

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u> |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                               | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                              |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>ELECTRO PRIME GROUP LLC 401(K) PROFIT SHARING PLAN AND TRUST</u>                                                                                                                                                                                                                                                                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/2001</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                       | <b>1c</b> Effective date of plan<br><u>01/01/2001</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                     | <u>001</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/2001</u>                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>ELECTRO PRIME GROUP LLC</u><br><br><u>4510 LINT AVE STE B</u><br><u>TOLEDO, OH 43612</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>06-1748533</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>419-478-0100</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>336300</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>06-1748533</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>419-478-0100</u> | <b>2d</b> Business code (see instructions)<br><u>336300</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>06-1748533</u>                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>419-478-0100</u>                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>336300</u>                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/13/2021 | JOHN LAUFFER                                                 |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2020)  
v. 200204

|                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                        |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                          |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                         |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 149 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                          |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 136 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                               |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 120 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                              |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                              |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 19  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                     |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 139 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                      |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                         |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 139 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                 |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2   |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                      |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                             |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2T 3D                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                        |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                              |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>a Pension Schedules</b><br>(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |     |

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

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

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

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

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

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

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020 |                                                      |
| A Name of plan<br>ELECTRO PRIME GROUP LLC 401(K) PROFIT SHARING PLAN AND TRUST             | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>ELECTRO PRIME GROUP LLC          | D Employer Identification Number (EIN)<br>06-1748533 |

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

1 Coverage Information:

(a) Name of insurance carrier  
JOHN HANCOCK LIFE INSURANCE CO

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 01-0233346 | 65838         | 46506                                 | 65                                                                          | 01/01/2020              | 12/31/2020 |

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

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0                                    | 1199                          |

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
PAYCHEX RETIREMENT REPORTING SERVIC 1175 JOHN ST  
WEST HENRIETTA, NY 14586

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               | 1199                            | TPA FEES    | 5                     |

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

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

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

---

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

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

---

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**

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

|          |                                                                                               |          |         |
|----------|-----------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |         |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 2388591 |

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

|          |                                                                                                                                                                                                       |           |  |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶

|          |                                                                                                |              |   |
|----------|------------------------------------------------------------------------------------------------|--------------|---|
| <b>b</b> | Balance at the end of the previous year .....                                                  | <b>7b</b>    |   |
| <b>c</b> | Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> |   |
|          | (2) Dividends and credits.....                                                                 | <b>7c(2)</b> |   |
|          | (3) Interest credited during the year.....                                                     | <b>7c(3)</b> |   |
|          | (4) Transferred from separate account.....                                                     | <b>7c(4)</b> |   |
|          | (5) Other (specify below) .....                                                                | <b>7c(5)</b> |   |
|          | ▶                                                                                              |              |   |
|          | (6) Total additions .....                                                                      | <b>7c(6)</b> | 0 |
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    | 0 |
| <b>e</b> | Deductions:                                                                                    |              |   |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year .....                | <b>7e(1)</b> |   |
|          | (2) Administration charge made by carrier.....                                                 | <b>7e(2)</b> |   |
|          | (3) Transferred to separate account.....                                                       | <b>7e(3)</b> |   |
|          | (4) Other (specify below) .....                                                                | <b>7e(4)</b> |   |
|          | ▶                                                                                              |              |   |
|          | (5) Total deductions .....                                                                     | <b>7e(5)</b> | 0 |
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    | 0 |

**Part III Welfare Benefit Contract Information**

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b>SCHEDULE D</b><br/><b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor<br/>Employee Benefits Security Administration</p> | <p style="text-align: center;"><b>DFE/Participating Plan Information</b></p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p> | <p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2020</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                                                                                              |                                         |            |
|----------------------------------------------------------------------------------------------|-----------------------------------------|------------|
| <b>A</b> Name of plan<br><u>ELECTRO PRIME GROUP LLC 401(K) PROFIT SHARING PLAN AND TRUST</u> | <b>B</b> Three-digit plan number (PN) ▶ | <u>001</u> |
|----------------------------------------------------------------------------------------------|-----------------------------------------|------------|

|                                                                                                        |                                                                    |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>ELECTRO PRIME GROUP LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>06-1748533</u> |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2060 LIFETIME

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

|                                       |                               |                                                                                                                                                     |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>13-3646501-000</u> | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>29101</u></span> |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2050 LIFETIME

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

|                                       |                               |                                                                                                                                                    |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>13-3646501-000</u> | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>5433</u></span> |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2045 LIFETIME

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

|                                       |                               |                                                                                                                                                    |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>13-3646501-000</u> | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>4154</u></span> |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2040 LIFETIME

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

|                                       |                               |                                                                                                                                                    |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>13-3646501-000</u> | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>9653</u></span> |
|---------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2035 LIFETIME

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

|                                       |                               |                                                                                                                                                   |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>13-3646501-000</u> | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>129</u></span> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2025 LIFETIME

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

|                                       |                               |                                                                                                                                                     |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>13-3646501-000</u> | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>53929</u></span> |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER AGGRESSIVE LS

**b** Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK

|                                       |                               |                                                                                                                                                      |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>13-3646501-000</u> | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>221361</u></span> |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                             |                        |                                                                                                            |
|-----------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER GROWTH LS    |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK     |                        |                                                                                                            |
| <b>c</b> EIN-PN 13-3646501-000                                              | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 462935 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER BALANCED LS  |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK     |                        |                                                                                                            |
| <b>c</b> EIN-PN 13-3646501-000                                              | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 580101 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER MODERATE LS  |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK     |                        |                                                                                                            |
| <b>c</b> EIN-PN 13-3646501-000                                              | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 95509  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN EMERGING MARKETS EQ |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK     |                        |                                                                                                            |
| <b>c</b> EIN-PN 13-3646501-000                                              | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10564  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN MIDCAP VALUE FUND   |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK     |                        |                                                                                                            |
| <b>c</b> EIN-PN 13-3646501-000                                              | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88285  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MFS MID CAP GROWTH FUND      |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK     |                        |                                                                                                            |
| <b>c</b> EIN-PN 13-3646501-000                                              | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 103721 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SML CAP VAL    |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK     |                        |                                                                                                            |
| <b>c</b> EIN-PN 13-3646501-000                                              | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 87391  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON FOREIGN FUND       |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK     |                        |                                                                                                            |
| <b>c</b> EIN-PN 13-3646501-000                                              | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2551   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: THE GROWTH FUND OF AMERICA   |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK     |                        |                                                                                                            |
| <b>c</b> EIN-PN 13-3646501-000                                              | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 190451 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD EXPLORER FUND       |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK NEW YORK     |                        |                                                                                                            |
| <b>c</b> EIN-PN 13-3646501-000                                              | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4307   |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD INTERNATIONAL GROWTH**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK NEW YORK**

|                                       |                               |                                                                                                                 |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>13-3646501-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>2364</b> |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD MID-CAP VALUE ETF**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK NEW YORK**

|                                       |                               |                                                                                                                 |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>13-3646501-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>2926</b> |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **WELLS FARGO SPECIAL SCV FUND**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK NEW YORK**

|                                       |                               |                                                                                                                 |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>13-3646501-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>9855</b> |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **MUTUAL GLOBAL DISCOVERY**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK NEW YORK**

|                                       |                               |                                                                                                                  |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>13-3646501-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>37302</b> |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **JPMORGAN U.S. EQUITY FUND**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK NEW YORK**

|                                       |                               |                                                                                                                   |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>13-3646501-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>100881</b> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **T. ROWE PRICE EQUITY INC**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK NEW YORK**

|                                       |                               |                                                                                                                  |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>13-3646501-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>34140</b> |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **AMERICAN BALANCED FUND**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK NEW YORK**

|                                       |                               |                                                                                                                   |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>13-3646501-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>107306</b> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **STRATEGIC INCOME OPP FUND**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK NEW YORK**

|                                       |                               |                                                                                                                 |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>13-3646501-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>3501</b> |
|---------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TOTAL BOND MARKET IDX**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK NEW YORK**

|                                       |                               |                                                                                                                  |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>13-3646501-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>32840</b> |
|---------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **JOHN HANCOCK STABLE VAL**

