

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed 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-SF.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A	This return/report is for: ☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
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	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>CELLULAR TECHNOLOGY LIMITED CASH BALANCE PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>002</u>
		1c	Effective date of plan <u>01/01/2017</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CELLULAR TECHNOLOGY LIMITED</u> <u>20521 CHAGRIN BLVD.</u> <u>SHAKER HEIGHTS, OH 44122</u>	2b	Employer Identification Number (EIN) <u>34-1870041</u>
		2c	Sponsor's telephone number <u>216-791-5084</u>
		2d	Business code (see instructions) <u>541700</u>
3a	Plan administrator's name and address ☒ Same as Plan Sponsor.	3b	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.	4b	EIN
a	Sponsor's name	4d	PN
c	Plan Name		
5a	Total number of participants at the beginning of the plan year	5a	<u>60</u>
b	Total number of participants at the end of the plan year	5b	<u>64</u>
c	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	5c	
d(1)	Total number of active participants at the beginning of the plan year	5d(1)	<u>42</u>
d(2)	Total number of active participants at the end of the plan year	5d(2)	<u>42</u>
e	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	<u>3</u>

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2021	GEORGE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

Form 5500-SF (2020)
v.200204

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4332498. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	2277326	3116335
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	2277326	3116335
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	1417368	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	-578359	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		839009
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	
e Certain deemed and/or corrective distributions (see instructions) .	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		0
i Net income (loss) (subtract line 8h from line 8c)	8i		839009
j Transfers to (from) the plan (see instructions)	8j	0	

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 1C
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		☒	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		☒	
c Was the plan covered by a fidelity bond?	10c	☒		2500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		☒	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		☒	
f Has the plan failed to provide any benefit when due under the plan?	10f		☒	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		☒	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		☒	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 12 below..... ☒ Yes ☐ No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40..... **11a** 0

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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

▶ Round off amounts to nearest dollar.

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

A Name of plan CELLULAR TECHNOLOGY LIMITED CASH BALANCE PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CELLULAR TECHNOLOGY LIMITED	D Employer Identification Number (EIN) 34-1870041
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month 12 Day 31 Year 2020	
2 Assets:	
a Market value	2a 1696664
b Actuarial value	2b 1696664
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants 0 (2) Vested Funding Target 0 (3) Total Funding Target 0
b For terminated vested participants.....	22 37646 37646
c For active participants	42 1646138 1648915
d Total.....	64 1683784 1686561
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 5.07 %
6 Target normal cost.....	6 522240

Statement by Enrolled Actuary

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

SIGN HERE		10/06/2021
Signature of actuary		Date
JULIUS SMETONA, F.S.A., E.A.		20-05589
Type or print name of actuary		Most recent enrollment number
DESALES ASSOCIATES		216-595-3940
Firm name		Telephone number (including area code)
P.O. BOX 241548 CLEVELAND, OH 44124		
Address of the firm		

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>-24.54</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		656970
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>4.74</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		656970
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	100.59 %
15 Adjusted funding target attainment percentage	15	100.59 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	123.97 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
11/05/2020	300000	0			
01/12/2021	325000	0			
07/26/2021	292386	0			
08/15/2021	250000	0			
08/29/2021	250000	0			
Totals ▶			18(b)	1417386	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1395452

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.64 %2nd segment:
5.21 %3rd segment:
5.94 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

0

22 Weighted average retirement age**22**

62

23 Mortality table(s) (see instructions)

Prescribed - combined



Prescribed - separate



Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) **31a** 522240**b** Excess assets, if applicable, but not greater than line 31a **31b** 10103**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 0**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 512137

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

36 Additional cash requirement (line 34 minus line 35) **36** 512137**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 1395452**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 883315**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

2020 Schedule SB, Line 26
Schedule of Active Participant Data

	Years of Credited Service										
Attained Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 to 99	Total
0 to 24	2	1									3
25 to 29		13	3								16
30 to 34		6	1								7
35 to 39		3	1								4
40 to 44		1		1							2
45 to 49		0									0
50 to 54	1	1	1	2							5
55 to 59		3									3
60 to 64		0				1					1
65 to 69		0				1					1
70 to 99		0									0
Total	3	28	6	3	0	2	0	0	0	0	42

