

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2020 or fiscal plan year beginning <u>12/30/2018</u> and ending <u>12/29/2019</u> |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input checked="" type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                           |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                            | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                              |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>NATIONAL MACHINERY LLC RETIREMENT PLAN AND TRUST</u>                                                                                                                                                                                                                                                                         | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>12/30/1941</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                       | <b>1c</b> Effective date of plan<br><u>12/30/1941</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                  | <u>001</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>12/30/1941</u>                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>NATIONAL MACHINERY LLC</u><br><br><u>161 GREENFIELD ST</u><br><u>TIFFIN, OH 44883</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>03-0400206</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>419-443-2337</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>333510</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>03-0400206</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>419-443-2337</u> | <b>2d</b> Business code (see instructions)<br><u>333510</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>03-0400206</u>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>419-443-2337</u>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>333510</u>                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |

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

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

|              |                                                   |            |                                                              |
|--------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN<br>HERE | Filed with authorized/valid electronic signature. | 10/21/2021 | SUSAN JOHNSON                                                |
|              | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE | Filed with authorized/valid electronic signature. | 10/21/2021 | SUSAN JOHNSON                                                |
|              | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE | Filed with authorized/valid electronic signature. |            |                                                              |
|              | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2020)  
v. 200204

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                              |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 173 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                                |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 116 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 108 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 39  |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                    |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3   |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                           |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 150 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                            |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 15  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                               |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 165 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                       |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                            |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                   |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 1I 3H                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |     |

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2020 or fiscal plan year beginning 12/30/2018 and ending 12/29/2019 |                                                      |     |
| A Name of plan<br>NATIONAL MACHINERY LLC RETIREMENT PLAN AND TRUST                         | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>NATIONAL MACHINERY LLC           | D Employer Identification Number (EIN)<br>03-0400206 |     |

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

1 Coverage Information:

(a) Name of insurance carrier  
PRINCIPAL LIFE INSURANCE COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 42-0127290 | 61271         | 7-05077                               | 165                                                                         | 12/30/2018              | 12/29/2019 |

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).

(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 |                       |
|                                               |                                 |             |                       |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|          |                                                                                               |          |          |
|----------|-----------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |          |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 10777949 |

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

|          |                                                                                                                                                                                                       |           |  |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> | 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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>b</b> | Balance at the end of the previous year ..... | <b>7b</b> | 0 |
|----------|-----------------------------------------------|-----------|---|

|          |                                                              |              |  |  |
|----------|--------------------------------------------------------------|--------------|--|--|
| <b>c</b> | Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> |  |  |
|          | (2) Dividends and credits.....                               | <b>7c(2)</b> |  |  |
|          | (3) Interest credited during the year.....                   | <b>7c(3)</b> |  |  |
|          | (4) Transferred from separate account.....                   | <b>7c(4)</b> |  |  |
|          | (5) Other (specify below) .....                              | <b>7c(5)</b> |  |  |
|          | ▶                                                            |              |  |  |

|                           |              |   |
|---------------------------|--------------|---|
| (6) Total additions ..... | <b>7c(6)</b> | 0 |
|---------------------------|--------------|---|

|                                                                                       |           |   |
|---------------------------------------------------------------------------------------|-----------|---|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 0 |
|---------------------------------------------------------------------------------------|-----------|---|

|                                                                           |              |  |  |
|---------------------------------------------------------------------------|--------------|--|--|
| <b>e</b> Deductions:                                                      |              |  |  |
| (1) Disbursed from fund to pay benefits or purchase annuities during year | <b>7e(1)</b> |  |  |
| (2) Administration charge made by carrier.....                            | <b>7e(2)</b> |  |  |
| (3) Transferred to separate account.....                                  | <b>7e(3)</b> |  |  |
| (4) Other (specify below) .....                                           | <b>7e(4)</b> |  |  |
| ▶                                                                         |              |  |  |

|                            |              |   |
|----------------------------|--------------|---|
| (5) Total deductions ..... | <b>7e(5)</b> | 0 |
|----------------------------|--------------|---|

|                                                                                                         |           |   |
|---------------------------------------------------------------------------------------------------------|-----------|---|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 0 |
|---------------------------------------------------------------------------------------------------------|-----------|---|

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2020 or fiscal plan year beginning 12/30/2018 and ending 12/29/2019                                         |                                                                                                                                                  |
| ▶ 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<br>NATIONAL MACHINERY LLC RETIREMENT PLAN AND TRUST                                                                 | B Three-digit plan number (PN) ▶ 001                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>NATIONAL MACHINERY LLC                                        | D Employer Identification Number (EIN)<br>03-0400206                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|                                                                                                                                                                                                         |                            |                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1 Enter the valuation date: Month 12 Day 30 Year 2018                                                                                                                                                   |                            |                           |                          |
| 2 Assets:                                                                                                                                                                                               |                            |                           |                          |
| a Market value .....                                                                                                                                                                                    | 2a                         | 10114841                  |                          |
| b Actuarial value .....                                                                                                                                                                                 | 2b                         | 10114841                  |                          |
| 3 Funding target/participant count breakdown                                                                                                                                                            | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a For retired participants and beneficiaries receiving payment.....                                                                                                                                     | 50                         | 5529829                   | 5529829                  |
| b For terminated vested participants.....                                                                                                                                                               | 4                          | 98394                     | 98394                    |
| c For active participants .....                                                                                                                                                                         | 118                        | 7013479                   | 7139583                  |
| d Total.....                                                                                                                                                                                            | 172                        | 12641702                  | 12767806                 |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                            |                           |                          |
| 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                          | 5.71 %                    |                          |
| 6 Target normal cost.....                                                                                                                                                                               | 6                          | 190000                    |                          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 08/19/2020                             |
| WILLIAM NAPOLI, JR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Date                                   |
| Type or print name of actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 17-00779                               |
| AMERICAN BENEFIT EVALUATORS, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Most recent enrollment number          |
| Firm name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 440-248-9155                           |
| 7549 ROLLINGBROOK TRAIL<br>OLON, OH 44139                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Telephone number (including area code) |
| Address of the firm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |
| If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |                                        |

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>22.15</u> % .....                                                                                | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> 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>5.81</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 23425                  |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 23425                  |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 23425                  |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 23425                  |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 79.22 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 79.22 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 85.74 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 04/11/2019               | 106387                            |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 106387                            | <b>18(c)</b> 0                  |

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

|                                                                                                                         |            |        |
|-------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0      |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0      |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 693175 |

