Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
ADVANCED MOTION CONTROLS 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BARTA - SCHOENEWALD, INC. DBA ADVANCED MOTION CONTROLS
ADVANCED MOTION CONTROLS

3805 CALLE TECATE
CAMARILLO, CA 93012

2b Employer Identification Number (EIN)
95-4188955

2c Plan Sponsor's telephone number
805-389-1935

2d Business code (see instructions)
335900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/20/2021	RICHARD GATCHEL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/23/2021	RICHARD GATCHEL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	140
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	113
a(2) Total number of active participants at the end of the plan year	**6a(2)**	109
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	31
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	140
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	140
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	107
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan
ADVANCED MOTION CONTROLS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BARTA - SCHOENEWALD, INC. DBA ADVANCED MOTION CONTROLS

D Employer Identification Number (EIN)
95-4188955

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

RAYMOND JAMES AND ASSOCIATES, INC.

59-1237041

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	20000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	-3272	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
C&S REAL ESTATE I - DST ASSET MANA 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DODGE & COX STOCK - DST ASSET MANA 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
INVS INTL SMMID CO Y - INVESCO INV 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.25%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
NUVEEN MDCP VALUE I - DST ASSET MA 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
OAKMARK INTL INV - DST ASSET MANAG 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

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

A Name of plan
ADVANCED MOTION CONTROLS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BARTA - SCHOENEWALD, INC. DBA ADVANCED MOTION CONTROLS

D Employer Identification Number (EIN)
95-4188955

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

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

b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY

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)
04-3159710-202	C	603897

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

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

A Name of plan
ADVANCED MOTION CONTROLS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BARTA - SCHOENEWALD, INC. DBA ADVANCED MOTION CONTROLS

D Employer Identification Number (EIN)
95-4188955

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	34095	4512
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	56261	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	2550	0
(B) Common	1c(4)(B)	235944	249683
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	114950	118533
(9) Value of interest in common/collective trusts	1c(9)	576952	603897
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11380888	13636743
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**	0	0
	(2) Employer real property	**1d(2)**	0	0
e	Buildings and other property used in plan operation	**1e**	0	0
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	12401640	14613368
	Liabilities			
g	Benefit claims payable	**1g**	0	0
h	Operating payables	**1h**	0	0
i	Acquisition indebtedness	**1i**	0	0
j	Other liabilities	**1j**	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	12401640	14613368

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	**2a(1)(A)**	199818	
	(B) Participants	**2a(1)(B)**	790006	
	(C) Others (including rollovers)	**2a(1)(C)**	0	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		989824
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	131	
	(B) U.S. Government securities	**2b(1)(B)**	0	
	(C) Corporate debt instruments	**2b(1)(C)**	988	
	(D) Loans (other than to participants)	**2b(1)(D)**	0	
	(E) Participant loans	**2b(1)(E)**	7144	
	(F) Other	**2b(1)(F)**	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		8263
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	47	
	(B) Common stock	**2b(2)(B)**	1223	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	699627	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		700897
	(3) Rents	**2b(3)**		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	2116383	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	2128377	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		-11994
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**	0	
	(B) Other	**2b(5)(B)**	29364	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		29364

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		13498
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1325241
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		3055093
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	822514	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		822514
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		3839
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	284	
(4) Other	2i(4)	16728	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		17012
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		843365
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2211728
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: DAVID L BUCK, CPA **(2)** EIN: 75-2988353

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

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

A Name of plan
ADVANCED MOTION CONTROLS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BARTA - SCHOENEWALD, INC. DBA ADVANCED MOTION CONTROLS

D Employer Identification Number (EIN)
95-4188955

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | **1** |

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

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

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

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

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

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

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

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

6	**a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	**6a**	
	b Enter the amount contributed by the employer to the plan for this plan year	**6b**	
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	**6c**	

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

ADVANCED MOTION CONTROLS

401(K) PLAN

REPORT, FINANCIAL STATEMENTS

AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2020 AND 2019

AND THE YEAR ENDED DECEMBER 31, 2020

David L. Buck, CPA

3811 Schaefer Ave., Suite L, Chino, CA 91710
(714) 936-1245
davidbuck@davidbuckcpa.com

Independent Auditor's Report

To the Plan Administrator of the
Advanced Motion Controls 401(k) Plan

Report on the Financial Statements

I was engaged to audit the accompanying financial statements of the Advanced Motion Controls 401(k) Plan, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, 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

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by the Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. I have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of December 31, 2020 and 2019 and for the year ended December 31, 2020, that the information provided to the Plan Administrator by the trustee is complete and accurate.

David L. Buck, CPA

Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2020, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, I do not express an opinion on the supplemental schedule referred to above.

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

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

David L. Buck, CPA

David L. Buck, CPA
Chino, CA
September 1, 2021

ADVANCED MOTION CONTROLS 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2020	2019
ASSETS		
Investments, at fair value		
Money market fund	$ ---	$ 3
Mutual funds	13,283,856	11,069,422
Self-directed brokerage accounts	607,082	640,313
Common/collective trusts	603,897	576,952
	14,494,835	12,286,690
Receivables		
Notes receivable from participants	158,664	194,713
Total assets	14,653,499	12,481,403
LIABILITIES		
Excess contributions payable	4,732	---
Total liabilities	4,732	---
NET ASSETS AVAILABLE FOR BENEFITS	$14,648,767	$12,481,403

See the accompanying notes to these financial statements

ADVANCED MOTION CONTROLS 401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEAR ENDED DECEMBER 31, 2020

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income	
Interest and dividends	$ 715,514
Net appreciation in fair value of investments	1,342,611
	2,058,125
Interest income on notes receivable from participants	9,735
Contributions	
Employer	199,818
Participants	785,274
	985,092
Total additions to net assets	3,052,952
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	868,576
Administrative expenses	17,012
Total deductions from net assets	885,588
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	2,167,364
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	12,481,403
NET ASSETS AVAILABLE FOR BENEFITS, end of year	$ 14,648,767

See the accompanying notes to these financial statements

ADVANCED MOTION CONTROLS 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2020 AND 2019

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Advanced Motion Controls 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution retirement plan for the eligible employees of Barta-Schoenewald, Inc. dba Advanced Motion Controls (the "Company"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Administrator oversees governance of the Plan. The Plan Administrator determines the appropriateness of the Plan's investment offerings and monitors investment performance.