**b** Name of sponsor of entity listed in (a): **JOHN HANCOCK NEW YORK**

|                                       |                               |                                                                                                                   |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>13-3646501-000</b> | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>107902</b> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><u>ELECTRO PRIME GROUP LLC 401(K) PROFIT SHARING PLAN AND TRUST</u>                                                                                                                                                                             | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>001</u>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>ELECTRO PRIME GROUP LLC</u>                                                                                                                                                                          | <b>D</b> Employer Identification Number (EIN)<br><u>06-1748533</u>                                                                                                                                                                                                           |                                                                                                          |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | <b>1a</b>             |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1b(1)</b>          |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1b(2)</b>          |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1b(3)</b>          |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(1)</b>          |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(2)</b>          |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(A)</b>       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1c(3)(B)</b>       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(4)(A)</b>       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(4)(B)</b>       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | <b>1c(5)</b>          |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(6)</b>          |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(7)</b>          |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(8)</b>          | 27347           |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               | <b>1c(9)</b>          |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(10)</b>         | 1832705         |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(11)</b>         |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(12)</b>         |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(13)</b>         |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(14)</b>         |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(15)</b>         |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities.....                                         | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....                                      | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 1860052               | 2437803         |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness.....                                    | <b>1i</b> |   |   |
| <b>j</b> Other liabilities.....                                           | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                          |           |         |         |
|----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f)..... | <b>1l</b> | 1860052 | 2437803 |
|----------------------------------------------------------|-----------|---------|---------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 85975      |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 186350     |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 272325    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> | 1976       |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 1976      |
| (2) Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            | 348282    |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            |           |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....                | 2d     |            | 622583    |

**Expenses**

|                                                                                     |       |       |       |
|-------------------------------------------------------------------------------------|-------|-------|-------|
| e Benefit payment and payments to provide benefits:                                 |       |       |       |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 22543 |       |
| (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) |       | 22543 |
| f Corrective distributions (see instructions) .....                                 | 2f    |       |       |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |       |       |
| h Interest expense.....                                                             | 2h    |       |       |
| i Administrative expenses: (1) Professional fees .....                              | 2i(1) |       |       |
| (2) Contract administrator fees .....                                               | 2i(2) |       |       |
| (3) Investment advisory and management fees .....                                   | 2i(3) |       |       |
| (4) Other.....                                                                      | 2i(4) | 22289 |       |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                | 2i(5) |       | 22289 |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |       | 44832 |

**Net Income and Reconciliation**

|                                                          |       |  |        |
|----------------------------------------------------------|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 577751 |
| l Transfers of assets:                                   |       |  |        |
| (1) To this plan.....                                    | 2l(1) |  |        |
| (2) From this plan .....                                 | 2l(2) |  |        |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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

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

**Electro Prime Group, LLC  
401(k) Profit Sharing Plan and Trust**

**Annual Report  
Years Ended December 31, 2020 and 2019**

**Electro Prime Group, LLC  
401(k) Profit Sharing Plan and Trust**

**Annual Report  
Years Ended December 31, 2020 and 2019**

# **Electro Prime Group, LLC 401(k) Profit Sharing Plan and Trust**

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## **Independent Auditor's Report**

To the Plan Administrator  
Electro Prime Group, LLC 401(k) Profit Sharing Plan and Trust  
Toledo, Ohio

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

We were engaged to audit the accompanying financial statements of Electro Prime Group, LLC 401(k) Profit Sharing Plan and Trust, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by John Hancock Life Insurance Company (U.S.A.), the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2020 and 2019, that the information provided to the plan administrator by the trustee is complete and accurate.





### **Disclaimer of Opinion**

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

### **Emphasis of Matter**

As discussed in Note 12, the Plan Administrator failed to timely remitted certain employer safe harbor contributions for the plan years ended December 31, 2020 and 2019. The Plan Administrator subsequently remitted these late remittances, including lost earnings, to make the affected participants and plan whole.

### **Other Matter**

The supplemental schedules of Schedule H, Line 4a - Schedule of Delinquent Participant Contributions and Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2020, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, 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 trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Skillman Group, PLC*  
Certified Public Accountants

Troy, Michigan  
October 12, 2021



**Electro Prime Group, LLC**  
**401(k) Profit Sharing Plan and Trust**  
**Statements of Net Assets Available for Benefits**

| <i>December 31,</i>                                                                               | <b>2020</b>         | 2019         |
|---------------------------------------------------------------------------------------------------|---------------------|--------------|
| <b>Assets</b>                                                                                     |                     |              |
| <b>Investments</b>                                                                                |                     |              |
| Group annuity contract, at contract value                                                         | \$ 2,388,591        | \$ 1,832,705 |
| Adjustment from contract value to fair value for<br>fully responsive benefit investment contracts | -                   | -            |
| Net Investments, at fair value                                                                    | <b>2,388,591</b>    | 1,832,705    |
| <b>Receivables</b>                                                                                |                     |              |
| Employer contributions                                                                            | <b>892</b>          | 5,425        |
| Notes receivable from participants                                                                | <b>49,212</b>       | 27,347       |
| <b>Total Receivables</b>                                                                          | <b>50,104</b>       | 32,772       |
| <b>Net Assets Available for Benefits</b>                                                          | <b>\$ 2,438,695</b> | \$ 1,865,477 |

*See Accompanying Independent Auditor's Report and Notes to Financial Statements.*

# Electro Prime Group, LLC 401(k) Profit Sharing Plan and Trust

## Statement of Changes in Net Assets Available for Benefits

| <i>Year Ended December 31,</i>                                                     | <b>2020</b>  | 2019        |
|------------------------------------------------------------------------------------|--------------|-------------|
| <b>Additions</b>                                                                   |              |             |
| <b>Investment Income</b>                                                           |              |             |
| Net unrealized gain in fair value of insurance company<br>pooled separate accounts | \$ 348,282   | \$ 334,186  |
| <b>Contributions</b>                                                               |              |             |
| Employer                                                                           | 81,442       | 80,940      |
| Participants                                                                       | 186,350      | 166,288     |
| <b>Total Contributions</b>                                                         | 267,792      | 247,228     |
| <b>Interest Income on Notes Receivable From Participants</b>                       | 1,976        | 1,493       |
| <b>Total Additions</b>                                                             | 618,050      | 582,907     |
| <b>Deductions</b>                                                                  |              |             |
| Benefits paid to participants                                                      | 22,543       | 240,022     |
| Fees                                                                               | 22,289       | 22,907      |
| Deemed distributions                                                               | -            | 3,495       |
| <b>Total Deductions</b>                                                            | 44,832       | 266,424     |
| <b>Net Increase in Net Assets Available for Benefits</b>                           | 573,218      | 316,483     |
| <b>Net Assets Available for Benefits</b>                                           |              |             |
| Beginning of year                                                                  | 1,865,477    | 1,548,994   |
| End of year                                                                        | \$ 2,438,695 | \$1,865,477 |

*See Accompanying Independent Auditor's Report and Notes to Financial Statements.*

# **Electro Prime Group, LLC 401(k) Profit Sharing Plan and Trust**

## **Notes to Financial Statements**

### **1. Description of Plan**

The following description of the Electro Prime Group, LLC (the "Company") 401(k) Profit Sharing Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

#### **General**

The Plan is a defined contribution plan established by Electro Prime Group, LLC on January 1, 2001 and has since been restated effective January 1, 2016. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Company is the designated plan administrator of the Plan. John Hancock Life Insurance Company is the trustee of the Plan ("John Hancock"). Participation in the Plan is discretionary for all eligible employees who meet eligibility requirements as defined in the plan.

