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
IROQUOIS INDUSTRIAL GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1983

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)
IROQUOIS INDUSTRIAL GROUP LLC

602 E. WALNUT STREET
WATSEKA, IL 60970

2b Employer Identification Number (EIN) 45-4035661

2c Plan Sponsor's telephone number 815-432-4938

2d Business code (see instructions) 331200

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2021	ERISA FIDUCIARY SERVICES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

ERISA FIDUCIARY SERVICES

1373 VETERANS MEMORIAL HIGHWAY
SUITE 10
HAUPPAUGE, NY 11788

3b Administrator's EIN: 47-1637791

3c Administrator's telephone number: 631-249-0500

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**	381
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)**	323
a(2) Total number of active participants at the end of the plan year	**6a(2)**	367
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	118
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	485
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	485
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	457
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	23
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 2S 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
IROQUOIS INDUSTRIAL GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
IROQUOIS INDUSTRIAL GROUP LLC

D Employer Identification Number (EIN)
45-4035661

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

PAYCHEX SECURITIES CORPORATION
225 KENNETH DRIVE
ROCHESTER, NY 14623

16-1486352

(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)

ERISA FIDUCIARY SERVICES INC.

1800 WALT WHITMAN ROAD
SUITE 100
MELVILLE, NY 11747-3237

47-1637791

(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?
13 15	CONTRACT ADMINISTRATOR	5753	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

PAYCHEX, INC.

911 PANORAMA TRAIL S
ROCHESTER, NY 14625

16-1124166

(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?
13 15	RECORDKEEPER	7066	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
IROQUOIS INDUSTRIAL GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
IROQUOIS INDUSTRIAL GROUP LLC

D Employer Identification Number (EIN)
45-4035661

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: METLIFE STABLE VALUE SOLUTION J

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

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)
26-0142858-094	C	372829

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
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b Name of plan sponsor	**c** EIN-PN
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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
IROQUOIS INDUSTRIAL GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
IROQUOIS INDUSTRIAL GROUP LLC

D Employer Identification Number (EIN)
45-4035661

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 reported 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	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3136	5944
(2) Participant contributions	1b(2)	13272	29606
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	54731	43839
(9) Value of interest in common/collective trusts	1c(9)	378230	372829
(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)	3106408	4075388
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	
	(2) Employer real property	1d(2)	0	
e	Buildings and other property used in plan operation	1e	0	
f	Total assets (add all amounts in lines 1a through 1e)	1f	3555777	4527606
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	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	3555777	4527606

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)	67968	
	(B) Participants	2a(1)(B)	478979	
	(C) Others (including rollovers)	2a(1)(C)	13898	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		560845
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	2418	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2418
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	119575	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		119575
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		7662
(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)		418841
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1109341
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	123486	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		123486
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		607
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	13419	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		13419
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		137512
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		971829
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unmodified **(2)** [ ] Qualified **(3)** [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: MARTIN HOOD **(2)** EIN: 37-1119790

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
IROQUOIS INDUSTRIAL GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
IROQUOIS INDUSTRIAL GROUP LLC

D Employer Identification Number (EIN)
45-4035661

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): 16-1470238

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_____

IROQUOIS INDUSTRIAL GROUP, LLC 401(K) PROFIT SHARING PLAN & TRUST

Watseka, Illinois

Financial Statements
and Supplementary Information

December 31, 2020

C O N T E N T S

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FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits (Exhibit A) 3

Statements of Changes in Net Assets Available for Benefits (Exhibit B) 4

Notes to the Financial Statements 5-11

SUPPLEMENTARY INFORMATION

Schedule H, Line 4i – Schedule of Assets Held at End of Year (Schedule 1) 12-13

Martin | Hood

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INDEPENDENT AUDITOR'S REPORT

To Management and the Trustee
Iroquois Industrial Group, LLC 401(k) Profit Sharing Plan & Trust
Watseka, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Iroquois Industrial Group, LLC 401(k) Profit Sharing Plan & Trust (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 years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on 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, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Mid Atlantic Trust Company, the investment custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the investment custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the investment custodian as of and for the years ended December 31, 2020 and 2019, that the information provided to the plan administrator by the investment custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter – Supplemental Schedule

The supplemental schedule as of December 31, 2020, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA 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, we 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 investment custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Martin Hood LLC