The Plan has implemented certain provisions of the Coronavirus Aid, Relief, and Economic Security ("CARES") Act. This act includes several relief provisions that impact retirement plans and their participants by changing existing law regarding early withdrawals, loans, and required minimum distributions.

Participant Eligibility - The Company's employees are eligible to participate in the Plan on the first day of any month of the Plan year after they have attained the age of eighteen and after they have completed three months of service.

Contributions - Participants may contribute a percentage of their pretax compensation or after-tax compensation (Roth deferral contributions), as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions (rollovers) from other qualified benefit plans. Participants may make additional voluntary, non-deductible, after tax contributions of up to 92% of compensation. Participants may also elect to have certain portions of their account be considered designated Roth contributions (In-Plan Roth Rollover Contributions). The Company contributes 50% of the first 6% of compensation that an employee contributes to the Plan. Contributions are subject to certain statutory limitations. Participants direct the investment of all contributions to their account into various investment options offered by the Plan.

Participant Accounts - Each participant's account is credited with the participant's contributions and allocations of (a) the Company's matching contributions and (b) Plan earnings, and charged with an allocation of any administrative expenses paid by the Plan. Allocations are based on participant contributions, account balances, or specific participant transactions, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

Vesting - Participants are immediately 100% vested in their contributions plus actual earnings thereon. Vesting in the portion of their account from the Company's contributions is based on years of continuous service. A participant is 100% vested after five years of credited service. In addition, participants will become 100% vested upon attaining the age of sixty-five, death, or disability.

Notes Receivable from Participants - Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the vested balance in the participant's account and bear interest at rates that are commensurate with local prevailing rates as determined by the Plan Administrator. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits - On termination of service due to death, disability, retirement, or for other reasons, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account.

Forfeited Accounts - At December 31, 2020 and 2019, forfeited nonvested accounts totaled $1,077 and $0 respectively. These accounts will be used to reduce the Company's contributions and to pay Plan expenses. During the year ended December 31, 2020, there were $5,820 forfeited nonvested accounts used to reduce the Company's contributions, and there was $6,887 of forfeited nonvested accounts used to pay Plan expenses.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Date of Management's Review of Subsequent Events - Subsequent events were evaluated through September 1, 2021, which is the date the financial statements were available to be issued.

Use of Estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Basis of Accounting - The financial statements of the Plan are prepared on the accrual basis of accounting.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2020 and 2019, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the Plan Administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition - The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Administrator determines the Plan's valuation policies. See Note 3 for a discussion of fair value measurements.

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

Excess Contributions Payable - Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (IRS) are recorded as a liability with a corresponding reduction to contributions.

Payment of Benefits - Benefits are recorded when paid.

Expenses - Certain expenses incurred maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investment related expenses are included in investment income.

NOTE 3 - FAIR VALUE MEASUREMENTS

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

Level 1 - Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

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

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

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

Money Market Fund

The fair value of the money market fund is based on the closing price reported on the active market where the individual securities are traded.

Mutual Funds

The fair value of mutual funds is based on the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Self-Directed Brokerage Accounts

Self-directed brokerage accounts primarily consist of money market funds, mutual funds, corporate stocks, and corporate bonds that are valued on the basis of readily determinable market prices.

Common/Collective Trusts

The Putnam Stable Value Fund is composed primarily of investment contracts that are valued at the net asset value of units of the bank collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months' notification in order to ensure that securities liquidations will be carried out in an orderly business manner. Certain events limit the Plan's ability to transact at contract value. The Plan Administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring. As of December 31, 2020 and 2019, there were no unfunded commitments.

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2020 and 2019. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

	Total	Fair Value Measurements at the End of the Reporting Period Using Quoted Prices in Active Markets for Identical Assets (Level 1)
December 31, 2020		
Mutual funds	$ 13,283,856	$ 13,283,856
Self-directed brokerage accounts	607,082	607,082
Total assets in the fair value hierarchy	13,890,938	$ 13,890,938
Investments measured at net assets value [(a)]	603,897	
Total investments at fair value	$ 14,494,835	
December 31, 2019		
Money market fund	$ 3	$ 3
Mutual funds	11,069,422	11,069,422
Self-directed brokerage accounts	640,313	640,313
Total assets in the fair value hierarchy	11,709,738	$ 11,709,738
Investments measured at net assets value [(a)]	576,952	
Total investments at fair value	$ 12,286,690	

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

NOTE 4 - INFORMATION CERTIFIED BY THE TRUSTEES

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company, the trustee of the Plan, has certified to the completeness and accuracy of:

- Investments and notes receivable from participants reflected on the accompanying statements of net assets available for benefits as of December 31, 2020 and 2019.

- Net appreciation in fair value of investments, interest income from notes receivable from participants, and interest and dividend income on investments reflected on the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2020.

- Investments and participant loans reflected on the schedule of assets (held at end of year) as of December 31, 2020.