#### **Contributions**

The following types of contributions may be made to the Plan:

- a) The total amount of salary reduction (Pre-tax and Roth) each participant has elected to defer up to 92%, subject to annual limitations as defined by the Internal Revenue Code ("IRC").
- b) Catch up contributions for those participants who have attained the age of 50 before the end of the Plan year, subject to annual limitations as permitted by the IRC.
- c) At the discretion of the Plan Administrator, a participant may be permitted to contribute amounts representing distributions from other qualified plans (rollover).
- d) An employer safe harbor matching contribution equal to a participants elective deferral that does not exceed 3% of the participants compensation for the plan year, plus 50% of the participants elective deferral that exceeds 3% of their compensation for the plan year, but does not exceed 5% of the participants compensation for the plan year.

# Electro Prime Group, LLC 401(k) Profit Sharing Plan and Trust

## Notes to Financial Statements

---

### 1. Description of Plan (continued)

#### **Contributions - continued**

- e) The employer may make a discretionary employer profit sharing contribution as defined in the agreement.

#### **Participant Accounts**

Each participant's account is credited with the participant's contribution, the employer's safe harbor matching contribution, allocation of the Company's discretionary contributions, and Plan earnings (losses). Investment income is allocated to the participant accounts regularly. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. 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, rollover, employer safe harbor contributions, and employer's discretionary profit sharing contribution, plus actual earnings thereon.

#### **Notes Receivable from Participants**

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 95% of one-half of their vested account balance. Note terms range from one to five years. The notes are secured by the balance in the participant's account and bear interest at a rate as determined by the Plan Administrator. At December 31, 2020 interest rates ranged from 4.25% to 6.50%. Participants may only have one note outstanding at any given time. Principal and interest is paid ratably through payroll deductions.

#### **Investment Options**

Participants direct their contributions to a variety of pooled separate accounts offered by the Plan with various objectives and degrees of financial risk. Currently the Plan offers twenty-seven investment options through John Hancock.

# **Electro Prime Group, LLC**

## **401(k) Profit Sharing Plan and Trust**

### **Notes to Financial Statements**

---

#### **1. Description of Plan** (continued)

##### **Payment of Benefits**

Upon death, disability, retirement, or termination of service, a participant will receive a lump sum distribution equal to the participant's vested interest in his or her account. The Plan allows for in-service distributions for those participants who have attained age 59 1/2 or have a severe financial hardship (as defined in the plan document) from their accounts which are 100% vested.

##### **Administrative Expenses**

Certain administrative expenses of the Plan are paid directly by the Company.

##### **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. In the event of Plan termination, participants would become 100% vested in their accounts.

#### **2. Summary of Significant Accounting Policies**

##### **Basis of Accounting**

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

##### **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 could affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

##### **Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Interest from notes receivable is recognized when earned. Delinquent notes receivable are treated as distributions based on the terms of the Plan document.

# Electro Prime Group, LLC

## 401(k) Profit Sharing Plan and Trust

### Notes to Financial Statements

#### 2. Summary of Significant Accounting Policies (continued)

##### Payments of Benefits

Benefits are recorded when paid.

##### Risks and Uncertainties

The Plan has investments in various investment securities. Investment securities are exposed to various risks such as market and credit risks. Due to the level of risk associated with these investment securities, it is at least reasonably possible that changes in the values of the 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.

#### 3. New Accounting Pronouncement

In August 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update 2018-13, *"Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement."* The new standard modifies the disclosure requirements on fair value measurements in Topic 820, Fair Value Measurement, including adjustments to Level 3 fair value measurement disclosures as well as the removal of disclosures around Level 1 and Level 2 transfers. The guidance is effective for periods beginning after December 15, 2018 for public business entities and for other entities, including the Plan, after December 15, 2019. The provisions of the ASU were adopted for the year ended December 31, 2020. Adoption of this standard did not impact the financial statements or disclosures.

#### 4. Investments

##### Group Funding Agreement with Insurance Company

The Plan entered into a group funding contract - unallocated with John Hancock Life Insurance Company. John Hancock maintains the contributions in pooled separate accounts which invest in various mutual funds. The account is credited with actual earnings on the underlying investments and charged for participant withdrawals and administrative expenses by John Hancock. The contract does not provide guaranteed Plan benefit payments to participants. The contract is included in the financial statements at Net Asset Value ("NAV"), which approximates fair market value, (which represents contributions made under the contract, plus earnings, less withdrawals and administrative expenses).

# **Electro Prime Group, LLC**

## **401(k) Profit Sharing Plan and Trust**

### **Notes to Financial Statements**

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#### **4. Investments** (continued)

##### **Investment and Valuation and Income Recognition**

Investments in insurance company pooled separate accounts are stated at NAV, which approximates fair market value, and represent the number of participation units owned by the Plan. Quoted market prices of the underlying investments are used to value each fund, and are based on the net asset value of the units held by the Plan at the end of the year.

#### **5. Fair Value Measurements**

FASB ASC 820 provides the framework for measuring fair value. This 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 are described as follows:

##### **Level 1 Fair Value Measurements**

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

##### **Level 2 Fair Value Measurements**

Inputs to the valuation methodology are based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuations in which all significant inputs are observable in the market.

Pooled Separate Accounts ("PSA") -

Valued daily based on the market value of the underlying net assets in each separate account. These investments are public investment vehicles valued using the NAV provided by the Plan Trustee John Hancock. The NAV is based on the value of the underlying assets owned by the Plan, minus its liabilities, and then divided by the number of shares outstanding.

# Electro Prime Group, LLC

## 401(k) Profit Sharing Plan and Trust

### Notes to Financial Statements

#### 5. Fair Value Measurements (continued)

#### Level 3 Fair Value Measurements

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

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measure in its entirety.

There have been no changes in the methodologies used at December 31, 2020 and 2019.

The following table set forth by level, within the fair value hierarchy, are the Plan's assets at fair value as of December 31, 2020 and 2019.

| Description     | 12/31/2020 |           | Level 1 | Level 2 | Level 3      |    |   |
|-----------------|------------|-----------|---------|---------|--------------|----|---|
| Pooled Separate |            |           |         |         |              |    |   |
| Accounts        | \$         | 2,388,591 | \$      | -       | \$ 2,388,591 | \$ | - |
| Total           | \$         | 2,388,591 | \$      | -       | \$ 2,388,591 | \$ | - |

| Description     | 12/31/2019 |           | Level 1 | Level 2 | Level 3      |    |   |
|-----------------|------------|-----------|---------|---------|--------------|----|---|
| Pooled Separate |            |           |         |         |              |    |   |
| Accounts        | \$         | 1,832,705 | \$      | -       | \$ 1,832,705 | \$ | - |
| <b>Total</b>    | \$         | 1,832,705 | \$      | -       | \$ 1,832,705 | \$ | - |

There were no transfers between levels of investments for the years ended December 31, 2020 and 2019.