Champaign, Illinois
October 11, 2021

Exhibit A

IROQUOIS INDUSTRIAL GROUP, LLC 401(K) PROFIT SHARING PLAN & TRUST
Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

	2020	*Restated* 2019
Assets		
Cash	$ -	$ 86,673
Investments, at Fair Value	4,448,217	3,484,638
Contributions Receivable:		
Employee	29,606	13,272
Employer	5,944	3,136
Notes Receivable from Participants	43,839	54,731
Total Assets	4,527,606	3,642,450
Liabilities	-	-
Net Assets Available for Benefits	$ 4,527,606	$ 3,642,450

See Accompanying Notes

IROQUOIS INDUSTRIAL GROUP, LLC 401(K) PROFIT SHARING PLAN & TRUST
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2020 and 2019

	2020	*Restated* 2019
Additions		
Additions to Net Assets Attributed to:		
Investment Income:		
Net Appreciation in Value of Investments	$ 426,503	$ 461,984
Interest and Dividends	119,575	102,612
Total Investment Income	546,078	564,596
Interest Income on Notes Receivable from Participants	2,418	3,551
Contributions:		
Participants	478,979	364,554
Employer	67,968	59,338
Rollovers	13,898	81,781
Total Contributions	560,845	505,673
Total Additions	1,109,341	1,073,820
Deductions		
Deductions from Net Assets Attributed to:		
Benefits Paid to Participants	210,766	181,220
Administrative Fees	13,419	14,442
Total Deductions	224,185	195,662
Change in Net Assets	885,156	878,158
Net Assets Available for Benefits, Beginning of Year	3,642,450	2,764,292
Net Assets Available for Benefits, End of Year	$ 4,527,606	$ 3,642,450

See Accompanying Notes

1. Description of Plan

The following description of the Iroquois Industrial Group, LLC 401(k) Profit Sharing Plan & Trust (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 plan covering all employees of the Iroquois Industrial Group LLC (d/b/a T&D Metal Products), D&D Napa Inc., C&L Trucking and Maintenance LLC, Majac Steel & Processing LLC, Savannah Industrial Solutions LLC, and SRCL Equity Holding LLC (collectively the Company), except collectively bargained employees and nonresident aliens, who have ninety days of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions – Each year, participants may elect to defer a portion of their annual compensation as defined by the Plan, on a pre-tax or post-tax (Roth) basis. Participants may also contribute amounts representing distributions from other qualified plans. The Plan includes automatic deferral provisions and allows participants to automatically increase their deferral percentages by one percent each year on July 1, up to a maximum of 10 percent of compensation.

The maximum contribution to the Plan in any year is determined by provisions in the Plan, the Internal Revenue Code (IRC), and Income Tax Regulations. Participants direct the investment of these contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and a common collective trust as investment options for participants.

The Company makes matching contributions equal to 25 percent of the employee's salary deferral amounts up to five percent of plan compensation. The Company may also make an additional profit-sharing contribution at the discretion of the Company's management. For the years ended December 31, 2020 and 2019, the Company did not elect to make an additional profit-sharing contribution.

Participant Accounts – Each participant's account is credited with the participant's contribution, if any, and allocations of (a) the Company's contribution, if any, (b) certain administrative expenses, as applicable, and (c) plan earnings, net of investment fees. Allocations are based on participant earnings, account balances, or other participant events, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting – Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their account plus earnings thereon is based on years of service and a participant is 100 percent vested after six years of credited service.

Notes Receivable from Participants – Participants may borrow from their fund accounts up to a maximum equal to the lesser of $50,000 (reduced by the excess, if any, of the participant's highest outstanding note balance during the one-year period ending on the day before the date on which such note is made over the participant's outstanding balance of notes on the date such note was made) or 50 percent of the participant's vested balance. Participants may have only one outstanding loan at a time. All loans are secured by the balance in the participant's account and are repayable over a period not to

exceed five years (except for loans for the purchase of a principal residence, which are payable over 30 years). Principal and interest are paid ratably through payroll deductions.

Payment of Benefits – On termination of service, for any reason, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. The Plan provides for an automatic lump-sum distribution of account balances of $5,000 or less. In addition, in-service withdrawals of the participant's vested interest are allowed for participants over age 59 ½ and allows for financial hardship withdrawals if the participant can prove financial hardship and is unable to meet their financial needs another way.

Forfeited Accounts – Forfeited amounts are allocated to pay Plan expenses, reduce any Company contributions to be made for the plan year, or allocated to participant accounts. At December 31, 2020 and 2019, forfeited non-vested accounts totaled $752 and $254, respectively. $3,464 and $4,378 of forfeitures were used to pay administrative expenses for the years ended December 31, 2020 and 2019, respectively.

