plan Assets								
Linsco Private Ledger	John Hancock Bond I	2,036.63	N.A.	0.00	0.00	2,036.63	2,036.63	0.00
Linsco Private Ledger	John Hancock Bond I	2,032.72	N.A.	0.00	0.00	2,032.72	2,032.72	0.00
Linsco Private Ledger	John Hancock Bond I	8,507.26	N.A.	0.00	0.00	8,507.26	8,507.26	0.00
Linsco Private Ledger	John Hancock Bond I	21,101.03	21,101.03	0.00	0.00	21,101.03	21,101.03	-1,101.03
Linsco Private Ledger	John Hancock Bond I	49,329.41	49,329.41	0.00	0.00	49,329.41	49,329.41	670.59
Linsco Private Ledger	John Hancock Bond I	769,578.57	769,578.57	0.00	0.00	769,578.57	769,578.57	35,378.14
	Subtotal:	873,898.87	908,846.56	0.00	0.00	873,898.87	908,846.56	34,947.69
Linsco Private Ledger	JPMorgan US Government MMkt Investor ¹	1.00	N.A.	0.00	0.00	413,753.18	413,753.18	0.00
Linsco Private Ledger	JPMorgan US Government MMkt Investor ²	N.A.	1.00	0.00	0.00	459,087.26	459,087.26	0.00
	Subtotal:					872,840.44	872,840.44	0.00
Linsco Private Ledger	Western Asset Core Bond I	800,000.00	N.A.	0.00	0.00	800,000.00	800,000.00	0.00
	Subtotal:	800,000.00	N.A.	0.00	0.00	800,000.00	800,000.00	0.00

¹ A total of thirty-seven purchases were made.

² A total of nineteen sales were made.

2019 Form 5500
Schedule H, Line 4j
Schedule of Reportable Transactions

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Series of Transactions with Same Broker which Exceed 5% of the Current Value of Plan Assets								
Linsco Private Ledger	American Century Focused Dynamic Gr Inv	475,000.00	N.A.	0.00	0.00	475,000.00	475,000.00	0.00
Linsco Private Ledger	Calvert Emerging Markets Equity I	1,358.17	N.A.	0.00	0.00	1,358.17	1,358.17	0.00
Linsco Private Ledger	ClearBridge Large Cap Growth I	346,027.98	557,222.11	0.00	0.00	346,027.98	557,222.11	211,194.13
Linsco Private Ledger	Columbia Dividend Income Inst	376,688.41	N.A.	0.00	0.00	376,688.41	376,688.41	0.00
Linsco Private Ledger	Invesco Diversified Dividend Y	6,957.43	N.A.	0.00	0.00	6,957.43	6,957.43	0.00
Linsco Private Ledger	Invesco Diversified Dividend Y	373,151.56	373,051.78	0.00	0.00	373,151.56	373,051.78	-99.78
Linsco Private Ledger	John Hancock Bond I	33,889.85	N.A.	0.00	0.00	33,889.85	33,889.85	0.00
Linsco Private Ledger	John Hancock Bond I	840,009.01	874,956.71	0.00	0.00	840,009.01	874,956.71	34,947.70
Linsco Private Ledger	John Hancock International Growth I	1,367.64	N.A.	0.00	0.00	1,367.64	1,367.64	0.00
Linsco Private Ledger	John Hancock International Growth I	63,244.19	75,000.00	0.00	0.00	63,244.19	75,000.00	11,755.81
Linsco Private Ledger	JP Morgan US Government Money Market Inv	413,753.18	N.A.	0.00	0.00	413,753.18	413,753.18	0.00
Linsco Private Ledger	JP Morgan US Government Money Market Inv	459,087.26	459,087.26	0.00	0.00	459,087.26	459,087.26	0.00
Linsco Private Ledger	MAI Managed Volatility Institutional	266.44	N.A.	0.00	0.00	266.44	266.44	0.00
Linsco Private Ledger	PIMCO Income Institutional	41,999.35	N.A.	0.00	0.00	41,999.35	41,999.35	0.00
Linsco Private Ledger	PIMCO Short-Term Fund C	159.17	N.A.	0.00	0.00	159.17	159.17	0.00
Linsco Private Ledger	PIMCO Short-Term Fund C	18,874.08	18,874.76	0.00	0.00	18,874.08	18,874.76	0.68
Linsco Private Ledger	SPDR S&P 500 ETF Trust	8,224.05	N.A.	0.00	0.00	8,224.05	8,224.05	0.00
Linsco Private Ledger	SPDR S&P 500 ETF Trust	25,384.00	31,452.63	0.00	0.00	25,384.00	31,452.63	6,068.63
Linsco Private Ledger	Vanguard Mid-Cap ETF	4,584.07	N.A.	0.00	0.00	4,584.07	4,584.07	0.00
Linsco Private Ledger	Vanguard Small- Cap ETF	4,398.82	N.A.	0.00	0.00	4,398.82	4,398.82	0.00
Linsco Private Ledger	Western Asset Core Bond I	800,000.00	N.A.	0.00	0.00	800,000.00	800,000.00	0.00
	Total: Linsco Private Ledger					4,294,424.66	4,558,291.83	263,867.17