# Electro Prime Group, LLC

## 401(k) Profit Sharing Plan and Trust

### Notes to Financial Statements

#### 6. Information Certified by the Trustee

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

| <i>December 31,</i>                        | <b>2020</b>         | 2019         |
|--------------------------------------------|---------------------|--------------|
| Pooled Separate Accounts, at Fair Value    | <b>\$ 2,388,591</b> | \$ 1,832,705 |
| Participant Loans                          | <b>\$ 49,212</b>    | \$ 27,347    |
| Net Appreciation in Fair Value of          |                     |              |
| Insurance Company Pooled Separate Accounts | <b>\$ 348,282</b>   | \$ 334,186   |
| Interest Income from Participant Loans     | <b>\$ 1,976</b>     | \$ 1,493     |

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

#### 7. Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated March 31, 2014, that the non-standardized profit sharing plan and trust is designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2017.

# Electro Prime Group, LLC

## 401(k) Profit Sharing Plan and Trust

### Notes to Financial Statements

#### 8. Plan Amendments

On March 27, 2020, the "Coronavirus Aid, Relief, and Economic Security ("CARES") Act" was signed into law. The CARES Act, among other things, includes several relief provisions available to tax-qualified retirement plans and their participants. Plan management has evaluated the relief provisions available to plan participants under the CARES Act and has implemented some of the following provisions:

1. Special coronavirus distributions up to \$100,000 without a 10% early withdrawal penalty.
2. Increase the available loan amount to the lesser of \$100,000 or one-half the present value of the participant's vested account balance.
3. Permit COVID-19 impacted participants to take out loans while on furlough.
4. Extend the period for loan repayments, if applicable, up to one year.

Less common provisions are also available under CARES Act. Participants should refer to the Plan's SECURE/CARES/CAA Amendment for additional information.

Effective March 31, 2020, the Plan implemented the CARES Act provisions. The Plan was formally amended on September 14, 2021.

#### 9. Party-in-Interest Transactions

Certain Plan investments are shares of pooled separate accounts managed by John Hancock. John Hancock is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. The Plan issues loans to participants, which are secured by the balances in the participants' accounts. These transactions qualify as party-in-interest transactions.

#### 10. ERISA Bond Requirement

The Employee Retirement Income Security Act of 1974 (ERISA) requires that every person who handles funds or other property of the Plan be bonded. The bond coverage is to be determined by the balance of the total plan assets, and is required to be at least equal to 10% of the Plan's assets at the beginning of the plan year, but not less than \$1,000. At December 31, 2020, the Plan's sponsor maintained bond coverage in the amount of \$500,000.

# Electro Prime Group, LLC

## 401(k) Profit Sharing Plan and Trust

### Notes to Financial Statements

#### 11. Reconciliation of Financial Statements to Schedule H on Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

| <i>December 31,</i>                                               | <b>2020</b>         | 2019         |
|-------------------------------------------------------------------|---------------------|--------------|
| Net Assets Available for Benefits Per the Financial Statement     | <b>\$ 2,438,695</b> | \$ 1,865,477 |
| Employer and Participant Contributions Receivable                 | <b>(892)</b>        | (5,425)      |
| Net Assets Available for Benefits Per Schedule H to the Form 5500 | <b>\$ 2,437,803</b> | \$ 1,860,052 |

The following is a reconciliation of contributions per the financial statements to Schedule H of Form 5500:

| <i>December 31,</i>                                           | <b>2020</b>       | 2019       |
|---------------------------------------------------------------|-------------------|------------|
| Total Contributions Per the Financial Statements              | <b>\$ 267,792</b> | \$ 247,228 |
| Increase in Employer and Participant Contributions Receivable | <b>4,533</b>      | 8,930      |
| Total Contributions Per Schedule H of Form 5500               | <b>\$ 272,325</b> | \$ 256,158 |

# **Electro Prime Group, LLC**

## **401(k) Profit Sharing Plan and Trust**

### **Notes to Financial Statements**

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#### **12. Delinquent Employer Safe Harbor Contributions**

During the plan year ended December 31, 2020, it was discovered that the employer's safe harbor contribution was not properly calculated for one employee contributing into the Plan. The total amount of the safe harbor contributions not submitted to the Plan totaled \$852. The Plan administrator calculated lost earnings for the plan year ended December 31, 2020 in the amount of \$40. The Plan administrator deposited \$892 into the plan on October 6, 2021 to make the affected participant and the plan whole, including interest. The employer contributions receivable at December 31, 2020 on the Statements of Net Assets Available for Benefits includes \$892 for the correction pertaining to the error discovered during the plan year ended December 31, 2020.

During the plan year ended December 31, 2019, it was discovered that the employer's safe harbor contribution was not properly calculated for nine employees contributing into the Plan. The total amount of the safe harbor contributions not submitted to the Plan totaled \$2,538. The Plan administrator calculated lost earnings for the plan year ended December 31, 2019 in the amount of \$150. The Plan administrator deposited \$2,688 into the plan on October 1, 2020 to make the affected participants and the plan whole, including interest. The employer contributions receivable at December 31, 2019 on the Statements of Net Assets Available for Benefits includes \$2,688 for the correction.

During the plan year ended December 31, 2018, it was discovered that the employer's safe harbor contribution was not properly calculated for four employees contributing into the Plan. The total amount of the safe harbor contributions not submitted to the Plan totaled \$2,395. The Plan administrator calculated lost earnings for the plan year ended December 31, 2018 in the amount of \$51; lost earnings for the plan year ended December 31, 2019 in the amount of \$127; and lost earnings through August 14, 2020 in the amount of \$83. The Plan administrator deposited \$2,395 into the plan on August 14, 2020 and \$261 into the Plan on August 26, 2020 to make the affected participants and the plan whole, including interest. The employer contributions receivable on the Statements of Net Assets Available for Benefits at December 31, 2019 includes \$2,656 for the correction.

# **Electro Prime Group, LLC 401(k) Profit Sharing Plan and Trust**

## **Notes to Financial Statements**

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### **12. Delinquent Employer Safe Harbor Contributions**

As a result of the above finding, the plan year ended December 31, 2017 was reviewed discovering the employer's safe harbor contribution was not properly calculated for one employee for one pay period. The total amount of the safe harbor contributions not submitted to the Plan totaled \$70. The Plan administrator calculated lost earnings for the plan year ended December 31, 2017 in the amount of \$1; lost earnings for the plan year ended December 31, 2018 in the amount of \$4; lost earnings for the plan year ended December 31, 2019 in the amount of \$4; and lost earnings through August 14, 2020 in the amount of \$2. The Plan administrator deposited \$70 into the plan on August 14, 2020 and \$11 into the Plan on August 26, 2020 to make the affected participants and the plan whole, including interest. The employer contributions receivable on the Statements of Net Assets Available for Benefits at December 31, 2019 includes \$81 for the correction.

### **13. Subsequent Events**

The Plan has evaluated subsequent events through October 12, 2021, the date the financial statements and supplemental schedules were available to be issued, and determined there were no subsequent events requiring additional disclosure.