NOTE 5 - PLAN TERMINATION

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

NOTE 6 - TAX STATUS

The IRS has determined and informed the Company that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

NOTE 7 - RELATED PARTY TRANSACTIONS AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are shares of money market accounts and mutual funds managed by Fidelity. Fidelity Management Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2020 and 2019 to Schedule H of Form 5500:

	2020	2019
Net assets available for benefits per the financial statements	$ 14,648,767	$ 12,481,403
Deemed distributed loans	(40,131)	(79,763)
Excess contributions payable	4,732	---
Net assets available for benefits per Schedule H of Form 5500	$ 14,613,368	$ 12,401,640

The following is a reconciliation of contributions per the financial statements for the year ended December 31, 2020 to Schedule H of Form 5500:

Contributions per the financial statements	$ 985,092
Excess contributions payable at December 31, 2020	4,732
Contributions per Schedule H of Form 5500	$ 989,824

The following is a reconciliation of interest income on notes receivable from participants per the financial statements for the year ended December 31, 2020 to Schedule H of Form 5500:

Interest income on notes receivable from participants per the financial statements	$ 9,735
Interest on deemed distributed loans	(2,591)
Interest income on notes receivable from participants per Schedule H of Form 5500	$ 7,144

The following is a reconciliation of benefit payments and deemed distributions of participant loans per the financial statements for the year ended December 31, 2020 to Schedule H of Form 5500:

Benefit payments and deemed distributions of participant loans per the financial statements	$ 868,576
Interest on deemed distributed loans	(2,591)
Deemed distributed loans at December 31, 2019	(79,763)
Deemed distributed loans at December 31, 2020	40,131
Benefit payments and deemed distributions of participant loans per Schedule H of Form 5500	$ 826,353

NOTE 9 - RISKS AND UNCERTAINTIES

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

In March 2020, the World Health Organization declared COVID-19 a pandemic. The COVID-19 pandemic and resulting global disruptions have caused significant economic uncertainty and volatility in financial markets. There is significant uncertainty around the breadth and duration of business disruptions related to COVID-19, as well as its impact on the U.S. and international economies and, as such, the Company is unable to determine if it will have a material impact to the Plan.

SUPPLEMENTAL SCHEDULE

PLAN NAME – ADVANCED MOTION CONTROLS 401(K) PLAN

PLAN SPONSOR – ADVANCED MOTION CONTROLS

DECEMBER 31, 2020

PLAN #001

FEIN #: 95-4188955

SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of Issue Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Fidelity	Mutual Fund, Balanced		$ 7,314
*	Fidelity	Mutual Fund, Blue Chip Growth		$ 593,135
*	Fidelity	Mutual Fund, U.S. Bond Index		$ 186,864
*	Fidelity	Mutual Fund, 500 Index		$ 330,288
*	Fidelity	Mutual Fund, Mid Cap Index		$ 159,097
*	Fidelity	Mutual Fund, Small Cap Index		$ 116,960
*	Fidelity	Mutual Fund, International Index		$ 121,967
*	Fidelity	Mutual Fund, Freedom Income		$ 275,457
*	Fidelity	Mutual Fund, Freedom 2010		$ 200,191
*	Fidelity	Mutual Fund, Freedom 2015		$ 199,418
*	Fidelity	Mutual Fund, Freedom 2020		$ 2,060,298
*	Fidelity	Mutual Fund, Freedom 2025		$ 1,798,240
*	Fidelity	Mutual Fund, Freedom 2030		$ 1,452,730
*	Fidelity	Mutual Fund, Freedom 2035		$ 2,265,181
*	Fidelity	Mutual Fund, Freedom 2040		$ 847,009
*	Fidelity	Mutual Fund, Freedom 2045		$ 784,798
*	Fidelity	Mutual Fund, Freedom 2050		$ 290,771
*	Fidelity	Mutual Fund, Freedom 2055		$ 152,311
*	Fidelity	Mutual Fund, Freedom 2060		$ 38,506
	Cohen & Steers	Mutual Fund, Real Estate Securities		$ 12,966
	BlackRock	Mutual Fund, Mid Cap Growth Equity		$ 221,254
	Artisan	Mutual Fund, Developing World		$ 11,431
	Delaware	Mutual Fund, Small Cap Value		$ 106,506
	Nuveen	Mutual Fund, Mid Cap Value		$ 80,170
	DFA	Mutual Fund, International Small Cap Value		$ 56,814
	Dodge & Cox	Mutual Fund, Stock		$ 162,059
	Vanguard	Mutual Fund, International Growth		$ 147,661
	Invesco Oppenheimer	Mutual Fund, International Small-Mid Company		$ 98,491
	Janus Henderson	Mutual Fund, Triton		$ 273,618
	DFA	Mutual Fund, Inflation-Protected Securities		$ 3,450
	John Hancock	Mutual Fund, Bond		$ 155,845
	Thornburg	Mutual Fund, International Value		$ 73,056
	Putnam	Common Collective Trust, Stable Value		$ 603,897
	TD Ameritrade	Self-Directed Brokerage Accounts		$ 607,082
	Participant Loans	Various loans at 4.25% to 6.50%		$ 118,533