**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**

|                                                                                                                                                                                              |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>3.92 % | 2nd segment:<br>5.52 % | 3rd segment:<br>6.29 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 64                                        |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                     |                     |                    |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                  |                     |                    |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                           |                     | <b>31a</b>         | 190000        |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                          |                     | <b>31b</b>         | 0             |
| <b>32</b> Amortization installments:                                                                                                                                                | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                               | 2652965             | 282829             |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                      | 0                   | 0                  |               |
| <b>33</b> 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..... |                     | <b>33</b>          |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                         |                     | <b>34</b>          | 472829        |
|                                                                                                                                                                                     | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                              |                     |                    | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                 |                     | <b>36</b>          | 472829        |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                 |                     | <b>37</b>          | 693175        |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                 |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                      |                     | <b>38a</b>         | 220346        |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                               |                     | <b>38b</b>         | 220346        |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                     |                     | <b>39</b>          | 0             |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                 |                     | <b>40</b>          | 0             |

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

|                                                                                  |                                                                                                                         |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:  |                                                                                                                         |
| <b>a</b> Schedule elected .....                                                  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made ..... | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |

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

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2020 or fiscal plan year beginning 12/30/2018 and ending 12/29/2019 |                                                             |     |
| <b>A</b> Name of plan<br>NATIONAL MACHINERY LLC RETIREMENT PLAN AND TRUST                  | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>NATIONAL MACHINERY LLC    | <b>D</b> Employer Identification Number (EIN)<br>03-0400206 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

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

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

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

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

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

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

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

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**(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)

CROWE LLP

35-0921680

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 31570                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

AMERICAN BENEFIT EVALUATORS, LLC

03-0398807

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 50                  | NONE                                                                                              | 26300                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 50                  | NONE                                                                                              | 13557                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                                                           |                     |              |
|--------------------|-----------------------------------------------------------|---------------------|--------------|
| <b>a</b> Name:     | CROWE LLP                                                 | <b>b</b> EIN:       | 35-0921680   |
| <b>c</b> Position: | ACCOUNTANT                                                |                     |              |
| <b>d</b> Address:  | 155 WEST NATIONWIDE BLVD, SUITE 500<br>COLUMBUS, OH 43215 | <b>e</b> Telephone: | 614-469-0001 |
|                    |                                                           |                     |              |

Explanation: CHANGE IN SERVICE PROVIDER

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2020</b><br><br><hr/> <b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

For calendar plan year 2020 or fiscal plan year beginning 12/30/2018 and ending 12/29/2019

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

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

|                                                                                           |                               |                                                                                                                    |  |  |
|-------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL INCOME SEP ACCT</u>           |                               |                                                                                                                    |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                    |  |  |
| <b>c</b> EIN-PN <u>42-0127290-118</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2192107</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL BOND AND MTG SEP ACCT</u>     |                               |                                                                                                                    |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                    |  |  |
| <b>c</b> EIN-PN <u>42-0127290-005</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>861021</u>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL MDGP S&amp;P 400 SEP ACCT</u> |                               |                                                                                                                    |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                    |  |  |
| <b>c</b> EIN-PN <u>42-0127290-023</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1795453</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCP S&amp;P 500 INDEX SA</u>      |                               |                                                                                                                    |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                    |  |  |
| <b>c</b> EIN-PN <u>42-0127290-016</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1941324</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL CAPITAL APPREC SEP ACC</u>    |                               |                                                                                                                    |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                    |  |  |
| <b>c</b> EIN-PN <u>42-0127290-119</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1955332</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRINCIPAL DIVERS INTL SEP ACCT</u>      |                               |                                                                                                                    |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                    |  |  |
| <b>c</b> EIN-PN <u>42-0127290-015</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>       |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PRIN LGCP GROWTH I SEP ACCT</u>         |                               |                                                                                                                    |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>PRINCIPAL LIFE INSURANCE COMPANY</u> |                               |                                                                                                                    |  |  |
| <b>c</b> EIN-PN <u>42-0127290-066</u>                                                     | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2032712</u> |  |  |

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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2020 or fiscal plan year beginning <b>12/30/2018</b> and ending <b>12/29/2019</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><b>NATIONAL MACHINERY LLC RETIREMENT PLAN AND TRUST</b>                                                                                                                                                                                         | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>001</b>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>NATIONAL MACHINERY LLC</b>                                                                                                                                                                           | <b>D</b> Employer Identification Number (EIN)<br><b>03-0400206</b>                                                                                                                                                                                                           |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                        |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | <b>1a</b> 336          | 103             |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                        |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1b(1)</b> 137125    | 106387          |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1b(2)</b>           |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1b(3)</b>           |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                        |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(1)</b> 220569    | 12939           |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(2)</b>           |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                        |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(A)</b>        |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1c(3)(B)</b>        |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                        |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(4)(A)</b>        |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(4)(B)</b> 274100 | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | <b>1c(5)</b>           |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(6)</b>           |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(7)</b>           |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(8)</b>           |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               | <b>1c(9)</b>           |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(10)</b> 9050529  | 10777949        |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(11)</b>          |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(12)</b>          |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(13)</b> 359440   | 450402          |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(14)</b>          |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(15)</b>          |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year   |
|--------------------|------------------------------------------------------------------|-----------------------|-------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                   |
| (1)                | Employer securities.....                                         | <b>1d(1)</b>          |                   |
| (2)                | Employer real property.....                                      | <b>1d(2)</b>          |                   |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                   |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 10042099 11347780 |
| <b>Liabilities</b> |                                                                  |                       |                   |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                   |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                   |
| <b>i</b>           | Acquisition indebtedness.....                                    | <b>1i</b>             | 23530 0           |
| <b>j</b>           | Other liabilities.....                                           | <b>1j</b>             |                   |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 23530 0           |
| <b>Net Assets</b>  |                                                                  |                       |                   |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 10018569 11347780 |

**Part II Income and Expense Statement**

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

|          |                                                                                                        | (a) Amount      | (b) Total |
|----------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                                  |                 |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 935002    |
|          | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> |           |
|          | <b>(C)</b> Others (including rollovers).....                                                           | <b>2a(1)(C)</b> |           |
| (2)      | Noncash contributions .....                                                                            | <b>2a(2)</b>    |           |
| (3)      | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 935002    |
| <b>b</b> | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)      | Interest:                                                                                              |                 |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....    | <b>2b(1)(A)</b> |           |
|          | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|          | <b>(E)</b> Participant loans.....                                                                      | <b>2b(1)(E)</b> |           |
|          | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|          | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 0         |
| (2)      | Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |           |
|          | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                               | <b>2b(2)(C)</b> | 20142     |
|          | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 20142     |
| (3)      | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions).....                                           | <b>2b(4)(B)</b> |           |
|          | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|          | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|          | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            | 2087908   |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 62393     |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....                | 2d     |            | 3105445   |

