Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
MANLEY, DEAS & KOCHALSKI LLC CASH BALANCE PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2008

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
MANLEY, DEAS & KOCHALSKI, LLC

1555 LAKE SHORE DRIVE
COLUMBUS, OH 43204

1555 LAKE SHORE DRIVE
COLUMBUS, OH 43204

2b Employer Identification Number (EIN)
13-4225050

2c Plan Sponsor's telephone number
614-220-5611

2d Business code (see instructions)
541110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2021	D. BRIAN MEADORS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	223
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	162
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	123
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	79
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	202
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	202
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1C 1D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

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

A Name of plan
MANLEY, DEAS & KOCHALSKI LLC CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MANLEY, DEAS & KOCHALSKI, LLC

D Employer Identification Number (EIN)
13-4225050

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2020

2 Assets:

a Market value	**2a**	5234584
b Actuarial value	**2b**	5234584

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	61	98395	98395
c For active participants	162	4977315	5001447
d Total	223	5075710	5099842

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.75 %
6 Target normal cost	**6**	184321

Statement by Enrolled Actuary

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

SIGN HERE

	10/13/2021
Signature of actuary	Date
DONALD BUNGENSTOCK, E.A., M.A.A.A.	20-05702
Type or print name of actuary	Most recent enrollment number
LATITUDE RETIREMENT	574-936-6200
Firm name	Telephone number (including area code)
1500 NORTH OAK DRIVE PLYMOUTH, IN 46563	
Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	6801
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		3617
9	Amount remaining (line 7 minus line 8)	0	3184
10	Interest on line 9 using prior year's actual return of 11.69 %	0	372
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.51 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	3556

Part III Funding Percentages

14	Funding target attainment percentage	14	102.57 %
15	Adjusted funding target attainment percentage	15	102.64 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	92.65 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/17/2021	20000		06/07/2021	20000	
03/29/2021	20000		06/22/2021	20000	
04/19/2021	20000		07/06/2021	20000	
04/26/2021	20000		07/15/2021	20000	
05/11/2021	20000				
05/24/2021	20000				
			Totals ► 18(b)	200000	18(c) 0

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

a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	184007

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.50 %	6.27 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	3
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	184321
b Excess assets, if applicable, but not greater than line 31a	**31b**	131186

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	53135

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

36 Additional cash requirement (line 34 minus line 35)	**36**	53135
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	184007
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	130872
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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

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

A Name of plan	**B** Three-digit plan number (PN) ▶
MANLEY, DEAS & KOCHALSKI LLC CASH BALANCE PLAN	002

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
MANLEY, DEAS & KOCHALSKI, LLC	13-4225050

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

FIRST MERCHANTS BANK N.A.

35-6412246

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	TRUSTEE	26308	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

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

A Name of plan
MANLEY, DEAS & KOCHALSKI LLC CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MANLEY, DEAS & KOCHALSKI, LLC

D Employer Identification Number (EIN)
13-4225050

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	175000	200000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	20994	19723
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	36637	96461
(2) U.S. Government securities	1c(2)	393221	278882
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	3067566	3273154
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1545878	2063227
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	5239296	5931447
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	5239296	5931447

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	200000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		200000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	83021	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		83021
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	39282	
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		39282
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	21629	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		21629
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	378624	
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		378624

		(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)		
(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 **income** amounts in column (b) and enter total	2d		722556
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4097	
(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)		4097
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)	26308	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		26308
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		30405
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		692151
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [X] 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: JOHN GERLACH & COMPANY **(2)** EIN: 31-4419361

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

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 4335563.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

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

A Name of plan
MANLEY, DEAS & KOCHALSKI LLC CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MANLEY, DEAS & KOCHALSKI, LLC

D Employer Identification Number (EIN)
13-4225050

Part I Distributions

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

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

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

EIN(s): _____ _____

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 2

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

MANLEY DEAS & KOCHALSKI, LLC
CASH BALANCE PLAN

FINANCIAL STATEMENTS

For the Years Ended
December 31, 2020 and 2019

MANLEY DEAS & KOCHALSKI, LLC CASH BALANCE PLAN

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To the Board of Trustees of
Manley Deas & Kochalski, LLC Cash Balance Plan

Independent Auditor's Report

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Manley Deas & Kochalski, LLC Cash Balance Plan (the Plan), 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 statement of accumulated plan benefits as of December 31, 2019, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on 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 or provided by First Merchants Trust Company, the trustee of the Plan, except for comparing this 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 assets and executes transactions. The Plan Administrator has obtained a certification from the trustee as of December 31, 2020 and 2019, and for the years then ended, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter - Supplemental Schedules

The supplemental schedules, Assets Held for Investment Purposes as of December 31, 2020 and 2019, are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purposes of additional analysis but are not a required part of the financial statements. These supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matters described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

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 schedules, other than that derived from the information certified or provided 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.