## **Supplemental Schedules**



# Electro Prime Group, LLC 401(k) Profit Sharing Plan and Trust

## Schedule H, Line 4a - Schedule of Delinquent Participant Contributions December 31, 2020

EIN: 34-1029677  
Plan Number: 001  
Form: 5500

| Participant Contributions<br>Transferred Late to Plan<br><br>Check Here<br>If Late Participant Loan<br>Repayments are Included | Total That Constituted<br>Nonexempt Prohibited Transactions |                                             |                                               | Total Fully Corrected Under<br>VFCP and PTE 2002-51 |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------|-----------------------------------------------|-----------------------------------------------------|
|                                                                                                                                | Contributions<br>Not<br>Corrected                           | Contributions<br>Corrected<br>Outside VFCP* | Contributons<br>Pending<br>Correction in VFCP |                                                     |
|                                                                                                                                | \$ -                                                        | \$ 892                                      | \$ -                                          | \$ -                                                |

\*The amount relates to 2020 employer safe harbor contributions.

# Electro Prime Group, LLC

## 401(k) Profit Sharing Plan and Trust

### Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2020

EIN: 34-1029677  
Plan Number: 001  
Form: 5500

| (b)<br>Identity of Issue, Borrower, Lessor or<br>(a) Similar Party | (c)<br>Description of Investment | (d)<br>Cost | (e)<br>Current<br>Value |
|--------------------------------------------------------------------|----------------------------------|-------------|-------------------------|
|--------------------------------------------------------------------|----------------------------------|-------------|-------------------------|

#### **John Hancock Life Insurance Company Pooled Separate Accounts**

|                                    |              |   |            |
|------------------------------------|--------------|---|------------|
| * JH Multimanager Balanced LS      | 22,740 units | a | \$ 580,101 |
| * JH Multimanager Growth LS        | 16,039 units | a | 462,935    |
| * JH Multimanager Aggressive LS    | 7,324 units  | a | 221,361    |
| * The Growth Fund of America       | 1,606 units  | a | 190,451    |
| * John Hancock Stable Value        | 95,670 units | a | 107,902    |
| * American Balanced Fund           | 2,443 units  | a | 107,306    |
| * MFS Mid-Cap Growth Fund          | 3,135 units  | a | 103,721    |
| * JPMorgan US Equity Fund          | 3,209 units  | a | 100,881    |
| * JH Multimanager Moderate LS      | 4,385 units  | a | 95,508     |
| * JPMorgan MidCap Value Fund       | 1,518 units  | a | 88,285     |
| * T. Rowe Price Sml Cap Val        | 983 units    | a | 87,391     |
| * JH Multimanager 2025 Lifetime    | 2,767 units  | a | 53,929     |
| * Mutual Global Discovery          | 816 units    | a | 37,302     |
| * T. Rowe Price Equity Inc         | 646 units    | a | 34,140     |
| * Vanguard Total Bond Market Index | 2,565 units  | a | 32,840     |
| * JH Multimanager 2060 Lifetime    | 1,597 units  | a | 29,101     |
| * JPMorgan Emerging Markets        | 234 units    | a | 10,564     |
| * Wells Fargo Special SCV Fund     | 236 units    | a | 9,855      |
| * JH Multimanager 2040 Lifetime    | 438 units    | a | 9,653      |
| * JH Multimanager 2050 Lifetime    | 244 units    | a | 5,433      |
| * Vanguard Explorer Fund           | 19 units     | a | 4,307      |
| * JH Multimanager 2045 Lifetime    | 188 units    | a | 4,154      |

# Electro Prime Group, LLC 401(k) Profit Sharing Plan and Trust

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2020

|                                                                                     |                                  |                                                                        |                         | EIN: 34-1029677  |
|-------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------|-------------------------|------------------|
|                                                                                     |                                  |                                                                        |                         | Plan Number: 001 |
|                                                                                     |                                  |                                                                        |                         | Form: 5500       |
| (b)<br>Identity of Issue, Borrower, Lessor or<br>(a) Similar Party                  | (c)<br>Description of Investment | (d)<br>Cost                                                            | (e)<br>Current<br>Value |                  |
| <b>John Hancock Life Insurance Company<br/>Pooled Separate Accounts - continued</b> |                                  |                                                                        |                         |                  |
| * Strategic Income Opp Fund                                                         | 199 units                        | a \$                                                                   | 3,501                   |                  |
| * Vanguard Mid-Cap Value ETF                                                        | 163 units                        | a                                                                      | 2,926                   |                  |
| * Templeton Foreign Fund                                                            | 327 units                        | a                                                                      | 2,551                   |                  |
| * Vanguard International Growth                                                     | 13 units                         | a                                                                      | 2,364                   |                  |
| * JH Multimanager 2035 Lifetime                                                     | 6 units                          | a                                                                      | 129                     |                  |
| <b>Total Pooled Separate Accounts</b>                                               |                                  |                                                                        | \$                      | 2,388,591        |
| <b>Participant Loans</b>                                                            |                                  |                                                                        |                         |                  |
|                                                                                     |                                  | Loans to participants with<br>interest rates ranging 4.25% -<br>6.50%. | -0-                     | \$ 49,212        |
| <b>Total Investments</b>                                                            |                                  |                                                                        | \$                      | 2,437,803        |

a - The cost of participant directed investments is not required to be disclosed.

\* - A party-in-interest as defined by ERISA.

**Electro Prime Group, LLC  
401(k) Profit Sharing Plan and Trust**

**Annual Report  
Years Ended December 31, 2020 and 2019**

**Electro Prime Group, LLC  
401(k) Profit Sharing Plan and Trust**

**Annual Report  
Years Ended December 31, 2020 and 2019**

# **Electro Prime Group, LLC 401(k) Profit Sharing Plan and Trust**

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## **Independent Auditor's Report**

To the Plan Administrator  
Electro Prime Group, LLC 401(k) Profit Sharing Plan and Trust  
Toledo, Ohio

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

We were engaged to audit the accompanying financial statements of Electro Prime Group, LLC 401(k) Profit Sharing Plan and Trust, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by John Hancock Life Insurance Company (U.S.A.), the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2020 and 2019, that the information provided to the plan administrator by the trustee is complete and accurate.





### **Disclaimer of Opinion**

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

### **Emphasis of Matter**

As discussed in Note 12, the Plan Administrator failed to timely remitted certain employer safe harbor contributions for the plan years ended December 31, 2020 and 2019. The Plan Administrator subsequently remitted these late remittances, including lost earnings, to make the affected participants and plan whole.