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

|                                                                                     |       |         |         |
|-------------------------------------------------------------------------------------|-------|---------|---------|
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 1602118 |         |
| (2) To insurance carriers for the provision of benefits .....                       | 2e(2) |         |         |
| (3) Other.....                                                                      | 2e(3) |         |         |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                       | 2e(4) |         | 1602118 |
| f Corrective distributions (see instructions) .....                                 | 2f    |         |         |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |         |         |
| h Interest expense.....                                                             | 2h    |         |         |
| i Administrative expenses: (1) Professional fees .....                              | 2i(1) | 57870   |         |
| (2) Contract administrator fees .....                                               | 2i(2) |         |         |
| (3) Investment advisory and management fees .....                                   | 2i(3) |         |         |
| (4) Other.....                                                                      | 2i(4) | 116246  |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                | 2i(5) |         | 174116  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |         | 1776234 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 1329211 |
| l Transfers of assets:                                   |       |  |         |
| (1) To this plan.....                                    | 2l(1) |  |         |
| (2) From this plan .....                                 | 2l(2) |  |         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: RSM US LLP

(2) EIN: 42-0714325

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|                                                                                                                                                                                                                                                                                                                  | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>b</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.) ..... |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>c</b> 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.) .....                                                                                                                             |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>d</b> 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.) .....                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>g</b> 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? .....                                                                                                                                       |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>h</b> 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? .....                                                                                                                             |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                        | X   |    |        |
| <b>j</b> 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   |    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                        | X   |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |     | X  |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |     | X  |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |     | X  |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>n</b> 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. ....                                                                                                                         |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                        |     |    |        |

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☒ Yes ☐ No ☐ Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4297088.

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2020 or fiscal plan year beginning 12/30/2018 and ending 12/29/2019

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

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>42-0127290</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> | <u>5</u> |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                               |                              |                             |                                         |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                     | <b>6a</b>                    |                             |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                         | <b>6b</b>                    |                             |                                         |
| <b>c</b> 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).....                                                                                                                                                                                                                    | <b>6c</b>                    |                             |                                         |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                      |                              |                             |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>8</b> 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? .....                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2020  
v. 200204

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14c**

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

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

**15a**

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

**15b**

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

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

**16a**

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

**16b**

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

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

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

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

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

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

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

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

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

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation \_\_\_\_\_

# **National Machinery LLC Retirement Plan and Trust**

Financial Report  
December 29, 2019

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## **Independent Auditor's Report**

Plan Administrator  
National Machinery LLC Retirement Plan and Trust

### **Report on the Financial Statements**

We have audited the accompanying financial statements of the National Machinery LLC Retirement Plan and Trust (the Plan), which comprise the statements of net assets available for benefits as of December 29, 2019, the related statements of changes in net assets available for benefits for the year then ended, the statement of accumulated plan benefits as of December 29, 2018, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

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

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of December 29, 2019, and changes therein for the year then ended, and its financial status as of December 29, 2018, and changes therein for the year then ended in accordance with accounting principles generally accepted in the United States of America.

**Other Matter – 2018 Financial Statements**

The financial statements of the Plan, as of and for the year ended December 29, 2018, were audited by other auditors whose report dated October 8, 2019 expressed an unmodified opinion on those statements.

**Other Matter – Report on Supplementary Information**

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The information included in the 2019 supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

*RSM US LLP*

Columbus, Ohio  
October 12, 2020

# National Machinery LLC Retirement Plan and Trust

## Statements of Net Assets Available for Benefits December 29, 2019 and 2018

|                                                           | 2019                   | 2018                 |
|-----------------------------------------------------------|------------------------|----------------------|
| <b>Assets</b>                                             |                        |                      |
| Investments, at fair value:                               |                        |                      |
| Pooled separate accounts                                  | \$ 10,777,949          | \$ 9,050,529         |
| Money market deposit accounts                             | 12,939                 | 220,569              |
| Common stocks                                             | -                      | 242,380              |
| American depository receipts                              | -                      | 31,720               |
| Exchange traded funds                                     | 450,402                | 359,440              |
| <b>Total investments</b>                                  | <b>11,241,290</b>      | <b>9,904,638</b>     |
| Employer contributions receivable                         | 106,387                | 137,125              |
| Cash                                                      | 103                    | 336                  |
| <b>Total assets</b>                                       | <b>11,347,780</b>      | <b>10,042,099</b>    |
| <b>Liabilities</b>                                        |                        |                      |
| Derivative instruments (Note 8)                           | -                      | 23,530               |
| <b>Total assets and net assets available for benefits</b> | <b>✓ \$ 11,347,780</b> | <b>\$ 10,018,569</b> |

See notes to financial statements.

## National Machinery LLC Retirement Plan and Trust

### Statements of Changes in Net Assets Available for Benefits Years Ended December 29, 2019 and 2018

|                                                                                         | 2019                 | 2018                 |
|-----------------------------------------------------------------------------------------|----------------------|----------------------|
| Additions to net assets attributed to:                                                  |                      |                      |
| Net appreciation (depreciation) in fair value of investments and derivative instruments | \$ 2,150,301         | \$ (603,859)         |
| Interest and dividend income                                                            | 20,142               | 28,298               |
| Employer contributions                                                                  | 935,002              | 666,360              |
| <b>Total additions</b>                                                                  | <b>3,105,445</b>     | <b>90,799</b>        |
| Deductions from net assets attributed to:                                               |                      |                      |
| Benefits paid directly to participants                                                  | 1,602,118            | 1,449,568            |
| PBGC premiums                                                                           | 102,684              | 108,410              |
| Administrative expenses                                                                 | 71,432               | 71,003               |
| <b>Total deductions</b>                                                                 | <b>1,776,234</b>     | <b>1,628,981</b>     |
| Net increase (decrease)                                                                 | ✓ 1,329,211          | (1,538,182)          |
| Net assets available for benefits:                                                      |                      |                      |
| Beginning of year                                                                       | 10,018,569           | 11,556,751           |
| End of year                                                                             | <u>\$ 11,347,780</u> | <u>\$ 10,018,569</u> |

See notes to financial statements.

**National Machinery LLC Retirement Plan and Trust**

**Statement of Accumulated Plan Benefits**  
**Year Ended December 29, 2018**

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|                                                                       |                                 |
|-----------------------------------------------------------------------|---------------------------------|
| Actuarial present value of a accumulated plan benefits                |                                 |
| Vested benefits:                                                      |                                 |
| Participants currently receiving payments                             | \$ 4,811,632                    |
| Other participants                                                    | <u>6,785,351</u>                |
|                                                                       | 11,596,983                      |
| <br>Nonvested benefits                                                | <br><u>80,997</u>               |
| <br><b>Total actuarial present value of accumulated plan benefits</b> | <br><u><u>\$ 11,677,980</u></u> |

See notes to financial statements.