Cellular Technology Limited Cash Balance Plan
EIN: 34-1870041
Plan Number: 002

2020 Schedule SB, Part 5

Statement of Actuarial Assumptions and Methods

Twenty-Four Month Segment Rates	December 2019	December 2020
First Segment Rate	3.74%	3.64%
Second Segment Rate	5.35%	5.21%
Third Segment Rate	6.11%	5.94%
Valuation Mortality Table (Static mortality table for valuations in 2020)	<u>Pre-retirement</u>	<u>Post-retirement</u>
Males	None	IRS Applicable Mortality Table
Females	None	IRS Applicable Mortality Table
Assumed Retirement Age	All Participants are assumed to retire on their Normal Retirement Date	
Assumed Form of Distribution	Single Lump Sum Distribution	
Disability Rates	None	
Expense loading	0%	
Salary Scale	0%	
Withdrawal Rates	None	
Marital Assumption	Not applicable.	
Spouse Age Difference	Not applicable.	
Disability Rates	None	
Asset Valuation Method	Market Value plus any contribution receivable for the prior Plan Year.	
Actuarial Cost Method	Unit Credit	

The following data were used for the valuation:

1. Participant data Supplied by the Employer as of December 31, 2020.
2. Asset data Supplied by the Employer as of December 31, 2020.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
► Round off amounts to nearest dollar.	
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan CELLULAR TECHNOLOGY LIMITED CASH BALANCE PLAN	B Three-digit plan number (PN) <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CELLULAR TECHNOLOGY LIMITED	D Employer Identification Number (EIN) 34-1870041
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I Basic Information			
1 Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2020</u>			
2 Assets:			
a Market value	2a	1,696,664	
b Actuarial value	2b	1,696,664	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	22	37,646	37,646
c For active participants	42	1,646,138	1,648,915
d Total	64	1,683,784	1,686,561
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.07%	
6 Target normal cost	6	522,240	

Statement by Enrolled Actuary <small>To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.</small>			
<table style="width:100%;"> <tr> <td style="width:15%; text-align: center;">SIGN HERE</td> <td style="width:85%;"> Signature of actuary Julius Smetona, F.S.A., E.A. Type or print name of actuary DeSales Associates Firm name P.O. Box 241548 Cleveland OH 44124 Address of the firm </td> </tr> </table>	SIGN HERE	 Signature of actuary Julius Smetona, F.S.A., E.A. Type or print name of actuary DeSales Associates Firm name P.O. Box 241548 Cleveland OH 44124 Address of the firm	<u>10/06/2021</u> Date <u>2005589</u> Most recent enrollment number <u>216-595-3940</u> Telephone number (including area code)
SIGN HERE	 Signature of actuary Julius Smetona, F.S.A., E.A. Type or print name of actuary DeSales Associates Firm name P.O. Box 241548 Cleveland OH 44124 Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐	Schedule SB (Form 5500) 2020 v. 200204
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For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

(b) Prefunding balance

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	522,240	
b Excess assets, if applicable, but not greater than line 31a	31b	10,103	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	512,137	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	512,137	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1,395,452	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	883,315	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

2020 Schedule SB, Line 22
Description of Weighted-Average Retirement Age

Normal Retirement Age under the terms of the plan is the later of age 62 and the fifth anniversary of the date of participation. All plan participants are assumed to retire upon reaching Normal Retirement Age. The weighted-average retirement age is **62.14**.