### **Other Matter**

The supplemental schedules of Schedule H, Line 4a - Schedule of Delinquent Participant Contributions and Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of or for the year ended December 31, 2020, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, 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 trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Skillman Group, PLC*  
Certified Public Accountants

Troy, Michigan  
October 12, 2021



**Electro Prime Group, LLC**  
**401(k) Profit Sharing Plan and Trust**  
**Statements of Net Assets Available for Benefits**

| <i>December 31,</i>                                                                               | <b>2020</b>         | 2019         |
|---------------------------------------------------------------------------------------------------|---------------------|--------------|
| <b>Assets</b>                                                                                     |                     |              |
| <b>Investments</b>                                                                                |                     |              |
| Group annuity contract, at contract value                                                         | \$ 2,388,591        | \$ 1,832,705 |
| Adjustment from contract value to fair value for<br>fully responsive benefit investment contracts | -                   | -            |
| Net Investments, at fair value                                                                    | <b>2,388,591</b>    | 1,832,705    |
| <b>Receivables</b>                                                                                |                     |              |
| Employer contributions                                                                            | <b>892</b>          | 5,425        |
| Notes receivable from participants                                                                | <b>49,212</b>       | 27,347       |
| <b>Total Receivables</b>                                                                          | <b>50,104</b>       | 32,772       |
| <b>Net Assets Available for Benefits</b>                                                          | <b>\$ 2,438,695</b> | \$ 1,865,477 |

*See Accompanying Independent Auditor's Report and Notes to Financial Statements.*

# Electro Prime Group, LLC 401(k) Profit Sharing Plan and Trust

## Statement of Changes in Net Assets Available for Benefits

| <i>Year Ended December 31,</i>                                                     | <b>2020</b>  | 2019        |
|------------------------------------------------------------------------------------|--------------|-------------|
| <b>Additions</b>                                                                   |              |             |
| <b>Investment Income</b>                                                           |              |             |
| Net unrealized gain in fair value of insurance company<br>pooled separate accounts | \$ 348,282   | \$ 334,186  |
| <b>Contributions</b>                                                               |              |             |
| Employer                                                                           | 81,442       | 80,940      |
| Participants                                                                       | 186,350      | 166,288     |
| <b>Total Contributions</b>                                                         | 267,792      | 247,228     |
| <b>Interest Income on Notes Receivable From Participants</b>                       | 1,976        | 1,493       |
| <b>Total Additions</b>                                                             | 618,050      | 582,907     |
| <b>Deductions</b>                                                                  |              |             |
| Benefits paid to participants                                                      | 22,543       | 240,022     |
| Fees                                                                               | 22,289       | 22,907      |
| Deemed distributions                                                               | -            | 3,495       |
| <b>Total Deductions</b>                                                            | 44,832       | 266,424     |
| <b>Net Increase in Net Assets Available for Benefits</b>                           | 573,218      | 316,483     |
| <b>Net Assets Available for Benefits</b>                                           |              |             |
| Beginning of year                                                                  | 1,865,477    | 1,548,994   |
| End of year                                                                        | \$ 2,438,695 | \$1,865,477 |

*See Accompanying Independent Auditor's Report and Notes to Financial Statements.*

# **Electro Prime Group, LLC 401(k) Profit Sharing Plan and Trust**

## **Notes to Financial Statements**

### **1. Description of Plan**

The following description of the Electro Prime Group, LLC (the "Company") 401(k) Profit Sharing Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

#### **General**

The Plan is a defined contribution plan established by Electro Prime Group, LLC on January 1, 2001 and has since been restated effective January 1, 2016. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Company is the designated plan administrator of the Plan. John Hancock Life Insurance Company is the trustee of the Plan ("John Hancock"). Participation in the Plan is discretionary for all eligible employees who meet eligibility requirements as defined in the plan.

#### **Contributions**

The following types of contributions may be made to the Plan:

- a) The total amount of salary reduction (Pre-tax and Roth) each participant has elected to defer up to 92%, subject to annual limitations as defined by the Internal Revenue Code ("IRC").
- b) Catch up contributions for those participants who have attained the age of 50 before the end of the Plan year, subject to annual limitations as permitted by the IRC.
- c) At the discretion of the Plan Administrator, a participant may be permitted to contribute amounts representing distributions from other qualified plans (rollover).
- d) An employer safe harbor matching contribution equal to a participants elective deferral that does not exceed 3% of the participants compensation for the plan year, plus 50% of the participants elective deferral that exceeds 3% of their compensation for the plan year, but does not exceed 5% of the participants compensation for the plan year.

# Electro Prime Group, LLC 401(k) Profit Sharing Plan and Trust

## Notes to Financial Statements

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### 1. Description of Plan (continued)

#### **Contributions - continued**

- e) The employer may make a discretionary employer profit sharing contribution as defined in the agreement.

#### **Participant Accounts**

Each participant's account is credited with the participant's contribution, the employer's safe harbor matching contribution, allocation of the Company's discretionary contributions, and Plan earnings (losses). Investment income is allocated to the participant accounts regularly. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. 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, rollover, employer safe harbor contributions, and employer's discretionary profit sharing contribution, plus actual earnings thereon.

#### **Notes Receivable from Participants**

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 95% of one-half of their vested account balance. Note terms range from one to five years. The notes are secured by the balance in the participant's account and bear interest at a rate as determined by the Plan Administrator. At December 31, 2020 interest rates ranged from 4.25% to 6.50%. Participants may only have one note outstanding at any given time. Principal and interest is paid ratably through payroll deductions.

#### **Investment Options**

Participants direct their contributions to a variety of pooled separate accounts offered by the Plan with various objectives and degrees of financial risk. Currently the Plan offers twenty-seven investment options through John Hancock.

# **Electro Prime Group, LLC**

## **401(k) Profit Sharing Plan and Trust**

### **Notes to Financial Statements**

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#### **1. Description of Plan** (continued)

##### **Payment of Benefits**

Upon death, disability, retirement, or termination of service, a participant will receive a lump sum distribution equal to the participant's vested interest in his or her account. The Plan allows for in-service distributions for those participants who have attained age 59 1/2 or have a severe financial hardship (as defined in the plan document) from their accounts which are 100% vested.

##### **Administrative Expenses**

Certain administrative expenses of the Plan are paid directly by the Company.

##### **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. In the event of Plan termination, participants would become 100% vested in their accounts.

#### **2. Summary of Significant Accounting Policies**

##### **Basis of Accounting**

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

##### **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 could affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

##### **Notes Receivable from Participants**

Notes receivable from participants are measured at their unpaid principal balances plus any accrued but unpaid interest. Interest from notes receivable is recognized when earned. Delinquent notes receivable are treated as distributions based on the terms of the Plan document.

# **Electro Prime Group, LLC**

## **401(k) Profit Sharing Plan and Trust**

### **Notes to Financial Statements**

#### **2. Summary of Significant Accounting Policies** (continued)

##### **Payments of Benefits**

Benefits are recorded when paid.

##### **Risks and Uncertainties**

The Plan has investments in various investment securities. Investment securities are exposed to various risks such as market and credit risks. Due to the level of risk associated with these investment securities, it is at least reasonably possible that changes in the values of the 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.

#### **3. New Accounting Pronouncement**

In August 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update 2018-13, *"Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement."* The new standard modifies the disclosure requirements on fair value measurements in Topic 820, Fair Value Measurement, including adjustments to Level 3 fair value measurement disclosures as well as the removal of disclosures around Level 1 and Level 2 transfers. The guidance is effective for periods beginning after December 15, 2018 for public business entities and for other entities, including the Plan, after December 15, 2019. The provisions of the ASU were adopted for the year ended December 31, 2020. Adoption of this standard did not impact the financial statements or disclosures.

#### **4. Investments**

##### **Group Funding Agreement with Insurance Company**

The Plan entered into a group funding contract - unallocated with John Hancock Life Insurance Company. John Hancock maintains the contributions in pooled separate accounts which invest in various mutual funds. The account is credited with actual earnings on the underlying investments and charged for participant withdrawals and administrative expenses by John Hancock. The contract does not provide guaranteed Plan benefit payments to participants. The contract is included in the financial statements at Net Asset Value ("NAV"), which approximates fair market value, (which represents contributions made under the contract, plus earnings, less withdrawals and administrative expenses).