**National Machinery LLC Retirement Plan and Trust**

**Statement of Changes in Accumulated Plan Benefits**  
**Year Ended December 29, 2018**

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|                                                                              |                                    |
|------------------------------------------------------------------------------|------------------------------------|
| Actuarial present value of accumulated plan benefits at beginning of period  | \$ 12,059,626                      |
| Increase/decrease during the year attributable to:                           |                                    |
| Interest due to decrease in the discount period                              | 851,096                            |
| Actuarial losses                                                             | (137,584)                          |
| Change in assumptions                                                        | 354,410                            |
| Benefits paid                                                                | <u>(1,449,568)</u>                 |
| <b>Actuarial present value of accumulated plan benefits at end of period</b> | <b><u><u>\$ 11,677,980</u></u></b> |

See notes to financial statements.

## National Machinery LLC Retirement Plan and Trust

### Notes to Financial Statements

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#### Note 1. Plan Description

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

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

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

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

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

## National Machinery LLC Retirement Plan and Trust

### Notes to Financial Statements

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#### Note 2. Significant Accounting Policies

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

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

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

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

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

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

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

The actuarial present value of accumulated plan benefits is determined by an actuary from American Benefit Evaluators, LLC by applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

## National Machinery LLC Retirement Plan and Trust

### Notes to Financial Statements

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#### Note 2. Significant Accounting Policies (Continued)

The actuarial information is as of December 30, 2018, the most recent benefit information date. Had the valuation been performed as of December 29, 2018 there would be no material differences.

The significant actuarial assumptions used in the valuation as of December 29, 2018 were as follows:

Life expectancy of participants:

Mortality (disabled lives): RP2014 Combined Mortality Table Projected by MP-2018

Mortality healthy lives): RP2014 Combined Mortality Table Projected by MP-2018

Long term rate of return: 7.50%

Retirement age: 62 to 65

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

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

**Recent accounting pronouncement:** In August 2018, the Financial Accounting Standards Board issued Accounting Standards Update No. 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to Disclosure Requirements for Fair Value Measurement*, which modifies the disclosure requirements for fair value measurements by removing, modifying, or adding certain disclosures. ASU 2018-13 is effective for all entities for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2019. An entity is permitted to early adopt any removed or modified disclosures and delay adoption of the additional disclosures until their effective date. The Plan is currently evaluating the impact of this new standard on its financial statements.

**Subsequent events:** The Plan Sponsor has evaluated subsequent events for potential recognition and/or disclosure through October 12, 2020, the date the financial statements were available to be issued.

#### Note 3. Funding Policy

The Company's funding policy is to make annual contributions to the Plan in amounts that meet the minimum funding requirements. The Plan met the minimum funding requirements of ERISA for the years ended December 29, 2019 and 2018.

## National Machinery LLC Retirement Plan and Trust

### Notes to Financial Statements

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#### Note 4. Fair Value Measurements

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

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

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

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

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

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

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

*Money market deposit accounts:* Fair values of money market deposit account balances are based upon the deposit account balances with no discounts for credit quality (Level 1 inputs). The Plan's investments in money market deposit accounts occasionally exceed federally insured balances.

*Derivative instruments:* The fair values of derivatives that are not traded on an exchange are based upon valuation models using observable market data as of the measurement date (Level 2 inputs).

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

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

## National Machinery LLC Retirement Plan and Trust

### Notes to Financial Statements

#### Note 4. Fair Value Measurements (Continued)

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

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

| 2018                                                   |                   |                   |             |                     |
|--------------------------------------------------------|-------------------|-------------------|-------------|---------------------|
|                                                        | Level 1           | Level 2           | Level 3     | Total               |
| Money market deposit accounts                          | \$ -              | \$ 220,569        | \$ -        | \$ 220,569          |
| Common stocks                                          | 242,380           | -                 | -           | 242,380             |
| American depository receipts                           | 31,720            | -                 | -           | 31,720              |
| Exchange traded funds                                  | 359,440           | -                 | -           | 359,440             |
| Total assets in fair value hierarchy                   | <u>633,540</u>    | <u>220,569</u>    | <u>-</u>    | <u>854,109</u>      |
| Investments measured at net asset value <sup>(a)</sup> |                   |                   |             | 9,050,529           |
| Investments at fair value                              |                   |                   |             | <u>9,904,638</u>    |
| Liabilities;                                           |                   |                   |             |                     |
| Derivative instruments                                 | -                 | (23,530)          | -           | (23,530)            |
|                                                        | <u>\$ 633,540</u> | <u>\$ 197,039</u> | <u>\$ -</u> | <u>\$ 9,881,108</u> |

<sup>(a)</sup> In accordance with Subtopic 820-10, certain investments that were measured at net assets value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

**Changes in fair value levels:** To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The Plan evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfers relative to total net assets available for benefits. For the year ended December 31, 2019, there were no significant transfers in or out of Levels 1, 2 or 3.

## National Machinery LLC Retirement Plan and Trust

### Notes to Financial Statements

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#### Note 5. Plan Termination

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

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

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

#### Note 6. Tax Status

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

The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 29, 2019 and 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2016.

#### Note 7. Party-In-Interest Transactions

Parties-in-interest are defined under DOL regulations as any fiduciary of the plan, any party rendering service to the plan, the employer, and certain others. Various professional fees for the administration of the Plan were paid from Plan assets. Fees paid to parties-in-interest for the years ended December 29, 2019 and 2018, are as follows:

| Parties-In-Interest              | Relationship | 2019             | 2018             |
|----------------------------------|--------------|------------------|------------------|
| Principal Life Insurance Company | Custodian    | \$ 13,557        | \$ 8,547         |
| Wells Fargo Bank, N.A.           | Custodian    | 5                | 113              |
| Squire Patton Boggs LLP          | Attorney     | -                | 833              |
| Crowe LLP                        | Auditor      | 31,570           | 35,710           |
| American Benefit Evaluators, LLC | Actuary      | 26,300           | 25,800           |
|                                  |              | <u>\$ 71,432</u> | <u>\$ 71,003</u> |

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

Certain Plan investments are units of participation in pooled separate accounts issued by Principal Life Insurance Company. At December 29, 2019 and 2018, plan investments of \$10,777,949 and \$9,050,529, respectively, were invested in units of participation in pooled separate accounts. Money market deposit accounts of \$12,939 and \$220,569 were held at Wells Fargo Bank, N.A as of December 29, 2019 and 2018, respectively.

## **National Machinery LLC Retirement Plan and Trust**

### **Notes to Financial Statements**

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#### **Note 8. Derivative Instruments**

At December 29, 2019 and 2018, the Plan had \$0 and \$23,530 of outstanding calls, respectively, which had been sold to other parties. If the calls were exercised, the Plan would have to sell the related security at the strike price. The expiration dates for these calls ranged from January 19, 2018 through January 18, 2019. These calls were for particular investment securities held by the Plan as of December 29, 2018.