**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 12/31/2019 and ending 12/30/2020▶ **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
CRESCENT METAL PRODUCTS, INC. HOURLY PAID EMPLOYEES
PENSION PLAN**B** Three-digit
plan number (PN) ▶ 002**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

CRESCENT METAL PRODUCTS, INC.

D Employer Identification Number (EIN)

34-0683264

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 12 Day 31 Year 2019**2** Assets:**a** Market value..... **2a** 5,735,339**b** Actuarial value..... **2b** 5,735,339**3** Funding target/participant count breakdown**a** For retired participants and beneficiaries receiving payment..... (1) Number of participants 75 (2) Vested Funding Target 3,718,921 (3) Total Funding Target 3,718,921**b** For terminated vested participants..... 48 953,936 953,936**c** For active participants..... 51 1,920,117 1,920,117**d** Total..... 174 6,592,974 6,592,974**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** 5.48%**6** Target normal cost..... **6** 0**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***Julius Smetona, FSA, EA*

Signature of actuary

Julius Smetona, F.S.A., E.A.

Type or print name of actuary

DeSales Associates

Firm name

P.O. Box 241548

Cleveland OH 44124

Address of the firm

08/28/2021

Date

2005589

Most recent enrollment number

216-595-3940

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**

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 63
23 Mortality table(s) (see instructions)	☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	857,635	221,065	
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	221,065	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	221,065	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	221,171	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	106	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:		
a Schedule elected	☐ 2 plus 7 years	☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	

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

(a) Age	(b) Probability of Retirement	(c) Probability-Weighted Retirement Age: (a) * (c)
<58	0	0
59	0	0
60	.20000	12.00000
61	.16000	9.76000
62	.12800	7.93600
63	.10240	6.45120
64	.08192	5.24288
65	.32768	21.29920
Weighted-Average Retirement Age: sum of column (c)		62.68928

2019 Schedule SB, Part 5

Summary of Plan Provisions

1. Effective Date February 1, 1974
2. Fiscal Year September 1 to August 31
3. Plan Year December 31 to December 30
4. Accrued Benefit Years of Service multiplied by \$27.00 per month for determination dates that occur on or after February 1, 2011. For determination dates prior to February 1, 2011, multipliers are shown below:

Determination Date	Multiplier
2/01/2010 – 1/31/2011	\$26.50
2/01/2009 – 1/31/2010	\$26.00
2/01/2008 – 1/31/2009	\$25.50
2/01/2007 – 1/31/2008	\$25.00
2/01/2006 – 1/31/2007	\$24.50
2/01/2004 – 1/31/2006	\$24.00
2/01/2003 – 1/31/2004	\$23.00
2/01/2002 – 1/31/2003	\$22.00

Benefit accruals were frozen effective April 8, 2012.

5. Year of Service
(for eligibility and vesting) Plan Year in which at least 1,000 Hours of Service are completed
6. Credited Service
(for benefit accrual)

Hours of Credited Service for a Plan Year	Months of Service Credit for a Plan Year
1,800 or more	12
1,650 but less than 1,800	11
1,500 but less than 1,650	10
1,350 but less than 1,500	9
1,200 but less than 1,350	8
1,050 but less than 1,200	7
900 but less than 1,050	6
750 but less than 900	5
600 but less than 750	4
450 but less than 600	3
300 but less than 450	2
150 but less than 300	1
less than 150	0

Credited Service for benefit accruals was frozen effective April 8, 2012.