T R I A L B A L A N C E

ADVANCED MOTION CONTROLS 401(K)
PLAN

F O R T H E P E R I O D 12/01/2020 T O 12/31/2020

T R I A L B A L A N C E

ADVANCED MOTION CONTROLS 401(K)
PLAN

T A B L E O F C O N T E N T S

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I. MARKET VALUE REPORT

FUND CODE	FUND NAME	SHARES 11/30/2020	SHARES 12/31/2020	PRICE 11/30/2020	PRICE 12/31/2020	MARKET VALUE 11/30/2020	MARKET VALUE 12/31/2020	MKT VALUE ALLOCATION
2077	FID BALANCED K	217.414	258.724	$27.57	$28.27	$5,994.11	$7,314.14	00.05%
2078	FID BLUE CHIP GR K	3,488.787	3,625.965	$158.86	$163.58	$554,228.70	$593,135.34	04.09%
2326	FID US BOND IDX	11,497.936	15,009.158	$12.48	$12.45	$143,494.24	$186,864.02	01.29%
2328	FID 500 INDEX	2,457.579	2,537.360	$125.93	$130.17	$309,482.92	$330,288.16	02.28%
2352	FID MID CAP IDX	5,733.487	5,890.305	$26.28	$27.01	$150,676.04	$159,097.13	01.10%
2358	FID SM CAP IDX	4,605.563	4,682.149	$23.18	$24.98	$106,756.94	$116,960.08	00.81%
2363	FID INTL INDEX	2,561.171	2,674.136	$44.26	$45.61	$113,357.42	$121,967.37	00.84%
3019	FID FREEDOM INC K	23,657.841	22,596.950	$12.27	$12.19	$290,281.73	$275,456.82	01.90%
3021	FID FREEDOM 2010 K	11,841.855	12,289.198	$16.51	$16.29	$195,509.03	$200,191.04	01.38%
3022	FID FREEDOM 2015 K	14,098.542	14,804.578	$13.64	$13.47	$192,304.12	$199,417.67	01.38%
3023	FID FREEDOM 2020 K	114,043.226	120,204.073	$17.30	$17.14	$1,972,947.81	$2,060,297.79	14.21%
3024	FID FREEDOM 2025 K	113,851.343	116,617.389	$15.43	$15.42	$1,756,726.23	$1,798,240.15	12.41%
3025	FID FREEDOM 2030 K	72,006.138	75,427.283	$19.23	$19.26	$1,384,678.04	$1,452,729.48	10.02%
3026	FID FREEDOM 2035 K	131,559.672	136,868.933	$16.37	$16.55	$2,153,631.83	$2,265,180.83	15.63%
3027	FID FREEDOM 2040 K	77,934.148	72,085.871	$11.54	$11.75	$899,360.09	$847,009.00	05.84%
3028	FID FREEDOM 2045 K	56,015.797	58,436.208	$13.13	$13.43	$735,487.43	$784,798.30	05.41%
3029	FID FREEDOM 2050 K	20,835.216	21,474.975	$13.22	$13.54	$275,441.57	$290,771.17	02.01%
3030	FID FREEDOM 2055 K	9,347.381	9,788.649	$15.11	$15.56	$141,238.94	$152,311.38	01.05%
3031	FID FREEDOM 2060 K	2,529.107	2,736.703	$13.64	$14.07	$34,497.02	$38,505.39	00.27%
BLNK	BROKERAGELINK	598,923.290	607,086.910	$1.00	$1.00	$598,923.29	$607,086.91	04.19%
OEAD	C&S REAL ESTATE I	779.389	795.462	$15.86	$16.30	$12,361.12	$12,966.03	00.09%
OG43	PUTNAM STABLE VALUE	599,640.810	603,897.490	$1.00	$1.00	$599,640.81	$603,897.49	04.17%
OI2E	BLKRK MD CP GR EQ K	4,970.101	5,010.275	$40.97	$44.16	$203,625.03	$221,253.74	01.53%
OI2L	ARTISAN DEV WORLD IS	417.107	427.981	$24.89	$26.71	$10,381.80	$11,431.36	00.08%
OIF2	DELAWARE SMCP VAL R6	1,660.823	1,676.995	$59.32	$63.51	$98,520.00	$106,505.95	00.73%
OKFX	NUVEEN MDCP VALUE I	1,839.732	1,865.287	$41.78	$42.98	$76,864.01	$80,170.05	00.55%
OLRS	DFA INTL SM CAP VAL	2,782.384	2,969.875	$18.11	$19.13	$50,388.99	$56,813.71	00.39%
OMAW	DODGE & COX STOCK	795.910	841.603	$193.25	$192.56	$153,809.62	$162,059.07	01.12%
OQFO	VANG INTL GROWTH ADM	883.307	921.212	$154.19	$160.29	$136,197.11	$147,661.05	01.02%
OSZB	INVS INTL SMMID CO Y	1,638.240	1,791.396	$56.36	$54.98	$92,331.22	$98,490.96	00.68%
OUO3	J H TRITON N	6,646.865	7,001.479	$37.38	$39.08	$248,459.84	$273,617.82	01.89%
OUTW	DFA INF PRT SEC PORT	256.423	260.590	$13.18	$13.24	$3,379.66	$3,450.23	00.02%
OVVX	JHANCOCK BOND R6	8,873.504	9,265.447	$16.97	$16.82	$150,583.37	$155,844.82	01.08%
OY3F	THORNBURG INT VAL R6	2,535.437	2,564.257	$27.49	$28.49	$69,699.19	$73,055.67	00.50%
						$13,921,259.27	$14,494,840.12	
TOTAL MARKET VALUE :								
NET CHANGE :							$573,580.85	

II. PLAN ACTIVITY SUMMARY

ACCOUNTING ITEM	<-BEGINNING BALANCE-> AS OF 11/30/2020 CASH	<------ACTIVITY-----> FROM 12/01/2020 TO 12/31/2020 CASH	<---ENDING BALANCE---> AS OF 12/31/2020 CASH
CONTRIBUTION	$2,963,802.52	$131,799.75	$3,095,602.27
DIVIDEND	1,555,440.21	423,532.73	1,978,972.94
INTEREST	2,347.54	0.00	2,347.54
FORFEITURE CREDIT	26,323.49	0.00	26,323.49
EXCHANGE IN	4,522,939.52	41,953.86	4,564,893.38
REALIZED G/L	(95,770.39)	17,968.48	(77,801.91)
BALANCE FORWARD	10,574,820.66	0.00	10,574,820.66
LOAN WITHDRAWAL	(180,199.00)	(7,000.00)	(187,199.00)
WITHDRAWAL	(2,365,463.66)	(121,616.90)	(2,487,080.56)
TRANSFERS	0.00	0.00	0.00
FORFEITURE DEBIT	(26,323.49)	0.00	(26,323.49)
EXCHANGE OUT	(4,522,939.52)	(41,953.86)	(4,564,893.38)
FEES	(46,144.81)	0.00	(46,144.81)
LOAN REPAYMENT	198,589.44	4,132.87	202,722.31
INTEREST ON LOAN	22,341.76	681.31	23,023.07
ADJUSTMENT	186,422.36	6,708.12	193,130.48
GRAND TOTAL:	$12,816,186.63	$456,206.36	$13,272,392.99