The liability reflected in the statement of net assets available for benefits reflects the excess of the call and put prices above the fair values of the related investment securities as of the financial statement date. The Plan's objective in investing in options is to increase the Plan's investment income.

#### **Note 9. Subsequent Events**

Subsequent to year-end, on January 30, 2020, the World Health Organization declared the coronavirus outbreak a "Public Health Emergency of International Concern" and on March 11, 2020, declared it to be a pandemic. The pandemic in the United States and throughout the world has resulted in substantial volatility in financial markets. The potential economic impact brought by, and the duration of, COVID-19 is difficult to assess or predict and will depend on future developments that are highly uncertain and cannot be predicted.

In response to the COVID-19 pandemic, on March 27, 2020, the Coronavirus Aid, Relief, and Economic Security (CARES) Act was passed by Congress. The CARES Act provides immediate and temporary relief for retirement plan sponsors and their participants with respect to employer contributions, distributions and participant loans. The provisions of the CARES Act may be effective and operationalized immediately, prior to amending the plan document. The future effects on the Plan's net assets available for benefits and changes in net assets available for benefits are uncertain.

The December 29, 2019 actuarial valuation was completed prior to the release of these financial statements. The calculated actual present value of accumulated plan benefits was approximately \$11,200,000 at December 29, 2019.

## **Supplemental Schedules**

**National Machinery LLC Retirement Plan and Trust**

**EIN: 03-0400206**

**Plan Number: 001**

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

**December 29, 2019**

| (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    |
|---------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| <b>Pooled Separate Accounts</b>       |                                                          |                                                                                                             |             |                      |
| *                                     | Principal Life Insurance Company                         | Income Separate Account                                                                                     | \$1,612,782 | \$ 2,192,107         |
| *                                     | Principal Life Insurance Company                         | Core Plus Bond Separate Account                                                                             | 479,336     | 861,021              |
| *                                     | Principal Life Insurance Company                         | Large Cap S&P 500 Index Separate Account                                                                    | 1,079,900   | 1,941,324            |
| *                                     | Principal Life Insurance Company                         | MidCap S&P 400 Index Separate Account                                                                       | 1,061,206   | 1,795,453            |
| *                                     | Principal Life Insurance Company                         | Capital Appreciation Separate Account                                                                       | 1,150,276   | 1,955,332            |
| *                                     | Principal Life Insurance Company                         | Large Cap Growth I Separate Account                                                                         | 1,107,701   | 2,032,712            |
| <b>Total Pooled Separate Accounts</b> |                                                          |                                                                                                             |             | 10,777,949           |
| <b>Exchange Traded Funds</b>          |                                                          |                                                                                                             |             |                      |
|                                       | BlackRock                                                | iShares MSCI EAFE Index Fund, 1,600 shares                                                                  | 176,664     | 195,720              |
|                                       | BlackRock                                                | iShares Mortgage Real Estate Caps Fund, 1,250 shares                                                        | 84,861      | 91,392               |
|                                       | Invesco                                                  | Powershares ET Golden Dragon China Port 1,000 shares                                                        | 17,355      | 41,590               |
|                                       | Krane Shares                                             | CSI China Internet                                                                                          | 101,787     | 121,700              |
| <b>Total Exchange Traded Funds</b>    |                                                          |                                                                                                             |             | 450,402              |
| <b>Money Market Deposit Account</b>   |                                                          |                                                                                                             |             |                      |
| *                                     | Wells Fargo Bank, N.A.                                   | Bank Deposit Sweep                                                                                          | 12,939      | 12,939               |
|                                       |                                                          |                                                                                                             |             | <u>\$ 11,241,290</u> |

\* Party in interest

**National Machinery LLC Retirement Plan and Trust**

**EIN: 03-0400206, Plan Number: 001**

**Schedule H, Line 4j - Schedule of Reportable Transactions**

**December 29, 2019**

| (a)                                                                                                | (b)                                           |                      | (c)               | (d)              | (g)              | (h)                                              | (i)                   |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------|-------------------|------------------|------------------|--------------------------------------------------|-----------------------|
| Identity of<br>Party involved                                                                      | Description of Assets                         | Transaction<br>Count | Purchase<br>Price | Selling<br>Price | Cost<br>of Asset | Current Value<br>of Asset on<br>Transaction Date | Net Gain<br>or (Loss) |
| Category (i) - single transactions in excess of 5 percent of plan assets:                          |                                               |                      |                   |                  |                  |                                                  |                       |
| Principal Global Investors                                                                         | Core Plus Bond Separate Account-R6            | 1                    | \$ 908,060        | \$ -             | \$ 908,060       | \$ 908,060                                       | \$ -                  |
| Principal Global Investors                                                                         | Diversified International Separate Account-R6 | 1                    | -                 | 908,060          | 880,585          | 908,060                                          | 27,475                |
| A series of transactions in the same security in excess of 5% of the current value of Plan assets: |                                               |                      |                   |                  |                  |                                                  |                       |
| Principal Global Investors                                                                         | Core Plus Bond Separate Account-R6            | 64                   | \$ 910,037        | \$ 1,778,206     | \$ 2,899,441     | \$ 2,688,243                                     | \$ (211,198)          |
| Principal Global Investors                                                                         | Diversified International Separate Account-R6 | 2                    | 28,593            | 908,060          | 909,178          | 936,653                                          | 27,475                |

**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

**2018****This Form is Open to Public  
Inspection**For calendar plan year 2018 or fiscal plan year beginning 12/30/2018 and ending 12/29/2019

▶ 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.

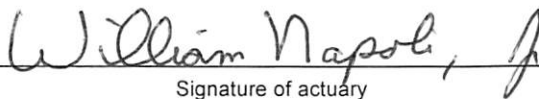
|                                                                                                                                           |  |                                                                                                                                                         |
|----------------------------------------------------------------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

**Part I Basic Information**

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>1</b> Enter the valuation date: Month <u>12</u> Day <u>30</u> Year <u>2018</u>                                                                                                                               |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value .....                                                                                                                                                                                     |                            | <b>2a</b>                 | 10,114,841               |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  |                            | <b>2b</b>                 | 10,114,841               |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                            | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 50                         | 5,529,829                 | 5,529,829                |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | 4                          | 98,394                    | 98,394                   |
| <b>c</b> For active participants .....                                                                                                                                                                          | 118                        | 7,013,479                 | 7,139,583                |
| <b>d</b> Total .....                                                                                                                                                                                            | 172                        | 12,641,702                | 12,767,806               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                                |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       |                            | <b>4a</b>                 |                          |
| <b>b</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 ..... |                            | <b>4b</b>                 |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   | 5.71 %                    |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>                   | 190,000                   |                          |

**Statement by Enrolled Actuary**

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

**SIGN  
HERE**

Signature of actuary

William Napoli, Jr.