# **Electro Prime Group, LLC**

## **401(k) Profit Sharing Plan and Trust**

### **Notes to Financial Statements**

#### **4. Investments** (continued)

##### **Investment and Valuation and Income Recognition**

Investments in insurance company pooled separate accounts are stated at NAV, which approximates fair market value, and represent the number of participation units owned by the Plan. Quoted market prices of the underlying investments are used to value each fund, and are based on the net asset value of the units held by the Plan at the end of the year.

#### **5. Fair Value Measurements**

FASB ASC 820 provides the framework for measuring fair value. This 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 are described as follows:

##### **Level 1 Fair Value Measurements**

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

##### **Level 2 Fair Value Measurements**

Inputs to the valuation methodology are based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuations in which all significant inputs are observable in the market.

Pooled Separate Accounts ("PSA") -

Valued daily based on the market value of the underlying net assets in each separate account. These investments are public investment vehicles valued using the NAV provided by the Plan Trustee John Hancock. The NAV is based on the value of the underlying assets owned by the Plan, minus its liabilities, and then divided by the number of shares outstanding.

# Electro Prime Group, LLC 401(k) Profit Sharing Plan and Trust

## Notes to Financial Statements

### 5. Fair Value Measurements (continued)

#### Level 3 Fair Value Measurements

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

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measure in its entirety.

There have been no changes in the methodologies used at December 31, 2020 and 2019.

The following table set forth by level, within the fair value hierarchy, are the Plan's assets at fair value as of December 31, 2020 and 2019.

| Description     | 12/31/2020 |                  | Level 1     | Level 2             | Level 3     |
|-----------------|------------|------------------|-------------|---------------------|-------------|
| Pooled Separate |            |                  |             |                     |             |
| Accounts        | \$         | 2,388,591        | \$ -        | \$ 2,388,591        | \$ -        |
| <b>Total</b>    | <b>\$</b>  | <b>2,388,591</b> | <b>\$ -</b> | <b>\$ 2,388,591</b> | <b>\$ -</b> |

| Description     | 12/31/2019 |                  | Level 1     | Level 2             | Level 3     |
|-----------------|------------|------------------|-------------|---------------------|-------------|
| Pooled Separate |            |                  |             |                     |             |
| Accounts        | \$         | 1,832,705        | \$ -        | \$ 1,832,705        | \$ -        |
| <b>Total</b>    | <b>\$</b>  | <b>1,832,705</b> | <b>\$ -</b> | <b>\$ 1,832,705</b> | <b>\$ -</b> |

There were no transfers between levels of investments for the years ended December 31, 2020 and 2019.

# Electro Prime Group, LLC

## 401(k) Profit Sharing Plan and Trust

### Notes to Financial Statements

#### 6. Information Certified by the Trustee

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

| <i>December 31,</i>                        | <b>2020</b>         | 2019         |
|--------------------------------------------|---------------------|--------------|
| Pooled Separate Accounts, at Fair Value    | <b>\$ 2,388,591</b> | \$ 1,832,705 |
| Participant Loans                          | <b>\$ 49,212</b>    | \$ 27,347    |
| Net Appreciation in Fair Value of          |                     |              |
| Insurance Company Pooled Separate Accounts | <b>\$ 348,282</b>   | \$ 334,186   |
| Interest Income from Participant Loans     | <b>\$ 1,976</b>     | \$ 1,493     |

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

#### 7. Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated March 31, 2014, that the non-standardized profit sharing plan and trust is designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2017.

# Electro Prime Group, LLC

## 401(k) Profit Sharing Plan and Trust

### Notes to Financial Statements

#### **8. Plan Amendments**

On March 27, 2020, the "Coronavirus Aid, Relief, and Economic Security ("CARES") Act" was signed into law. The CARES Act, among other things, includes several relief provisions available to tax-qualified retirement plans and their participants. Plan management has evaluated the relief provisions available to plan participants under the CARES Act and has implemented some of the following provisions:

1. Special coronavirus distributions up to \$100,000 without a 10% early withdrawal penalty.
2. Increase the available loan amount to the lesser of \$100,000 or one-half the present value of the participant's vested account balance.
3. Permit COVID-19 impacted participants to take out loans while on furlough.
4. Extend the period for loan repayments, if applicable, up to one year.

Less common provisions are also available under CARES Act. Participants should refer to the Plan's SECURE/CARES/CAA Amendment for additional information.

Effective March 31, 2020, the Plan implemented the CARES Act provisions. The Plan was formally amended on September 14, 2021.

#### **9. Party-in-Interest Transactions**

Certain Plan investments are shares of pooled separate accounts managed by John Hancock. John Hancock is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. The Plan issues loans to participants, which are secured by the balances in the participants' accounts. These transactions qualify as party-in-interest transactions.

#### **10. ERISA Bond Requirement**

The Employee Retirement Income Security Act of 1974 (ERISA) requires that every person who handles funds or other property of the Plan be bonded. The bond coverage is to be determined by the balance of the total plan assets, and is required to be at least equal to 10% of the Plan's assets at the beginning of the plan year, but not less than \$1,000. At December 31, 2020, the Plan's sponsor maintained bond coverage in the amount of \$500,000.

# Electro Prime Group, LLC

## 401(k) Profit Sharing Plan and Trust

### Notes to Financial Statements

#### 11. Reconciliation of Financial Statements to Schedule H on Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

| <i>December 31,</i>                                               | <b>2020</b>         | 2019         |
|-------------------------------------------------------------------|---------------------|--------------|
| Net Assets Available for Benefits Per the Financial Statement     | <b>\$ 2,438,695</b> | \$ 1,865,477 |
| Employer and Participant Contributions Receivable                 | <b>(892)</b>        | (5,425)      |
| Net Assets Available for Benefits Per Schedule H to the Form 5500 | <b>\$ 2,437,803</b> | \$ 1,860,052 |

The following is a reconciliation of contributions per the financial statements to Schedule H of Form 5500:

| <i>December 31,</i>                                           | <b>2020</b>       | 2019       |
|---------------------------------------------------------------|-------------------|------------|
| Total Contributions Per the Financial Statements              | <b>\$ 267,792</b> | \$ 247,228 |
| Increase in Employer and Participant Contributions Receivable | <b>4,533</b>      | 8,930      |
| Total Contributions Per Schedule H of Form 5500               | <b>\$ 272,325</b> | \$ 256,158 |

# **Electro Prime Group, LLC**

## **401(k) Profit Sharing Plan and Trust**

### **Notes to Financial Statements**

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#### **12. Delinquent Employer Safe Harbor Contributions**

During the plan year ended December 31, 2020, it was discovered that the employer's safe harbor contribution was not properly calculated for one employee contributing into the Plan. The total amount of the safe harbor contributions not submitted to the Plan totaled \$852. The Plan administrator calculated lost earnings for the plan year ended December 31, 2020 in the amount of \$40. The Plan administrator deposited \$892 into the plan on October 6, 2021 to make the affected participant and the plan whole, including interest. The employer contributions receivable at December 31, 2020 on the Statements of Net Assets Available for Benefits includes \$892 for the correction pertaining to the error discovered during the plan year ended December 31, 2020.

During the plan year ended December 31, 2019, it was discovered that the employer's safe harbor contribution was not properly calculated for nine employees contributing into the Plan. The total amount of the safe harbor contributions not submitted to the Plan totaled \$2,538. The Plan administrator calculated lost earnings for the plan year ended December 31, 2019 in the amount of \$150. The Plan administrator deposited \$2,688 into the plan on October 1, 2020 to make the affected participants and the plan whole, including interest. The employer contributions receivable at December 31, 2019 on the Statements of Net Assets Available for Benefits includes \$2,688 for the correction.