2020 Schedule SB, Part 5

Summary of Plan Provisions

- | | |
|----------------------------------|--|
| 1. Effective Date | January 1, 2017 |
| 2. Fiscal Year | January 1 to December 31 |
| 3. Plan Year | January 1 to December 31 |
| 4. Anniversary Date | January 1 |
| 5. Participation Eligibility | <p>Immediate entry upon day of hire but not before January 1, 2017. Only employees whose job classification is <i>Owner 1, Owner 2, Lab R&D, Lab Technicians, or Repairs, Maintenance & Cleaning</i> are eligible to participate in the Plan.</p> <p><i>Effective January 1, 2020, employees whose job classification in 2019 was Owner 1 or Owner 2 and effective in 2020 was changed to Overhead remain eligible to participate in the plan. In addition, employees whose job classification in 2019 was Lab Technician and effective in 2020 was changed to GLP Lab – CRO Lab remain eligible to participate in the plan.</i></p> |
| 6. Participation Date | There are no minimum age or services requirements, participation is immediate upon hire. |
| 7. Compensation | The determination period for a Participant's applicable Plan Compensation is the Plan Year. A Participant's Plan Compensation is Code §415 Compensation and includes 401(k) and Section 125 deferrals. |
| 8. Average Compensation | Not Applicable. |
| 9. Normal Retirement Age | The later of: (a) attainment of age 62; and (b) the fifth anniversary of an employee's Participation Date. |
| 10. Normal Retirement Date | The date Normal Retirement Age is attained. |
| 11. Normal Form of Benefit | Single Life Annuity. |
| 12. Disability Retirement | Not applicable. |
| 13. Accrued Benefit | Amount earned as of a specified date under the Normal Retirement Benefit formula. |
| 14. Disability Benefit | The Plan does not provide for special disability benefits. |
| 15. Early Retirement Benefit | None. |
| 16. Pre-Retirement Death Benefit | Present Value of Accrued Benefit. |

Cellular Technology Limited Cash Balance Plan
EIN: 34-1870041
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2020 Schedule SB, Part 5
Summary of Plan Provisions
(continued)

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|---|--|
| 17. Vesting Schedule | Plan Participants are 100% vested after the completion of three years of Vesting Service. Participants are 100% vested at death and upon becoming disabled.

<i>Employees whose job classification in 2019 was Lab Technician and effective in 2020 was changed to GLP Lab – CRO Lab are 100% vested in their Accrued Benefit.</i> |
| 18. Year of Service (for eligibility) | Not applicable; there are no service requirements an employee must satisfy in order to participate in the Plan. |
| 19. Year of Service (for benefit accrual) | Not applicable; there are no service requirements a participant must satisfy in order to receive a Contribution Credit. |
| 20. Year of Service (for vesting) | Plan Year during which an employee completes at least 1,000 hours of service including periods before the Effective Date of the plan. |
| 21. Forms of Distribution | Single Life Annuity, 50% Joint and Survivor Annuity, 75% Joint and Survivor Annuity, and Single Lump Sum Distribution. |
| 22. Top-Heavy | Plan Participants receive top-heavy accruals under the Cellular Technology Limited Profit Sharing Plan. |

2020 Schedule SB, Part 5
Summary of Plan Provisions
(continued)

23. Normal Retirement Benefit

Contribution Credits

Contribution Credits to a Plan Participant's Hypothetical Account are determined as a percentage of annual compensation based on an employee's job classification as follows:

Job Classification	Annual Percentage of Compensation
Owner 1	\$244,000.00
Owner 2	\$221,000.00
Lab R&D	\$1,000.00
Lab Technicians	\$1,000.00
Repairs, Maintenance & Cleaning	\$1,000.00

Each Eligible Participant whose job classification was Owner 1 in 2019 and whose job classification became Overhead in 2020 shall receive the same Applicable Pension Credit as an Eligible Participant who is employed as Owner 1.

Each Eligible Participant whose job classification was Owner 2 in 2019 and whose job classification became Overhead in 2020 shall receive the same Applicable Pension Credit as an Eligible Participant who is employed as Owner 2.

Each Eligible Participant whose job classification was Lab Technician in 2019 and whose job classification became GLP Lab – CRO Lab in 2020 shall receive the same Applicable Pension Credit as an Eligible Participant who is employed as Owner 2.

A Participant's Contribution Credit will not be less than the following:

The present value, determined as of the last day of the Plan Year using the Plan's basis of actuarial equivalence, of a single life annuity equal to .5% of a Participant's compensation for the Plan Year commencing on a Participant's Normal Retirement Date.

Interest Credits

For each Plan Year up to the commencement of a Participant's full benefits, an Interest Credit shall be added annually on the last day of each Plan Year to each Participant's Hypothetical Account in an amount equal to 5.0% multiplied by the amount of the Participant's Hypothetical Account as of the first day of the Plan Year.