ENDING MARKET VALUE $14,494,840.12

III. ACTIVITY BY FUND

ACCOUNTING ITEM		0458 FID GOVT MMKT	1522 FID INTL INDEX PR	1523 FID 500 INDEX PR
BEGINNING MARKET VALUE	11/30/2020	$0.00	$0.00	$0.00
RECEIPTS:				
SUBTOTAL:		$0.00	$0.00	$0.00
DISBURSEMENTS:				
SUBTOTAL:		$0.00	$0.00	$0.00
INVESTMENT INCOME:				
SUBTOTAL:		$0.00	$0.00	$0.00
ENDING MARKET VALUE	12/31/2020	$0.00	$0.00	$0.00
ENDING NAV:		$1.00	$39.63	$95.26

ACCOUNTING ITEM		2077 FID BALANCED K	2078 FID BLUE CHIP GR K	2324 FID US BOND IDX PR
BEGINNING MARKET VALUE	11/30/2020	$5,994.11	$554,228.70	$0.00
RECEIPTS:				
EMPLOYEE DEFERRAL CONTRIBUTION		294.35	4,993.89	0.00
EMPLOYER MATCH CONTRIBUTION		61.33	980.10	0.00
AFTER TAX CONTRIBUTION		705.36	0.00	0.00
ROTH DEFERRAL CONTRIBUTION		0.00	372.92	0.00
SUBTOTAL:		$1,061.04	$6,346.91	$0.00
DISBURSEMENTS:				
SUBTOTAL:		$0.00	$0.00	$0.00
INVESTMENT INCOME:				
DIVIDEND		90.31	16,032.80	0.00
UNREALIZED G/L		168.68	16,526.93	0.00
SUBTOTAL:		$258.99	$32,559.73	$0.00
ENDING MARKET VALUE	12/31/2020	$7,314.14	$593,135.34	$0.00
ENDING NAV:		$28.27	$163.58	$11.01

ACCOUNTING ITEM		2326 FID US BOND IDX	2328 FID 500 INDEX	2350 FID MID CAP IDX PR
BEGINNING MARKET VALUE	11/30/2020	$143,494.24	$309,482.92	$0.00
RECEIPTS:				
EMPLOYEE DEFERRAL CONTRIBUTION		294.03	2,494.41	0.00
EMPLOYER MATCH CONTRIBUTION		105.55	926.17	0.00
AFTER TAX CONTRIBUTION		470.23	1,658.46	0.00
ROTH DEFERRAL CONTRIBUTION		63.07	3,678.10	0.00
EXCHANGE IN		41,953.86	0.00	0.00
TRANSFERS		0.00	1,658.46	0.00
SUBTOTAL:		$42,886.74	$10,415.60	$0.00
DISBURSEMENTS:				
TRANSFERS		0.00	(1,658.46)	0.00
SUBTOTAL:		$0.00	($1,658.46)	$0.00
INVESTMENT INCOME:				
DIVIDEND		621.47	1,452.92	0.00
UNREALIZED G/L		(138.43)	10,595.18	0.00
SUBTOTAL:		$483.04	$12,048.10	$0.00
ENDING MARKET VALUE	12/31/2020	$186,864.02	$330,288.16	$0.00
ENDING NAV:		$12.45	$130.17	$21.04

ACCOUNTING ITEM		2352 FID MID CAP IDX	2358 FID SM CAP IDX	2359 FID SM CAP IDX PR
BEGINNING MARKET VALUE	11/30/2020	$150,676.04	$106,756.94	$0.00
RECEIPTS:				
EMPLOYEE DEFERRAL CONTRIBUTION		426.81	244.43	0.00
EMPLOYER MATCH CONTRIBUTION		188.82	188.54	0.00
AFTER TAX CONTRIBUTION		414.62	207.30	0.00
ROTH DEFERRAL CONTRIBUTION		285.26	330.76	0.00
TRANSFERS		414.62	207.30	0.00
SUBTOTAL:		$1,730.13	$1,178.33	$0.00
DISBURSEMENTS:				
TRANSFERS		(414.62)	(207.30)	0.00
SUBTOTAL:		($414.62)	($207.30)	$0.00
INVESTMENT INCOME:				
DIVIDEND		2,903.45	891.04	0.00
UNREALIZED G/L		4,202.13	8,341.07	0.00
SUBTOTAL:		$7,105.58	$9,232.11	$0.00
ENDING MARKET VALUE	12/31/2020	$159,097.13	$116,960.08	$0.00
ENDING NAV:		$27.01	$24.98	$20.61

ACCOUNTING ITEM		2363 FID INTL INDEX	3019 FID FREEDOM INC K	3021 FID FREEDOM 2010 K
BEGINNING MARKET VALUE	11/30/2020	$113,357.42	$290,281.73	$195,509.03
RECEIPTS:				
EMPLOYEE DEFERRAL CONTRIBUTION		887.80	1,281.55	0.00
EMPLOYER MATCH CONTRIBUTION		156.27	549.24	0.00
AFTER TAX CONTRIBUTION		1,865.78	0.00	0.00
TRANSFERS		1,865.78	0.00	0.00
SUBTOTAL:		$4,775.63	$1,830.79	$0.00
DISBURSEMENTS:				
WITHDRAWAL		0.00	(21,616.90)	0.00
TRANSFERS		(1,865.78)	0.00	0.00
SUBTOTAL:		($1,865.78)	($21,616.90)	$0.00
INVESTMENT INCOME:				
DIVIDEND		2,164.49	6,523.43	7,282.74
REALIZED G/L		0.00	1,085.46	0.00
UNREALIZED G/L		3,535.61	(2,647.69)	(2,600.73)
SUBTOTAL:		$5,700.10	$4,961.20	$4,682.01
ENDING MARKET VALUE	12/31/2020	$121,967.37	$275,456.82	$200,191.04
ENDING NAV:		$45.61	$12.19	$16.29