2. Summary of Significant Accounting Policies

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

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. 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.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans that are fully collateralized, but deemed as distributions under Form 5500 reporting rules, are carried on the Plan's books until a distributable event occurs based upon the terms of the plan document at which time the loan is treated as a distribution.

Investment and Administrative Fees – The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses paid directly by the Company are excluded from these financial statements. Certain fees are charged to the Plan for services provided to the Plan. When applicable, these fees and fees charged by the Plan's investment vehicles are netted with investment earnings.

Payment of Benefits – Benefits are recorded when paid for financial statement purposes.

Prior Period Adjustment – Benefit payments for the year ending December 31, 2019 have been reduced by $86,673 for benefits that were not paid out to participants as of December 31, 2019, but were instead paid out in 2020. The following table shows changes from previously issued financial statements:

	Previously Issued 2019	Adjustment	Restated 2019
Cash	$ -	$ 86,673	$ 86,673
Net Assets Available for Benefits	$ 3,555,777	$ 86,673	$ 3,642,450
Benefits Paid to Participants	$ 267,893	$ (86,673)	$ 181,220

Subsequent Events – The Plan has evaluated subsequent events through October 11, 2021, the date on which the financial statements were available to be issued.

3. Information Certified by Mid Atlantic Trust Company, the Investment Custodian

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, no auditing procedures were performed on the following information certified by Mid Atlantic Trust Company, the investment custodian, as complete and accurate except for comparing such information certified by the investment custodian to information included in the Plan's financial statements and supplemental schedule.

	2020	2019
Investments, at Fair Value	$ 4,448,217	$ 3,484,638
Net Appreciation in Value of Investments	$ 426,503	$ 461,984
Interest and Dividends	$ 119,575	$ 102,612

4. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820-10 establishes a framework for measuring fair value under generally accepted accounting principles. The framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820-10 are described below:

Level 1 Inputs to the valuation methodology are based on unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

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

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

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

- *Mutual Funds:* Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end.

- *Common Collective Trust (CCT):* The MetLife Stable Value Fund held by the Plan is a collective investment trust that invests in a fully benefit responsive group annuity contract with MetLife. The contract consists of the units of the MetLife separate accounts and an insurance wrapper that guarantees plan participants can transact at contract value in perpetuity. Withdrawals resulting from an employer or plan sponsor-initiated event (e.g. a decision to terminate the Plan's participation in the trust) could result in a payment less than the guaranteed value if the contract's market value is less than the guaranteed value.

Management has determined the CCT qualifies for the net asset value practical expedient under FASB ASC 820, and, as such, the CCT is not categorized in the fair value hierarchy.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020:

	Level 1	Level 2	Level 3	Total
Assets Included in the Fair Value Hierarchy:				
Mutual Funds	$ 4,075,388	$ -	$ -	$ 4,075,388
Assets Measured at Net Asset Value per FASB ASC 820 Practical Expedient:				
MetLife Stable Value Fund				372,829
Investments, at Fair Value				$ 4,448,217

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019:

	Level 1	Level 2	Level 3	Total
Assets Included in the Fair Value Hierarchy:				
Mutual Funds	$ 3,106,408	$ -	$ -	$ 3,106,408
Assets Measured at Net Asset Value per FASB ASC 820 Practical Expedient:				
MetLife Stable Value Fund				378,230
Investments, at Fair Value				$ 3,484,638

There are no unfunded commitments or redemption restrictions on the fund measured at net asset value per share using the practical expedient as of December 31, 2020 and 2019.

5. Administrative Expenses and Party-in-Interest Transactions

A transaction with a plan service provider or a participant of the Plan qualifies as a party-in-interest transaction. Service provider fees, either directly or indirectly, are paid to Mid Atlantic Trust Company, the investment custodian, and Paychex, the third-party administrator, investment advisor, and record keeper. Of these fees, $13,419 and $14,442 is included in administrative expenses on Exhibit B for the years ended December 31, 2020 and 2019, respectively. Other investment fees are netted with investment earnings. Expenses incurred in the administration of the Plan were also paid by the plan sponsor.

Additionally, certain plan investments are both held and managed by the custodian.

Notes receivable from participants are considered to be both party-in-interest and a related-party transaction.