During the plan year ended December 31, 2018, it was discovered that the employer's safe harbor contribution was not properly calculated for four employees contributing into the Plan. The total amount of the safe harbor contributions not submitted to the Plan totaled \$2,395. The Plan administrator calculated lost earnings for the plan year ended December 31, 2018 in the amount of \$51; lost earnings for the plan year ended December 31, 2019 in the amount of \$127; and lost earnings through August 14, 2020 in the amount of \$83. The Plan administrator deposited \$2,395 into the plan on August 14, 2020 and \$261 into the Plan on August 26, 2020 to make the affected participants and the plan whole, including interest. The employer contributions receivable on the Statements of Net Assets Available for Benefits at December 31, 2019 includes \$2,656 for the correction.

# **Electro Prime Group, LLC 401(k) Profit Sharing Plan and Trust**

## **Notes to Financial Statements**

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### **12. Delinquent Employer Safe Harbor Contributions**

As a result of the above finding, the plan year ended December 31, 2017 was reviewed discovering the employer's safe harbor contribution was not properly calculated for one employee for one pay period. The total amount of the safe harbor contributions not submitted to the Plan totaled \$70. The Plan administrator calculated lost earnings for the plan year ended December 31, 2017 in the amount of \$1; lost earnings for the plan year ended December 31, 2018 in the amount of \$4; lost earnings for the plan year ended December 31, 2019 in the amount of \$4; and lost earnings through August 14, 2020 in the amount of \$2. The Plan administrator deposited \$70 into the plan on August 14, 2020 and \$11 into the Plan on August 26, 2020 to make the affected participants and the plan whole, including interest. The employer contributions receivable on the Statements of Net Assets Available for Benefits at December 31, 2019 includes \$81 for the correction.

### **13. Subsequent Events**

The Plan has evaluated subsequent events through October 12, 2021, the date the financial statements and supplemental schedules were available to be issued, and determined there were no subsequent events requiring additional disclosure.

## **Supplemental Schedules**



# Electro Prime Group, LLC 401(k) Profit Sharing Plan and Trust

## Schedule H, Line 4a - Schedule of Delinquent Participant Contributions December 31, 2020

EIN: 34-1029677  
Plan Number: 001  
Form: 5500

| Participant Contributions<br>Transferred Late to Plan<br><br>Check Here<br>If Late Participant Loan<br>Repayments are Included | Total That Constituted<br>Nonexempt Prohibited Transactions |                                             |                                               | Total Fully Corrected Under<br>VFCP and PTE 2002-51 |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------|-----------------------------------------------|-----------------------------------------------------|
|                                                                                                                                | Contributions<br>Not<br>Corrected                           | Contributions<br>Corrected<br>Outside VFCP* | Contributons<br>Pending<br>Correction in VFCP |                                                     |
|                                                                                                                                | \$ -                                                        | \$ 892                                      | \$ -                                          | \$ -                                                |

\*The amount relates to 2020 employer safe harbor contributions.

# Electro Prime Group, LLC

## 401(k) Profit Sharing Plan and Trust

### Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2020

EIN: 34-1029677  
Plan Number: 001  
Form: 5500

| (b)<br>Identity of Issue, Borrower, Lessor or<br>(a) Similar Party | (c)<br>Description of Investment | (d)<br>Cost | (e)<br>Current<br>Value |
|--------------------------------------------------------------------|----------------------------------|-------------|-------------------------|
|--------------------------------------------------------------------|----------------------------------|-------------|-------------------------|

#### **John Hancock Life Insurance Company Pooled Separate Accounts**

|                                    |              |   |            |
|------------------------------------|--------------|---|------------|
| * JH Multimanager Balanced LS      | 22,740 units | a | \$ 580,101 |
| * JH Multimanager Growth LS        | 16,039 units | a | 462,935    |
| * JH Multimanager Aggressive LS    | 7,324 units  | a | 221,361    |
| * The Growth Fund of America       | 1,606 units  | a | 190,451    |
| * John Hancock Stable Value        | 95,670 units | a | 107,902    |
| * American Balanced Fund           | 2,443 units  | a | 107,306    |
| * MFS Mid-Cap Growth Fund          | 3,135 units  | a | 103,721    |
| * JPMorgan US Equity Fund          | 3,209 units  | a | 100,881    |
| * JH Multimanager Moderate LS      | 4,385 units  | a | 95,508     |
| * JPMorgan MidCap Value Fund       | 1,518 units  | a | 88,285     |
| * T. Rowe Price Sml Cap Val        | 983 units    | a | 87,391     |
| * JH Multimanager 2025 Lifetime    | 2,767 units  | a | 53,929     |
| * Mutual Global Discovery          | 816 units    | a | 37,302     |
| * T. Rowe Price Equity Inc         | 646 units    | a | 34,140     |
| * Vanguard Total Bond Market Index | 2,565 units  | a | 32,840     |
| * JH Multimanager 2060 Lifetime    | 1,597 units  | a | 29,101     |
| * JPMorgan Emerging Markets        | 234 units    | a | 10,564     |
| * Wells Fargo Special SCV Fund     | 236 units    | a | 9,855      |
| * JH Multimanager 2040 Lifetime    | 438 units    | a | 9,653      |
| * JH Multimanager 2050 Lifetime    | 244 units    | a | 5,433      |
| * Vanguard Explorer Fund           | 19 units     | a | 4,307      |
| * JH Multimanager 2045 Lifetime    | 188 units    | a | 4,154      |

# Electro Prime Group, LLC 401(k) Profit Sharing Plan and Trust

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2020

|                                                                                     |                                  |                                                                  |                         | EIN: 34-1029677  |
|-------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------|-------------------------|------------------|
|                                                                                     |                                  |                                                                  |                         | Plan Number: 001 |
|                                                                                     |                                  |                                                                  |                         | Form: 5500       |
| (b)<br>Identity of Issue, Borrower, Lessor or<br>(a) Similar Party                  | (c)<br>Description of Investment | (d)<br>Cost                                                      | (e)<br>Current<br>Value |                  |
| <b>John Hancock Life Insurance Company<br/>Pooled Separate Accounts - continued</b> |                                  |                                                                  |                         |                  |
| * Strategic Income Opp Fund                                                         | 199 units                        | a \$                                                             | 3,501                   |                  |
| * Vanguard Mid-Cap Value ETF                                                        | 163 units                        | a                                                                | 2,926                   |                  |
| * Templeton Foreign Fund                                                            | 327 units                        | a                                                                | 2,551                   |                  |
| * Vanguard International Growth                                                     | 13 units                         | a                                                                | 2,364                   |                  |
| * JH Multimanager 2035 Lifetime                                                     | 6 units                          | a                                                                | 129                     |                  |
| <b>Total Pooled Separate Accounts</b>                                               |                                  |                                                                  | \$ 2,388,591            |                  |
| <b>Participant Loans</b>                                                            |                                  | Loans to participants with interest rates ranging 4.25% - 6.50%. |                         |                  |
|                                                                                     |                                  | -0-                                                              | \$ 49,212               |                  |
| <b>Total Investments</b>                                                            |                                  |                                                                  | \$ 2,437,803            |                  |

a - The cost of participant directed investments is not required to be disclosed.

\* - A party-in-interest as defined by ERISA.