7. Participation Eligibility Each hourly-paid Employee who is a member of the collective bargaining unit represented by the Union becomes a Plan Participant on the first day of the month after completing one Year of Service. **Participation in the Plan was frozen effective April 8, 2012.**

2019 Schedule SB, Part 5
Summary of Plan Provisions
(continued)

- | | |
|----------------------------------|--|
| 8. Normal Retirement Age | The later of attainment of age 65 and the fifth anniversary of Participation Date. |
| 9. Normal Retirement Date | The first day of the month coincident with or next following Normal Retirement Age. |
| 10. Early Retirement Age | Attainment of age 60 and completion of ten Years of Service. |
| 11. Early Retirement Date | The first day of the month coincident with or next following Early Retirement Age. |
| 12. Early Retirement Benefit | Accrued Benefit reduced for early commencement based on reduction factors set forth in the Plan Document. |
| 13. Eligibility for Disability | Total and permanent disability as determined by the Pension Committee and attainment of age 50 and completion of five Years of Service |
| 14. Disability Benefit | Payment of Accrued Benefit without actuarial reduction for early commencement. |
| 15. Late Retirement Benefit | The greater of (a) the Accrued Benefit at Normal Retirement Date increased to Late Retirement Date based on the late retirement factors set forth in the Plan Document, and (b) the Accrued Benefit reflecting Years of Service and the multiplier at Late Retirement Date without actuarial increase. |
| 16. Pre-Retirement Death Benefit | The survivor portion of the vested Accrued Benefit under the actuarially equivalent 50% Joint and Survivor annuity that would have been payable to the Participant at the Participant's earliest retirement age. |
| 17. Vesting Schedule | Participants are 100% vested in their Accrued Benefit after completing five Years of Service. |
| 18. Normal Form of Benefit | Straight Life Annuity. |

2019 Form 5500
Schedule H, Line 4i
Schedule of Assets (Held at End of Year)

(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
Non-Interest Bearing Cash				
	Cash Balance		0.00	0.00
Receivables				
	Other		79,444.00	79,444.00
Interest Bearing Cash				
	Federated Government Obligations IS		378,622.00	349,701.00
Common Stock				
	FS Investment Corp IV Cl T		500,000.00	234,210.00
Mutual Funds				

	American Century Focused Dynamic Gr Inv		475,000.00	474,470.00
	Calvert Emerging Markets Equity I		265,847.57	333,893.00
	Columbia Dividend Income Inst		376,688.41	387,868.00
	John Hancock International Growth I		460,726.06	647,136.00
	JP Morgan US Government Money Market Investor		28,920.99	28,921.00
	MAI Managed Volatility Institutional		76,707.60	84,399.00
	PIMCO Income Institutional		881,581.67	865,496.00
	SPDR S&P 500 ETF Trust		365,631.57	534,215.00
	Vanguard Mid-Cap ETF		226,194.56	318,971.00
	Vanguard Small-Cap ETF		281,753.52	388,348.00
	Western Asset Core Bond I		800,000.00	802,946.00
	Total:		4,239,051.95	4,866,663.00

Value of Funds Held in Insurance Company General Account (Unallocated Contracts)				
	AXA Annuity		500,000.00	590,204.00
	Total Assets:		5,668,005.39	6,120,222.00

2019 Schedule SB, Line 32
Schedule of Amortization Bases

Date Shortfall Amortization Base <u>Established</u>	<u>Initial Balance</u>	<u>Initial Amortization Period</u>	<u>Remaining Amortization Period</u>	<u>Outstanding Balance as of December 31, 2019</u>	<u>Shortfall Amortization Installment</u>
12/31/2015	477,024	7 years	3 years	229,516	79,331
12/31/2016	469,909	7 years	4 years	294,166	77,640
12/31/2017	(32,449)	7 years	5 years	(24,792)	(5,329)
12/31/2018	573,680	7 years	6 years	507,866	93,653
12/31/2019	(149,121)	7 years	7 years	<u>(149,121)</u>	<u>(24,230)</u>
Shortfall Amortization Charge:				1,204,710	221,065