6. 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 percent vested in all amounts credited to their accounts that are otherwise not fully vested.

7. Tax Status

On April 10, 2014, the Internal Revenue Service stated that the prototype plan adopted by the Plan was designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the prototype plan has been restated since receiving this letter, the plan administrator and the prototype plan sponsor believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

8. Risks and Uncertainties

Investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments securities, it is at least reasonably possible that changes in the value 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.

On March 11, 2020, the World Health Organization declared the outbreak of coronavirus (COVID-19) a pandemic. Local, U.S., and world governments have encouraged self-isolation to curtail the spread of COVID-19 by mandating temporary work stoppage in many sectors and imposing limitations on travel and size and duration of group meetings. Most industries are experiencing disruption to business operations and the impact of reduced consumer spending. There is unprecedented uncertainty surrounding the duration of the pandemic, its potential economic ramifications, and any government actions to mitigate them. Management has taken measures to prepare for the impact, including enacting certain CARES Act provisions during 2020 for which the Plan will be formally amended at a later date. As the situation with COVID-19 was still unfolding as of October 11, 2021, management is uncertain of what, if any, additional financial impacts the Plan will face due to the global pandemic.

9. Reconciliation of Financial Statements to Form 5500

	2020	2019
Benefits Paid to Participants per Financial Statements	$ 210,766	$ 181,220
Benefit Payments Processed in 2019, But Not Paid Until 2020	(86,673)	86,673
Benefits Paid to Participants per Form 5500	$ 124,093	$ 267,893
Change in Net Assets per Financial Statements	$ 885,156	$ 878,158
Benefit Payments Processed in 2019, But Not Paid Until 2020	86,673	(86,673)
Change in Net Assets per Form 5500	$ 971,829	$ 791,485
Net Assets Available for Benefits per Financial Statements	$ 4,527,606	$ 3,642,450
Benefit Payments Processed in 2019, But Not Paid Until 2020	-	(86,673)
Net Assets Available for Benefits per Form 5500	$ 4,527,606	$ 3,555,777

IROQUOIS INDUSTRIAL GROUP, LLC 401(K) PROFIT SHARING PLAN & TRUST
Schedule H, Line 4i - Schedule of Assets Held at End of Year
EIN# 45-4035661 Plan# 001
December 31, 2020

(a) Party-In-Interest	(b) & (c) Identity of Party Involved and Description of Investment	(d) Cost	(e) Current Value
	Mutual Funds, at Fair Value		
	Dodge & Cox Income Fund	**	$ 658,633
	Vanguard 500 Index Fund Adm. Shares	**	625,831
	T. Rowe Price Growth Stock Fund I Class	**	380,937
	American Funds Washington Mutual Investors Fund Class R-6	**	342,752
	American Funds American Balanced Fund Class R-6	**	203,336
	American Funds EuroPacific Growth Fund Class R-6	**	193,007
	American Funds 2030 Target Date Retirement Fund Class R-6	**	151,021
	DFA Real Estate Securities Portfolio Inst. Class	**	106,941
	DFA Emerging Markets Portfolio Inst. Class	**	99,932
	Fidelity Mid Cap Index	**	96,838
	DFA Large Cap International Portfolio Inst. Class	**	96,727
	American Funds 2040 Target Date Retirement Fund Class R-6	**	93,371
	Vanguard Mid-Cap Value Index Fund Adm. Shares	**	76,143
	American Funds 2035 Target Date Retirement Fund Class R-6	**	73,752
	Columbia Small Cap Index Fund Inst. 2 Class	**	72,359
	American Funds 2045 Target Date Retirement Fund Class R-6	**	65,876
	American Funds 2025 Target Date Retirement Fund Class R-6	**	65,094
	American Funds 2055 Target Date Retirement Fund Class R-6	**	64,960
	American Funds 2050 Target Date Retirement Fund Class R-6	**	63,223
	JPMorgan Mid Cap Growth Fund Class R6	**	61,520
	PIMCO CommoditiesPLUS Strategy I2	**	61,252
	Vanguard Mid-Cap Index Fund Adm. Shares	**	60,383
	DFA International Core Equity Portfolio Inst. Class	**	60,141
	Vanguard Small-Cap Index Fund Adm. Shares	**	58,092
	DFA U.S. Targeted Value Portfolio Inst. Class	**	47,837
	American Funds 2020 Target Date Retirement Fund Class R-6	**	40,096
	American Funds 2060 Target Date Retirement Fund Class R-6	**	36,977
	Vanguard Mid-Cap Growth Index Fund Adm. Shares	**	35,153
	Vanguard Small-Cap Growth Index Fund Adm. Shares	**	30,899
	Vanguard LifeStrategy Moderate Growth Fund Investor Shares	**	26,145
	American Funds 2015 Target Date Retirement Fund Class R-6	**	8,954