ACCOUNTING ITEM		3022 FID FREEDOM 2015 K	3023 FID FREEDOM 2020 K	3024 FID FREEDOM 2025 K
BEGINNING MARKET VALUE	11/30/2020	$192,304.12	$1,972,947.81	$1,756,726.23
RECEIPTS:				
EMPLOYEE DEFERRAL CONTRIBUTION		291.00	17,948.05	14,862.86
EMPLOYER MATCH CONTRIBUTION		145.50	3,432.21	3,616.44
AFTER TAX CONTRIBUTION		0.00	0.00	705.39
LOAN REPAYMENT		976.68	219.57	919.37
INTEREST ON LOAN		206.82	38.58	169.03
SUBTOTAL:		$1,620.00	$21,638.41	$20,273.09
DISBURSEMENTS:				
EXCHANGE OUT		0.00	0.00	(41,953.86)
SUBTOTAL:		$0.00	$0.00	($41,953.86)
INVESTMENT INCOME:				
DIVIDEND		7,912.12	84,387.63	63,884.71
REALIZED G/L		0.00	0.00	4,877.51
UNREALIZED G/L		(2,418.57)	(18,676.06)	(5,567.53)
SUBTOTAL:		$5,493.55	$65,711.57	$63,194.69
ENDING MARKET VALUE	12/31/2020	$199,417.67	$2,060,297.79	$1,798,240.15
ENDING NAV:		$13.47	$17.14	$15.42

ACCOUNTING ITEM		3025 FID FREEDOM 2030 K	3026 FID FREEDOM 2035 K	3027 FID FREEDOM 2040 K
BEGINNING MARKET VALUE	11/30/2020	$1,384,678.04	$2,153,631.83	$899,360.09
RECEIPTS:				
EMPLOYEE DEFERRAL CONTRIBUTION		9,199.08	5,490.45	5,292.00
EMPLOYER MATCH CONTRIBUTION		2,197.78	2,579.67	2,052.29
ROTH DEFERRAL CONTRIBUTION		0.00	0.00	762.27
LOAN REPAYMENT		152.45	935.35	455.08
INTEREST ON LOAN		8.65	121.43	91.01
SUBTOTAL:		$11,557.96	$9,126.90	$8,652.65
DISBURSEMENTS:				
LOAN WITHDRAWAL		0.00	0.00	(7,000.00)
WITHDRAWAL		0.00	0.00	(100,000.00)
SUBTOTAL:		$0.00	$0.00	($107,000.00)
INVESTMENT INCOME:				
DIVIDEND		54,453.74	78,802.00	27,281.96
REALIZED G/L		0.00	0.00	12,005.51
UNREALIZED G/L		2,039.74	23,620.10	6,708.79
SUBTOTAL:		$56,493.48	$102,422.10	$45,996.26
ENDING MARKET VALUE	12/31/2020	$1,452,729.48	$2,265,180.83	$847,009.00
ENDING NAV:		$19.26	$16.55	$11.75

ACCOUNTING ITEM		3028 FID FREEDOM 2045 K	3029 FID FREEDOM 2050 K	3030 FID FREEDOM 2055 K
BEGINNING MARKET VALUE	11/30/2020	$735,487.43	$275,441.57	$141,238.94
RECEIPTS:				
EMPLOYEE DEFERRAL CONTRIBUTION		7,804.89	558.00	2,571.97
EMPLOYER MATCH CONTRIBUTION		3,057.60	167.40	617.57
ROTH DEFERRAL CONTRIBUTION		0.00	0.00	377.82
LOAN REPAYMENT		138.63	122.04	0.00
INTEREST ON LOAN		30.18	0.44	0.00
SUBTOTAL:		$11,031.30	$847.88	$3,567.36
DISBURSEMENTS:				
SUBTOTAL:		$0.00	$0.00	$0.00
INVESTMENT INCOME:				
DIVIDEND		21,531.31	7,810.85	3,296.83
UNREALIZED G/L		16,748.26	6,670.87	4,208.25
SUBTOTAL:		$38,279.57	$14,481.72	$7,505.08
ENDING MARKET VALUE	12/31/2020	$784,798.30	$290,771.17	$152,311.38
ENDING NAV:		$13.43	$13.54	$15.56

ACCOUNTING ITEM		3031 FID FREEDOM 2060 K	BLNK BROKERAGELINK	OEAD C&S REAL ESTATE I
BEGINNING MARKET VALUE	11/30/2020	$34,497.02	$598,923.29	$12,361.12
RECEIPTS:				
EMPLOYEE DEFERRAL CONTRIBUTION		1,467.60	965.93	49.84
EMPLOYER MATCH CONTRIBUTION		467.40	489.57	28.93
ROTH DEFERRAL CONTRIBUTION		0.00	0.00	16.06
LOAN REPAYMENT		213.70	0.00	0.00
INTEREST ON LOAN		15.17	0.00	0.00
ADJUSTMENT		0.00	6,708.12	0.00
SUBTOTAL:		$2,163.87	$8,163.62	$94.83
DISBURSEMENTS:				
SUBTOTAL:		$0.00	$0.00	$0.00
INVESTMENT INCOME:				
DIVIDEND		752.01	0.00	160.82
UNREALIZED G/L		1,092.49	0.00	349.26
SUBTOTAL:		$1,844.50	$0.00	$510.08
ENDING MARKET VALUE	12/31/2020	$38,505.39	$607,086.91	$12,966.03
ENDING NAV:		$14.07	$1.00	$16.30