Type or print name of actuary

American Benefit Evaluators, LLC

Firm name

7549 Rollingbrook Trail

US Solon

OH 44139

Address of the firm

08/19/2020

Date

17-00779

Most recent enrollment number

(440) 248-9155

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2018  
v. 171027

**2018 Form 5500, Schedule SB, Line 19 -- Discounted Contributions**

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

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

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

| Required Contributions |                  | Actual Contributions |                  | Discounted Actual Contributions |           |                             |                          |                         |
|------------------------|------------------|----------------------|------------------|---------------------------------|-----------|-----------------------------|--------------------------|-------------------------|
|                        |                  |                      |                  | Days From Val Date              | Days Late | Regular Interest Adj Factor | Late Interest Adj Factor | Discounted Contribution |
| Due Date               | Amount           | Date                 | Amount           |                                 |           |                             |                          |                         |
| 4/15/2019              | 106,387          | 4/11/2019            | 106,387          | 102                             | 0         | 1.015639                    | 1.000000                 | 104,749                 |
| 7/15/2019              | 106,387          | 7/11/2019            | 106,387          | 193                             | 0         | 1.029797                    | 1.000000                 | 103,309                 |
| 10/15/2019             | 106,387          | 9/10/2019            | 106,387          | 254                             | 0         | 1.039399                    | 1.000000                 | 102,354                 |
| 1/15/2020              | 93,613           | 9/10/2019            | 93,613           | 254                             | 0         | 1.039399                    | 1.000000                 | 90,065                  |
| 1/15/2020              | 12,774           | 9/15/2019            | 12,774           | 259                             | 0         | 1.040190                    | 1.000000                 | 12,280                  |
|                        | <u>106,387</u>   |                      | <u>106,387</u>   |                                 |           |                             |                          |                         |
| 9/15/2020              | 60,055           | 9/15/2019            | 187,226          | 259                             | 0         | 1.040190                    | 1.000000                 | 179,992                 |
| 9/16/2020              | 0                | 1/13/2020            | 106,387          | 379                             | 0         | 1.059354                    | 1.000000                 | 100,426                 |
|                        |                  |                      | <u>293,613</u>   |                                 |           |                             |                          |                         |
|                        | <b>\$472,829</b> |                      | <b>\$719,161</b> |                                 |           |                             |                          | <b>\$693,175</b>        |

|                                                                                                           |           |
|-----------------------------------------------------------------------------------------------------------|-----------|
| Contributions allocated toward unpaid required contributions from prior years                             | \$0       |
| Contributions made to avoid benefit restrictions adjusted to valuation date                               | \$0       |
| Contributions allocated toward minimum required contribution for current year, adjusted to valuation date | \$693,175 |
| Beginning of the plan year minimum required contribution                                                  | \$472,829 |
| Interest-adjusted excess contributions for current year                                                   | \$220,346 |

|                                       |                   |                                                                                                                    |
|---------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------|
| Effective Interest Rate               | <b>5.71%</b>      | Used to discount contributions from earlier of scheduled due date and actual date paid back to the valuation date. |
| Interest Rate Reflecting Late Payment | <b>10.71%</b>     | Used to discount contributions back from actual date paid to schedule due date if not paid by scheduled due date.  |
| Valuation Date                        | <b>12/30/2018</b> |                                                                                                                    |

**NOTE:** (1) The column headed "Days From Valuation Date" is the number of days from the valuation date to the earlier of the actual date paid or the scheduled payment date.

**2018 Form 5500, Schedule SB, Line 22 -- Description of Weighted Average Retirement Age**

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

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

|                        |    |
|------------------------|----|
| Assumed Retirement Age | 64 |
|------------------------|----|

**2018 Form 5500, Schedule SB, Line 26 -- Schedule of Active Participant Data**

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

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**Schedule of Active Participants as of 12/30/2018**

| Age Last<br>Birthday | Number of Participants by Completed Years of Service |     |     |       |                   |       |       |       |       |            | Total |
|----------------------|------------------------------------------------------|-----|-----|-------|-------------------|-------|-------|-------|-------|------------|-------|
|                      | Under 1                                              | 1-4 | 5-9 | 10-14 | 15-19             | 20-24 | 25-29 | 30-34 | 35-39 | 40 &<br>Up |       |
| Under 25             | 0                                                    | 0   | 0   | 0     | 0                 | 0     | 0     | 0     | 0     | 0          | 0     |
| 25-29                | 0                                                    | 0   | 0   | 0     | 0                 | 0     | 0     | 0     | 0     | 0          | 0     |
| 30-34                | 0                                                    | 0   | 0   | 0     | 0                 | 0     | 0     | 0     | 0     | 0          | 0     |
| 35-39                | 0                                                    | 0   | 0   | 0     | 0                 | 0     | 0     | 0     | 0     | 0          | 0     |
| 40-44                | 0                                                    | 3   | 0   | 0     | 0                 | 0     | 0     | 0     | 0     | 0          | 3     |
| 45-49                | 0                                                    | 5   | 1   | 5     | 1                 | 0     | 0     | 0     | 0     | 0          | 12    |
| 50-54                | 0                                                    | 1   | 6   | 1     | 2                 | 0     | 0     | 0     | 0     | 0          | 10    |
| 55-59                | 0                                                    | 0   | 13  | 32    | 3                 | 0     | 0     | 0     | 0     | 0          | 48    |
| 60-64                | 0                                                    | 0   | 6   | 23    | 9                 | 0     | 0     | 0     | 0     | 0          | 38    |
| 65-69                | 0                                                    | 0   | 0   | 2     | 5                 | 0     | 0     | 0     | 0     | 0          | 7     |
| 70 & Up              | 0                                                    | 0   | 0   | 0     | 0                 | 0     | 0     | 0     | 0     | 0          | 0     |
| Total                | 0                                                    | 9   | 26  | 63    | 20                | 0     | 0     | 0     | 0     | 0          | 118   |
| Average Age =        |                                                      |     |     | 57.9  | Average Service = |       |       |       | 14.4  |            |       |