IROQUOIS INDUSTRIAL GROUP, LLC 401(K) PROFIT SHARING PLAN & TRUST
Schedule H, Line 4i - Schedule of Assets Held at End of Year
EIN# 45-4035661 Plan# 001
December 31, 2020

(a) Party-In-Interest	(b) & (c) Identity of Party Involved and Description of Investment	(d) Cost	(e) Current Value
	Mutual Funds, at Fair Value (continued)		
	American Funds 2010 Target Date Retirement Fund Class R-6	**	7,606
	Vanguard LifeStrategy Growth Fund Investor Shares	**	7,359
	Vanguard Equity-Income Fund Adm. Shares	**	1,529
	Vanguard LifeStrategy Conservative Growth Fund Investor Shares	**	272
	TIAA-Cref International Equity Index Fund Inst. Class	**	265
	Vanguard LifeStrategy Income Fund Investor Shares	**	175
			4,075,388
	Common Collective Trust, at Fair Value (Net Asset Value Practical Expedient)		
	Metlife Stable Value Fund	**	372,829
	Notes Receivable from Participants		
*	Loan Interest Rates: 4.25 to 6.50 Percent	-0-	43,839
	Assets Held at End of Year		$ 4,492,056

* = Represents a Party-In-Interest to the Plan
** = Cost information has been omitted, as all investments are participant directed.

IROQUOIS INDUSTRIAL GROUP, LLC 401(K) PROFIT SHARING PLAN & TRUST

Watseka, Illinois

Financial Statements
and Supplementary Information

December 31, 2020

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Statements of Changes in Net Assets Available for Benefits (Exhibit B) 4

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Martin | Hood

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INDEPENDENT AUDITOR'S REPORT

To Management and the Trustee
Iroquois Industrial Group, LLC 401(k) Profit Sharing Plan & Trust
Watseka, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Iroquois Industrial Group, LLC 401(k) Profit Sharing Plan & Trust (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 years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on 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, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Mid Atlantic Trust Company, the investment custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the investment custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the investment custodian as of and for the years ended December 31, 2020 and 2019, that the information provided to the plan administrator by the investment custodian is complete and accurate.

Disclaimer of Opinion

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

Other Matter – Supplemental Schedule

The supplemental schedule as of December 31, 2020, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA 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, we 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 investment custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Martin Hood LLC

Champaign, Illinois
October 11, 2021

Exhibit A

IROQUOIS INDUSTRIAL GROUP, LLC 401(K) PROFIT SHARING PLAN & TRUST
Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

	2020	*Restated* 2019
Assets		
Cash	$ -	$ 86,673
Investments, at Fair Value	4,448,217	3,484,638
Contributions Receivable:		
Employee	29,606	13,272
Employer	5,944	3,136
Notes Receivable from Participants	43,839	54,731
Total Assets	4,527,606	3,642,450
Liabilities	-	-
Net Assets Available for Benefits	$ 4,527,606	$ 3,642,450

See Accompanying Notes

IROQUOIS INDUSTRIAL GROUP, LLC 401(K) PROFIT SHARING PLAN & TRUST
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2020 and 2019

	2020	*Restated* 2019
Additions		
Additions to Net Assets Attributed to:		
Investment Income:		
Net Appreciation in Value of Investments	$ 426,503	$ 461,984
Interest and Dividends	119,575	102,612
Total Investment Income	546,078	564,596
Interest Income on Notes Receivable from Participants	2,418	3,551
Contributions:		
Participants	478,979	364,554
Employer	67,968	59,338
Rollovers	13,898	81,781
Total Contributions	560,845	505,673
Total Additions	1,109,341	1,073,820
Deductions		
Deductions from Net Assets Attributed to:		
Benefits Paid to Participants	210,766	181,220
Administrative Fees	13,419	14,442
Total Deductions	224,185	195,662
Change in Net Assets	885,156	878,158
Net Assets Available for Benefits, Beginning of Year	3,642,450	2,764,292
Net Assets Available for Benefits, End of Year	$ 4,527,606	$ 3,642,450