ACCOUNTING ITEM		OEFQ DFA EMRG MKT CORE EQ	OFOI OAKMARK INTL INV	OG43 PUTNAM STABLE VALUE
BEGINNING MARKET VALUE	11/30/2020	$0.00	$0.00	$599,640.81
RECEIPTS:				
EMPLOYEE DEFERRAL CONTRIBUTION		0.00	0.00	7,191.09
EMPLOYER MATCH CONTRIBUTION		0.00	0.00	(4,279.43)
SUBTOTAL:		$0.00	$0.00	$2,911.66
DISBURSEMENTS:				
SUBTOTAL:		$0.00	$0.00	$0.00
INVESTMENT INCOME:				
DIVIDEND		0.00	0.00	1,345.02
SUBTOTAL:		$0.00	$0.00	$1,345.02
ENDING MARKET VALUE	12/31/2020	$0.00	$0.00	$603,897.49
ENDING NAV:		$24.27	$26.09	$1.00

ACCOUNTING ITEM		OI2E BLKRK MD CP GR EQ K	OI2L ARTISAN DEV WORLD IS	OIF2 DELAWARE SMCP VAL R6
BEGINNING MARKET VALUE	11/30/2020	$203,625.03	$10,381.80	$98,520.00
RECEIPTS:				
EMPLOYEE DEFERRAL CONTRIBUTION		1,178.08	117.81	0.00
EMPLOYER MATCH CONTRIBUTION		217.04	80.21	0.00
ROTH DEFERRAL CONTRIBUTION		330.76	85.25	0.00
SUBTOTAL:		$1,725.88	$283.27	$0.00
DISBURSEMENTS:				
SUBTOTAL:		$0.00	$0.00	$0.00
INVESTMENT INCOME:				
DIVIDEND		0.00	0.00	1,016.43
UNREALIZED G/L		15,902.83	766.29	6,969.52
SUBTOTAL:		$15,902.83	$766.29	$7,985.95
ENDING MARKET VALUE	12/31/2020	$221,253.74	$11,431.36	$106,505.95
ENDING NAV:		$44.16	$26.71	$63.51

ACCOUNTING ITEM		OKFX NUVEEN MDCP VALUE I	OKRH WF SPL MID CP VAL IS	OLRS DFA INTL SM CAP VAL
BEGINNING MARKET VALUE	11/30/2020	$76,864.01	$0.00	$50,388.99
RECEIPTS:				
EMPLOYEE DEFERRAL CONTRIBUTION		57.95	0.00	1,793.07
EMPLOYER MATCH CONTRIBUTION		28.98	0.00	896.55
SUBTOTAL:		$86.93	$0.00	$2,689.62
DISBURSEMENTS:				
SUBTOTAL:		$0.00	$0.00	$0.00
INVESTMENT INCOME:				
DIVIDEND		1,005.90	0.00	822.04
UNREALIZED G/L		2,213.21	0.00	2,913.06
SUBTOTAL:		$3,219.11	$0.00	$3,735.10
ENDING MARKET VALUE	12/31/2020	$80,170.05	$0.00	$56,813.71
ENDING NAV:		$42.98	$43.27	$19.13

ACCOUNTING ITEM		OMAW DODGE & COX STOCK	OQFO VANG INTL GROWTH ADM	OSZB INVS INTL SMMID CO Y
BEGINNING MARKET VALUE	11/30/2020	$153,809.62	$136,197.11	$92,331.22
RECEIPTS:				
EMPLOYEE DEFERRAL CONTRIBUTION		929.80	1,258.38	122.43
EMPLOYER MATCH CONTRIBUTION		435.60	178.60	131.58
ROTH DEFERRAL CONTRIBUTION		472.53	1,127.19	364.43
SUBTOTAL:		$1,837.93	$2,564.17	$618.44
DISBURSEMENTS:				
SUBTOTAL:		$0.00	$0.00	$0.00
INVESTMENT INCOME:				
DIVIDEND		6,869.16	3,391.38	7,389.12
UNREALIZED G/L		(457.64)	5,508.39	(1,847.82)
SUBTOTAL:		$6,411.52	$8,899.77	$5,541.30
ENDING MARKET VALUE	12/31/2020	$162,059.07	$147,661.05	$98,490.96
ENDING NAV:		$192.56	$160.29	$54.98

ACCOUNTING ITEM		OUBJ AF FUNDMNTL INV R6	OUO3 J H TRITON N	OUTW DFA INF PRT SEC PORT
BEGINNING MARKET VALUE	11/30/2020	$0.00	$248,459.84	$3,379.66
RECEIPTS:				
EMPLOYEE DEFERRAL CONTRIBUTION		0.00	1,679.80	16.57
EMPLOYER MATCH CONTRIBUTION		0.00	281.52	8.29
AFTER TAX CONTRIBUTION		0.00	940.49	0.00
ROTH DEFERRAL CONTRIBUTION		0.00	218.45	0.00
SUBTOTAL:		$0.00	$3,120.26	$24.86
DISBURSEMENTS:				
SUBTOTAL:		$0.00	$0.00	$0.00
INVESTMENT INCOME:				
DIVIDEND		0.00	10,614.68	29.95
UNREALIZED G/L		0.00	11,423.04	15.76
SUBTOTAL:		$0.00	$22,037.72	$45.71
ENDING MARKET VALUE	12/31/2020	$0.00	$273,617.82	$3,450.23
ENDING NAV:		$69.14	$39.08	$13.24