**2018 Form 5500, Schedule SB, Line 32 -- Schedule of Amortization Bases**

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

**Schedule of Amortization Bases**

| Type of Base | Date Created | Initial Base | Initial Present Value Factor | Annual Amort. Payment | Years Left | Current Present Value Factor | Present Value of Remaining Payments |
|--------------|--------------|--------------|------------------------------|-----------------------|------------|------------------------------|-------------------------------------|
| Shortfall    | 12/30/2012   | (2,050,185)  | 5.8919                       | (347,967)             | 1          | 1.0000                       | (347,967)                           |
| Shortfall    | 12/30/2013   | (744,459)    | 5.9419                       | (125,290)             | 2          | 1.9623                       | (245,857)                           |
| Shortfall    | 12/30/2014   | 1,114,038    | 5.9756                       | 186,431               | 3          | 2.8883                       | 538,469                             |
| Shortfall    | 12/30/2015   | 1,608,993    | 6.0131                       | 267,581               | 4          | 3.7794                       | 1,011,296                           |
| Shortfall    | 12/30/2016   | 499,293      | 6.0525                       | 82,494                | 5          | 4.6368                       | 382,508                             |
| Shortfall    | 12/30/2017   | 256,773      | 6.0897                       | 42,165                | 6          | 5.4012                       | 227,742                             |
|              |              |              |                              | 105,414               |            |                              | 1,566,191                           |
| Shortfall    | 12/30/2017   | 1,086,774    | 6.1256                       | 177,415               | 7          | 6.1256                       | 1,086,774                           |
| Total        |              |              |                              | \$282,829             |            |                              | \$2,652,965                         |

**Development of Amortization Present Value Factors**

| Current Segment Rate | Present Value For Number of Years Indicated |        |        |        |        |        |        |
|----------------------|---------------------------------------------|--------|--------|--------|--------|--------|--------|
|                      | 7                                           | 6      | 5      | 4      | 3      | 2      | 1      |
| 3.92%                | 1.0000                                      | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 | 1.0000 |
| 3.92%                | 0.9623                                      | 0.9623 | 0.9623 | 0.9623 | 0.9623 | 0.9623 |        |
| 3.92%                | 0.9260                                      | 0.9260 | 0.9260 | 0.9260 | 0.9260 |        |        |
| 3.92%                | 0.8911                                      | 0.8911 | 0.8911 | 0.8911 |        |        |        |
| 3.92%                | 0.8574                                      | 0.8574 | 0.8574 |        |        |        |        |
| 5.52%                | 0.7644                                      | 0.7644 |        |        |        |        |        |
| 5.52%                | 0.7244                                      |        |        |        |        |        |        |
| Total                | 6.1256                                      | 5.4012 | 4.6368 | 3.7794 | 2.8883 | 1.9623 | 1.0000 |

**2018 Form 5500, Schedule SB, Part V -- Statement of Actuarial Assumptions/Methods**

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

---

**Actuarial Assumptions****Economic Assumptions**

## Interest Rates

|                          |                 |                                   |
|--------------------------|-----------------|-----------------------------------|
| ▪ Discount rate          | — First 5 years | 3.92%                             |
|                          | — Next 15 years | 5.52%                             |
|                          | — Thereafter    | 6.29%                             |
| ▪ Lump sum interest rate | — First 5 years | Lesser of Discount Rate and 5.54% |
|                          | — Next 15 years | Lesser of Discount Rate and 5.54% |
|                          | — Thereafter    | Lesser of Discount Rate and 5.54% |

## Annual rates of increase in

|                                               |       |
|-----------------------------------------------|-------|
| ▪ Annual compensation                         | N/A   |
| ▪ Future Social Security wage bases           | 4.00% |
| ▪ Indexed limits on compensation and benefits | N/A   |

**Demographic Assumptions**

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

**2018 Form 5500, Schedule SB, Part V -- Statement of Actuarial Assumptions/Methods**

---

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

---

**Actuarial Methods**

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

**Changes in Assumptions and Methods Since Last Year**

|                           | <b>Prior Year</b>                                          | <b><u>Current Year</u></b>                                 |
|---------------------------|------------------------------------------------------------|------------------------------------------------------------|
| ▪ Valuation Interest Rate |                                                            |                                                            |
| — First segment rate      | 4.16%                                                      | 3.92%                                                      |
| — Second segment rate     | 5.72%                                                      | 5.52%                                                      |
| — Third segment rate      | 6.48%                                                      | 6.29%                                                      |
| ▪ Mortality               |                                                            |                                                            |
| — Healthy Life Mortality  | RP2014 Projected<br>By MP-2016 Using<br>Generational Rates | RP2014 Projected<br>By MP-2017 Using<br>Generational Rates |

**2018 Form 5500, Schedule SB, Part V -- Statement of Actuarial Assumptions/Methods**

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

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

**2018 Form 5500, Schedule SB, Part V -- Statement of Actuarial Assumptions/Methods**

---

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

---

**Actuarial Assumptions****Economic Assumptions**

## Interest Rates

|                          |                 |                                   |
|--------------------------|-----------------|-----------------------------------|
| ▪ Discount rate          | — First 5 years | 3.92%                             |
|                          | — Next 15 years | 5.52%                             |
|                          | — Thereafter    | 6.29%                             |
| ▪ Lump sum interest rate | — First 5 years | Lesser of Discount Rate and 5.54% |
|                          | — Next 15 years | Lesser of Discount Rate and 5.54% |
|                          | — Thereafter    | Lesser of Discount Rate and 5.54% |

## Annual rates of increase in

|                                               |       |
|-----------------------------------------------|-------|
| ▪ Annual compensation                         | N/A   |
| ▪ Future Social Security wage bases           | 4.00% |
| ▪ Indexed limits on compensation and benefits | N/A   |

**Demographic Assumptions**

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

**2018 Form 5500, Schedule SB, Part V -- Statement of Actuarial Assumptions/Methods**

---

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

---

**Actuarial Methods**

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

**Changes in Assumptions and Methods Since Last Year**

|                           | <b>Prior Year</b>                                          | <b><u>Current Year</u></b>                                 |
|---------------------------|------------------------------------------------------------|------------------------------------------------------------|
| ▪ Valuation Interest Rate |                                                            |                                                            |
| — First segment rate      | 4.16%                                                      | 3.92%                                                      |
| — Second segment rate     | 5.72%                                                      | 5.52%                                                      |
| — Third segment rate      | 6.48%                                                      | 6.29%                                                      |
| ▪ Mortality               |                                                            |                                                            |
| — Healthy Life Mortality  | RP2014 Projected<br>By MP-2016 Using<br>Generational Rates | RP2014 Projected<br>By MP-2017 Using<br>Generational Rates |