See Accompanying Notes

1. Description of Plan

The following description of the Iroquois Industrial Group, LLC 401(k) Profit Sharing Plan & Trust (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 plan covering all employees of the Iroquois Industrial Group LLC (d/b/a T&D Metal Products), D&D Napa Inc., C&L Trucking and Maintenance LLC, Majac Steel & Processing LLC, Savannah Industrial Solutions LLC, and SRCL Equity Holding LLC (collectively the Company), except collectively bargained employees and nonresident aliens, who have ninety days of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions – Each year, participants may elect to defer a portion of their annual compensation as defined by the Plan, on a pre-tax or post-tax (Roth) basis. Participants may also contribute amounts representing distributions from other qualified plans. The Plan includes automatic deferral provisions and allows participants to automatically increase their deferral percentages by one percent each year on July 1, up to a maximum of 10 percent of compensation.

The maximum contribution to the Plan in any year is determined by provisions in the Plan, the Internal Revenue Code (IRC), and Income Tax Regulations. Participants direct the investment of these contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and a common collective trust as investment options for participants.

The Company makes matching contributions equal to 25 percent of the employee's salary deferral amounts up to five percent of plan compensation. The Company may also make an additional profit-sharing contribution at the discretion of the Company's management. For the years ended December 31, 2020 and 2019, the Company did not elect to make an additional profit-sharing contribution.

Participant Accounts – Each participant's account is credited with the participant's contribution, if any, and allocations of (a) the Company's contribution, if any, (b) certain administrative expenses, as applicable, and (c) plan earnings, net of investment fees. Allocations are based on participant earnings, account balances, or other participant events, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting – Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their account plus earnings thereon is based on years of service and a participant is 100 percent vested after six years of credited service.

Notes Receivable from Participants – Participants may borrow from their fund accounts up to a maximum equal to the lesser of $50,000 (reduced by the excess, if any, of the participant's highest outstanding note balance during the one-year period ending on the day before the date on which such note is made over the participant's outstanding balance of notes on the date such note was made) or 50 percent of the participant's vested balance. Participants may have only one outstanding loan at a time. All loans are secured by the balance in the participant's account and are repayable over a period not to

exceed five years (except for loans for the purchase of a principal residence, which are payable over 30 years). Principal and interest are paid ratably through payroll deductions.

Payment of Benefits – On termination of service, for any reason, a participant will receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. The Plan provides for an automatic lump-sum distribution of account balances of $5,000 or less. In addition, in-service withdrawals of the participant's vested interest are allowed for participants over age 59 ½ and allows for financial hardship withdrawals if the participant can prove financial hardship and is unable to meet their financial needs another way.

Forfeited Accounts – Forfeited amounts are allocated to pay Plan expenses, reduce any Company contributions to be made for the plan year, or allocated to participant accounts. At December 31, 2020 and 2019, forfeited non-vested accounts totaled $752 and $254, respectively. $3,464 and $4,378 of forfeitures were used to pay administrative expenses for the years ended December 31, 2020 and 2019, respectively.

2. Summary of Significant Accounting Policies

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

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. 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.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans that are fully collateralized, but deemed as distributions under Form 5500 reporting rules, are carried on the Plan's books until a distributable event occurs based upon the terms of the plan document at which time the loan is treated as a distribution.

Investment and Administrative Fees – The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses paid directly by the Company are excluded from these financial statements. Certain fees are charged to the Plan for services provided to the Plan. When applicable, these fees and fees charged by the Plan's investment vehicles are netted with investment earnings.

Payment of Benefits – Benefits are recorded when paid for financial statement purposes.

Prior Period Adjustment – Benefit payments for the year ending December 31, 2019 have been reduced by $86,673 for benefits that were not paid out to participants as of December 31, 2019, but were instead paid out in 2020. The following table shows changes from previously issued financial statements:

	Previously Issued 2019	Adjustment	Restated 2019
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Benefits Paid to Participants	$ 267,893	$ (86,673)	$ 181,220

Subsequent Events – The Plan has evaluated subsequent events through October 11, 2021, the date on which the financial statements were available to be issued.

3. Information Certified by Mid Atlantic Trust Company, the Investment Custodian

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, no auditing procedures were performed on the following information certified by Mid Atlantic Trust Company, the investment custodian, as complete and accurate except for comparing such information certified by the investment custodian to information included in the Plan's financial statements and supplemental schedule.