ACCOUNTING ITEM	OV1H MM SEL MID CAP GR I	OVVX JHANCOCK BOND R6	OY3F THORNBURG INT VAL R6	TOTAL
BEGINNING MARKET VALUE 11/30/2020	$0.00	$150,583.37	$69,699.19	$13,921,259.27
RECEIPTS:				
EMPLOYEE DEFERRAL CONTRIBUTION	0.00	1,789.73	178.36	93,732.01
EMPLOYER MATCH CONTRIBUTION	0.00	456.35	117.19	20,560.86
AFTER TAX CONTRIBUTION	0.00	1,880.98	0.00	8,848.61
ROTH DEFERRAL CONTRIBUTION	0.00	61.36	112.04	8,658.27
EXCHANGE IN	0.00	0.00	0.00	41,953.86
TRANSFERS	0.00	0.00	0.00	4,146.16
LOAN REPAYMENT	0.00	0.00	0.00	4,132.87
INTEREST ON LOAN	0.00	0.00	0.00	681.31
ADJUSTMENT	0.00	0.00	0.00	6,708.12
SUBTOTAL:	$0.00	$4,188.42	$407.59	$189,422.07
DISBURSEMENTS:				
LOAN WITHDRAWAL	0.00	0.00	0.00	(7,000.00)
WITHDRAWAL	0.00	0.00	0.00	(121,616.90)
TRANSFERS	0.00	0.00	0.00	(4,146.16)
EXCHANGE OUT	0.00	0.00	0.00	(41,953.86)
SUBTOTAL:	$0.00	$0.00	$0.00	($174,716.92)
INVESTMENT INCOME:				
DIVIDEND	0.00	2,409.68	402.74	423,532.73
REALIZED G/L	0.00	0.00	0.00	17,968.48
UNREALIZED G/L	0.00	(1,336.65)	2,546.15	117,374.49
SUBTOTAL:	$0.00	$1,073.03	$2,948.89	$558,875.70
ENDING MARKET VALUE 12/31/2020	$0.00	$155,844.82	$73,055.67	$14,494,840.12
ENDING NAV:	$28.25	$16.82	$28.49	

IV. ACTIVITY BY SOURCE

ACCOUNTING ITEM	EMPLOYEE DEFERRAL	ROTH DEFERRAL	EMPLOYER MATCH
BEGINNING MARKET VALUE 11/30/2020	$9,386,133.56	$418,630.64	$3,294,543.74
RECEIPTS:			
CONTRIBUTION	93,732.01	8,658.27	20,560.86
EXCHANGE IN	32,526.55	0.00	9,427.31
LOAN REPAYMENT	4,089.61	0.00	0.00
INTEREST ON LOAN	681.16	0.00	0.00
ADJUSTMENT	5,635.71	0.00	1,072.41
SUBTOTAL:	$136,665.04	$8,658.27	$31,060.58
DISBURSEMENTS:			
LOAN WITHDRAWAL	(7,000.00)	0.00	0.00
WITHDRAWAL	(76,668.44)	(24,123.44)	(20,825.02)
EXCHANGE OUT	(32,526.55)	0.00	(9,427.31)
SUBTOTAL:	($116,194.99)	($24,123.44)	($30,252.33)
INVESTMENT INCOME:			
DIVIDEND	283,164.94	11,607.37	102,593.24
REALIZED G/L	11,700.19	2,822.67	3,445.62
UNREALIZED G/L	73,123.73	7,527.05	24,426.21
SUBTOTAL:	$367,988.86	$21,957.09	$130,465.07
ENDING MARKET VALUE 12/31/2020	$9,774,592.47	$425,122.56	$3,425,817.06

ACCOUNTING ITEM	ROLLOVER	AFTER TAX	ROTH IN-PLAN CONVERSION	TOTAL
BEGINNING MARKET VALUE 11/30/2020	$694,660.17	$7,875.11	$119,416.05	$13,921,259.27
RECEIPTS:				
CONTRIBUTION	0.00	8,848.61	0.00	131,799.75
EXCHANGE IN	0.00	0.00	0.00	41,953.86
TRANSFERS	0.00	0.00	4,146.16	4,146.16
LOAN REPAYMENT	43.26	0.00	0.00	4,132.87
INTEREST ON LOAN	0.15	0.00	0.00	681.31
ADJUSTMENT	0.00	0.00	0.00	6,708.12
SUBTOTAL:	$43.41	$8,848.61	$4,146.16	$189,422.07
DISBURSEMENTS:				
LOAN WITHDRAWAL	0.00	0.00	0.00	(7,000.00)
WITHDRAWAL	0.00	0.00	0.00	(121,616.90)
TRANSFERS	0.00	(4,146.16)	0.00	(4,146.16)
EXCHANGE OUT	0.00	0.00	0.00	(41,953.86)
SUBTOTAL:	$0.00	($4,146.16)	$0.00	($174,716.92)
INVESTMENT INCOME:				
DIVIDEND	24,441.40	228.46	1,497.32	423,532.73
REALIZED G/L	0.00	0.00	0.00	17,968.48
UNREALIZED G/L	8,075.69	92.85	4,128.96	117,374.49
SUBTOTAL:	$32,517.09	$321.31	$5,626.28	$558,875.70
ENDING MARKET VALUE 12/31/2020	$727,220.67	$12,898.87	$129,188.49	$14,494,840.12

V. SUMMARY OF LOAN ACTIVITY

BEGINNING BALANCE AS OF: 11/30/2020		$155,451.07
PRINCIPAL ACTIVITY		
LESS PRINCIPAL REPAID	(4,132.87)	
LESS NON-MONETARY		
LOAN DEFAULT - ACTUAL DEFAULT	(75.74)	
SUBTOTAL		($4,208.61)
PLUS LOAN WITHDRAWALS	7,000.00	
PLUS NON-MONETARY		
LOAN DEFAULT - PRE-DEFAULT INT	276.26	
LOAN DEFAULT - POST-DEFAULT INT	145.56	
SUBTOTAL		$7,421.82
OUTSTANDING PRINCIPAL BALANCE AS OF: 12/31/2020		$158,664.28
INTEREST ACTIVITY		
INTEREST PAYMENTS	681.31	
TOTAL INTEREST		$681.31
TOTAL DEEMED DEFAULT DISTRIBUTIONS FROM 12/01/2020 TO: 12/31/2020		$3,839.00
TOTAL LOANS OUTSTANDING AS OF 12/31/2020:		22