**2018 Form 5500, Schedule SB, Part V -- Statement of Actuarial Assumptions/Methods**

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

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

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2018</div><br><br>This Form is Open to Public Inspection |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                        |                                                                                                                      |                                                                                                                                                                                                                                       |            |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|
| <b>Part I Annual Report Identification Information</b>                                                                                                                                                 |                                                                                                                      |                                                                                                                                                                                                                                       |            |            |
| For calendar plan year 2018 or fiscal plan year beginning                                                                                                                                              |                                                                                                                      | 12/30/2018                                                                                                                                                                                                                            | and ending | 12/29/2019 |
| A This return/report is for:                                                                                                                                                                           | <input type="checkbox"/> a multiemployer plan<br><br><input checked="" type="checkbox"/> a single-employer plan      | <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><br><input type="checkbox"/> a DFE (specify) _____ |            |            |
| B This return/report is:                                                                                                                                                                               | <input type="checkbox"/> the first return/report<br><br><input checked="" type="checkbox"/> an amended return/report | <input type="checkbox"/> the final return/report<br><br><input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                |            |            |
| C If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/>                                                                                                         |                                                                                                                      |                                                                                                                                                                                                                                       |            |            |
| D Check box if filing under:                                                                                                                                                                           |                                                                                                                      |                                                                                                                                                                                                                                       |            |            |
| <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description) |                                                                                                                      |                                                                                                                                                                                                                                       |            |            |

|                                                                                                                                                                                                                                                                                                                                             |  |                                                              |                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------|-------------------------------------------------------------|
| <b>Part II Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                       |  |                                                              |                                                             |
| <b>1a</b> Name of plan<br>NATIONAL MACHINERY LLC RETIREMENT PLAN AND TRUST                                                                                                                                                                                                                                                                  |  | <b>1b</b> Three-digit plan number (PN) ▶                     | 001                                                         |
|                                                                                                                                                                                                                                                                                                                                             |  | <b>1c</b> Effective date of plan<br>12/30/1941               |                                                             |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>NATIONAL MACHINERY LLC<br><br><br>161 GREENFIELD ST<br><br>TIFFIN OH 44883 |  | <b>2b</b> Employer Identification Number (EIN)<br>03-0400206 | <b>2c</b> Plan Sponsor's telephone number<br>(419) 443-2337 |
|                                                                                                                                                                                                                                                                                                                                             |  | <b>2d</b> Business code (see instructions)<br>333510         |                                                             |

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

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

|                  |                                    |            |                                                              |
|------------------|------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> |                                    | 10/21/2021 | SUSAN JOHNSON                                                |
|                  | Signature of plan administrator    | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                    |            | SUSAN JOHNSON                                                |
|                  | Signature of employer/plan sponsor | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                    |            |                                                              |
|                  | Signature of DFE                   | Date       | Enter name of individual signing as DFE                      |

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

**Form 5500 (2018)**  
v. 171027

**National Machinery LLC Retirement Plan and Trust**

**EIN: 03-0400206**

**Plan Number: 001**

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

**December 29, 2019**

| (a)                                   | (b) Identity of issue, borrower,<br>lessor or similar party | (c) Description of investment, including maturity date,<br>rate of interest, collateral, par or maturity value | (d) Cost    | (e) Current<br>value |
|---------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| <b>Pooled Separate Accounts</b>       |                                                             |                                                                                                                |             |                      |
| *                                     | Principal Life Insurance Company                            | Income Separate Account                                                                                        | \$1,612,782 | \$ 2,192,107         |
| *                                     | Principal Life Insurance Company                            | Core Plus Bond Separate Account                                                                                | 479,336     | 861,021              |
| *                                     | Principal Life Insurance Company                            | Large Cap S&P 500 Index Separate Account                                                                       | 1,079,900   | 1,941,324            |
| *                                     | Principal Life Insurance Company                            | MidCap S&P 400 Index Separate Account                                                                          | 1,061,206   | 1,795,453            |
| *                                     | Principal Life Insurance Company                            | Capital Appreciation Separate Account                                                                          | 1,150,276   | 1,955,332            |
| *                                     | Principal Life Insurance Company                            | Large Cap Growth I Separate Account                                                                            | 1,107,701   | 2,032,712            |
| <b>Total Pooled Separate Accounts</b> |                                                             |                                                                                                                |             | 10,777,949           |
| <b>Exchange Traded Funds</b>          |                                                             |                                                                                                                |             |                      |
|                                       | BlackRock                                                   | iShares MSCI EAFE Index Fund,<br>1,600 shares                                                                  | 176,664     | 195,720              |
|                                       | BlackRock                                                   | iShares Mortgage Real Estate Caps<br>Fund, 1,250 shares                                                        | 84,861      | 91,392               |
|                                       | Invesco                                                     | Powershares ET Golden Dragon China Port<br>1,000 shares                                                        | 17,355      | 41,590               |
|                                       | Krane Shares                                                | CSI China Internet                                                                                             | 101,787     | 121,700              |
| <b>Total Exchange Traded Funds</b>    |                                                             |                                                                                                                |             | 450,402              |
| <b>Money Market Deposit Account</b>   |                                                             |                                                                                                                |             |                      |
| *                                     | Wells Fargo Bank, N.A.                                      | Bank Deposit Sweep                                                                                             | 12,939      | 12,939               |
|                                       |                                                             |                                                                                                                |             | <u>\$ 11,241,290</u> |

\* Party in interest

**National Machinery LLC Retirement Plan and Trust**

**EIN: 03-0400206, Plan Number: 001**

**Schedule H, Line 4j - Schedule of Reportable Transactions**

**December 29, 2019**

| (a)                                                                                                | (b)                                           |                      | (c)               | (d)              | (g)              | (h)                                              | (i)                   |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------|-------------------|------------------|------------------|--------------------------------------------------|-----------------------|
| Identity of<br>Party involved                                                                      | Description of Assets                         | Transaction<br>Count | Purchase<br>Price | Selling<br>Price | Cost<br>of Asset | Current Value<br>of Asset on<br>Transaction Date | Net Gain<br>or (Loss) |
| Category (i) - single transactions in excess of 5 percent of plan assets:                          |                                               |                      |                   |                  |                  |                                                  |                       |
| Principal Global Investors                                                                         | Core Plus Bond Separate Account-R6            | 1                    | \$ 908,060        | \$ -             | \$ 908,060       | \$ 908,060                                       | \$ -                  |
| Principal Global Investors                                                                         | Diversified International Separate Account-R6 | 1                    | -                 | 908,060          | 880,585          | 908,060                                          | 27,475                |
| A series of transactions in the same security in excess of 5% of the current value of Plan assets: |                                               |                      |                   |                  |                  |                                                  |                       |
| Principal Global Investors                                                                         | Core Plus Bond Separate Account-R6            | 64                   | \$ 910,037        | \$ 1,778,206     | \$ 2,899,441     | \$ 2,688,243                                     | \$ (211,198)          |
| Principal Global Investors                                                                         | Diversified International Separate Account-R6 | 2                    | 28,593            | 908,060          | 909,178          | 936,653                                          | 27,475                |