	2020	2019
Investments, at Fair Value	$ 4,448,217	$ 3,484,638
Net Appreciation in Value of Investments	$ 426,503	$ 461,984
Interest and Dividends	$ 119,575	$ 102,612

4. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820-10 establishes a framework for measuring fair value under generally accepted accounting principles. The framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820-10 are described below:

Level 1 Inputs to the valuation methodology are based on unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

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

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

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

- *Mutual Funds:* Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end.

- *Common Collective Trust (CCT):* The MetLife Stable Value Fund held by the Plan is a collective investment trust that invests in a fully benefit responsive group annuity contract with MetLife. The contract consists of the units of the MetLife separate accounts and an insurance wrapper that guarantees plan participants can transact at contract value in perpetuity. Withdrawals resulting from an employer or plan sponsor-initiated event (e.g. a decision to terminate the Plan's participation in the trust) could result in a payment less than the guaranteed value if the contract's market value is less than the guaranteed value.

Management has determined the CCT qualifies for the net asset value practical expedient under FASB ASC 820, and, as such, the CCT is not categorized in the fair value hierarchy.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020:

	Level 1	Level 2	Level 3	Total
Assets Included in the Fair Value Hierarchy:				
Mutual Funds	$ 4,075,388	$ -	$ -	$ 4,075,388
Assets Measured at Net Asset Value per FASB ASC 820 Practical Expedient:				
MetLife Stable Value Fund				372,829
Investments, at Fair Value				$ 4,448,217

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019:

	Level 1	Level 2	Level 3	Total
Assets Included in the Fair Value Hierarchy:				
Mutual Funds	$ 3,106,408	$ -	$ -	$ 3,106,408
Assets Measured at Net Asset Value per FASB ASC 820 Practical Expedient:				
MetLife Stable Value Fund				378,230
Investments, at Fair Value				$ 3,484,638

There are no unfunded commitments or redemption restrictions on the fund measured at net asset value per share using the practical expedient as of December 31, 2020 and 2019.

5. Administrative Expenses and Party-in-Interest Transactions

A transaction with a plan service provider or a participant of the Plan qualifies as a party-in-interest transaction. Service provider fees, either directly or indirectly, are paid to Mid Atlantic Trust Company, the investment custodian, and Paychex, the third-party administrator, investment advisor, and record keeper. Of these fees, $13,419 and $14,442 is included in administrative expenses on Exhibit B for the years ended December 31, 2020 and 2019, respectively. Other investment fees are netted with investment earnings. Expenses incurred in the administration of the Plan were also paid by the plan sponsor.

Additionally, certain plan investments are both held and managed by the custodian.

Notes receivable from participants are considered to be both party-in-interest and a related-party transaction.

6. 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 percent vested in all amounts credited to their accounts that are otherwise not fully vested.

7. Tax Status

On April 10, 2014, the Internal Revenue Service stated that the prototype plan adopted by the Plan was designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the prototype plan has been restated since receiving this letter, the plan administrator and the prototype plan sponsor believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

8. Risks and Uncertainties

Investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments securities, it is at least reasonably possible that changes in the value 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.

On March 11, 2020, the World Health Organization declared the outbreak of coronavirus (COVID-19) a pandemic. Local, U.S., and world governments have encouraged self-isolation to curtail the spread of COVID-19 by mandating temporary work stoppage in many sectors and imposing limitations on travel and size and duration of group meetings. Most industries are experiencing disruption to business operations and the impact of reduced consumer spending. There is unprecedented uncertainty surrounding the duration of the pandemic, its potential economic ramifications, and any government actions to mitigate them. Management has taken measures to prepare for the impact, including enacting certain CARES Act provisions during 2020 for which the Plan will be formally amended at a later date. As the situation with COVID-19 was still unfolding as of October 11, 2021, management is uncertain of what, if any, additional financial impacts the Plan will face due to the global pandemic.

9. Reconciliation of Financial Statements to Form 5500

	2020	2019
Benefits Paid to Participants per Financial Statements	$ 210,766	$ 181,220
Benefit Payments Processed in 2019, But Not Paid Until 2020	(86,673)	86,673
Benefits Paid to Participants per Form 5500	$ 124,093	$ 267,893
Change in Net Assets per Financial Statements	$ 885,156	$ 878,158
Benefit Payments Processed in 2019, But Not Paid Until 2020	86,673	(86,673)
Change in Net Assets per Form 5500	$ 971,829	$ 791,485
Net Assets Available for Benefits per Financial Statements	$ 4,527,606	$ 3,642,450
Benefit Payments Processed in 2019, But Not Paid Until 2020	-	(86,673)
Net Assets Available for Benefits per Form 5500	$ 4,527,606	$ 3,555,777

IROQUOIS INDUSTRIAL GROUP, LLC 401(K) PROFIT SHARING PLAN & TRUST
Schedule H, Line 4i - Schedule of Assets Held at End of Year
EIN# 45-4035661 Plan# 001
December 31, 2020

(a) Party-In-Interest	(b) & (c) Identity of Party Involved and Description of Investment	(d) Cost	(e) Current Value
	Mutual Funds, at Fair Value		
	Dodge & Cox Income Fund	**	$ 658,633
	Vanguard 500 Index Fund Adm. Shares	**	625,831
	T. Rowe Price Growth Stock Fund I Class	**	380,937
	American Funds Washington Mutual Investors Fund Class R-6	**	342,752
	American Funds American Balanced Fund Class R-6	**	203,336
	American Funds EuroPacific Growth Fund Class R-6	**	193,007
	American Funds 2030 Target Date Retirement Fund Class R-6	**	151,021
	DFA Real Estate Securities Portfolio Inst. Class	**	106,941
	DFA Emerging Markets Portfolio Inst. Class	**	99,932
	Fidelity Mid Cap Index	**	96,838
	DFA Large Cap International Portfolio Inst. Class	**	96,727
	American Funds 2040 Target Date Retirement Fund Class R-6	**	93,371
	Vanguard Mid-Cap Value Index Fund Adm. Shares	**	76,143
	American Funds 2035 Target Date Retirement Fund Class R-6	**	73,752
	Columbia Small Cap Index Fund Inst. 2 Class	**	72,359
	American Funds 2045 Target Date Retirement Fund Class R-6	**	65,876
	American Funds 2025 Target Date Retirement Fund Class R-6	**	65,094
	American Funds 2055 Target Date Retirement Fund Class R-6	**	64,960
	American Funds 2050 Target Date Retirement Fund Class R-6	**	63,223
	JPMorgan Mid Cap Growth Fund Class R6	**	61,520
	PIMCO CommoditiesPLUS Strategy I2	**	61,252
	Vanguard Mid-Cap Index Fund Adm. Shares	**	60,383
	DFA International Core Equity Portfolio Inst. Class	**	60,141
	Vanguard Small-Cap Index Fund Adm. Shares	**	58,092
	DFA U.S. Targeted Value Portfolio Inst. Class	**	47,837
	American Funds 2020 Target Date Retirement Fund Class R-6	**	40,096
	American Funds 2060 Target Date Retirement Fund Class R-6	**	36,977
	Vanguard Mid-Cap Growth Index Fund Adm. Shares	**	35,153
	Vanguard Small-Cap Growth Index Fund Adm. Shares	**	30,899
	Vanguard LifeStrategy Moderate Growth Fund Investor Shares	**	26,145
	American Funds 2015 Target Date Retirement Fund Class R-6	**	8,954

IROQUOIS INDUSTRIAL GROUP, LLC 401(K) PROFIT SHARING PLAN & TRUST
Schedule H, Line 4i - Schedule of Assets Held at End of Year
EIN# 45-4035661 Plan# 001
December 31, 2020

(a) Party-In-Interest	(b) & (c) Identity of Party Involved and Description of Investment	(d) Cost	(e) Current Value
	Mutual Funds, at Fair Value (continued)		
	American Funds 2010 Target Date Retirement Fund Class R-6	**	7,606
	Vanguard LifeStrategy Growth Fund Investor Shares	**	7,359
	Vanguard Equity-Income Fund Adm. Shares	**	1,529
	Vanguard LifeStrategy Conservative Growth Fund Investor Shares	**	272
	TIAA-Cref International Equity Index Fund Inst. Class	**	265
	Vanguard LifeStrategy Income Fund Investor Shares	**	175
			4,075,388
	Common Collective Trust, at Fair Value (Net Asset Value Practical Expedient)		
	Metlife Stable Value Fund	**	372,829
	Notes Receivable from Participants		
*	Loan Interest Rates: 4.25 to 6.50 Percent	-0-	43,839
	Assets Held at End of Year		$ 4,492,056

* = Represents a Party-In-Interest to the Plan
** = Cost information has been omitted, as all investments are participant directed.