Columbus, Ohio
October 11, 2021

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

As of December 31, 2020 and 2019

	2020	2019
ASSETS		
Cash	$ 575	$ 1,079
Investments at fair value:		
Money market funds	95,887	35,557
Certificates of deposit	190,883	131,772
US government notes	278,882	443,222
Bond Funds	671,792	410,254
ETFs	630,433	641,702
Mutual funds	1,432,794	904,176
Corporate bonds and notes	2,410,478	2,475,540
Total Investments	5,711,149	5,042,223
Receivables:		
Employer contribution	200,000	175,000
Accrued interest and dividends	19,723	20,994
Total Receivables	219,723	195,994
Total Assets	5,931,447	5,239,296
NET ASSETS AVAILABLE FOR BENEFITS	$ 5,931,447	$ 5,239,296

See Notes to Financial Statements

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2020 and 2019

	2020	2019
Investment Income:		
Interest and dividends	$ 122,304	$ 117,219
Net appreciation (depreciation) in fair value of	400,252	434,466
Employer's contribution	200,000	500,000
Total Additions	722,556	1,051,685
Benefits paid to participants	4,097	82,961
Administrative expenses	26,308	23,403
Total Deductions	30,405	106,364
Net Increase (Decrease)	692,151	945,321
Net Assets Available for Plan Benefits		
Beginning of Year	5,239,296	4,293,975
End of Year	$ 5,931,447	$ 5,239,296

See Notes to Financial Statements

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS

As of December 31, 2019

	2019
Actuarial Present Value of Accumulated Plan Benefits:	
Vested Benefits:	
Participants currently receiving payments	$ -
Other participants	5,292,834
Nonvested benefits	83,659
Total Actuarial Present Value of Accumulated Plan Benefits	$ 5,376,493

See Notes to Financial Statements

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

For the Year Ended December 31, 2019

	2019
Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	$ 4,840,435
Increase (Decrease) During the Year Attributable to:	
Benefits accumulated	456,219
Increase for interest	238,964
Benefits paid	(82,961)
Change in actuarial assumptions	-
Actuarial (gains) and losses	(76,164)
Net Increase	536,058
Actuarial Present Value of Accumulated Plan Benefits at End of Year	$ 5,376,493

See Notes to Financial Statements

MANLEY DEAS & KOCHALSKI, LLC
CASH BALANCE PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2020

Note 1 - DESCRIPTION OF PLAN:

The following brief description of the Manley Deas & Kochalski, LLC Cash Balance Plan (Plan) is provided for general informational purposes only. Participants should refer to the Plan agreement for more complete information.

General - The Plan is a non-contributory, defined benefit pension plan established effective January 1, 2008. The Plan covers certain eligible employees based upon job title of Manley Deas & Kochalski, LLC and affiliated companies (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension Benefits - Subject to the provisions of the Plan, effective January 1, 2008, a participant earns the right to receive a pension benefit when one of the following thresholds is met:

- Participants are 100% vested after the completion of 3 years of service;
- Participants are eligible to start receiving payments after reaching the later of normal retirement age (62) and 3 years of participation in the Plan, while in covered employment.

Aggregate period of service includes all periods of service completed by the participant whether or not such periods of service were completed consecutively. The years of service must occur without a 5 year break in service.

If a participant terminates employment with the Company before rendering three years of service, they forfeit their right to receive the non-vested portion of their accumulated plan benefits.

Depending on circumstances described under the Plan, benefits can be paid in the form of a single lump-sum payment, life annuity, or a qualified joint and survivor annuity.

Under the Plan, upon termination of employment with the Company, a participant can withdraw their vested account balance in the Plan, roll it over into an individual retirement account or other tax qualified retirement plan, or maintain their account balance in the Plan and continue to earn interest in accordance with the terms of the plan.

The Plan's benefit formula is the cash balance plan formula. Under the cash balance plan formula, if an individual is not an officer or an owner, their unit cash benefit is 2% of their pay for each year in which they are entitled to earn a unit cash benefit, but not less than an equal dollar amount for each participant who is not an officer or an owner up to the amount that allows the plan to meet the requirements prescribed in the Internal Revenue Code. The non officer or owner cash balance benefit will not exceed 100% of the participants pay in any year. The non officer or owner benefit is not less than the greater of 0.5% of the participants pay for each year or the vested top heavy minimum benefit.

An officer or an owner who is a plan participant is eligible for a unit cash benefit of the least of ten times their benefit compensation or the maximum amount during any Plan year allowable under the Internal Revenue Code.

Note 1 - DESCRIPTION OF PLAN (Continued):

For the purpose of calculating contributions, compensation of a participant cannot exceed the Internal Revenue Service annual compensation limit. Each participant's account is credited, at the end of the Plan year, with interest based on the interest rate of high-quality corporate bonds.

Death and Disability Benefits - If a participant dies on or after the normal retirement date, a death benefit will be paid to the participant's spouse in the form of a qualified joint and survivor annuity or to the beneficiary in a lump-sum payment. In addition, if a participant dies before the normal retirement date, the spouse will be eligible for the pre-retirement survivor annuity, as defined in the Plan agreement. Active employees who become disabled may request payment of their entire accrued benefit.

Income Tax - The Plan Administrator has received a favorable determination letter from the Internal Revenue Service. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes the Plan as amended, is currently being operated in compliance with applicable requirements of the Internal Revenue Code and is, therefore, not subject to tax under present income tax law. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

The following are significant accounting policies followed by the Plan:

Basis of Accounting - The accompanying financial statements 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 management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Valuation of Investments - Plan investments are stated at fair value. Quoted market prices are used to measure the fair value of investments.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated Plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances--retirement, death, disability, and termination of employment--are included to the extent they are deemed attributable to employee service rendered to the valuation date.

Note 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued):

The actuarial present value of accumulated Plan benefits is determined by an actuary, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of January 1, 2020 are (a) life expectancy of participants (the IRS 2020 417(e)(3) Applicable Morality Table for males and females was used), (b) retirement age assumptions (the assumed average retirement age was 62), and (c) investment return. The 2019 valuation included an assumed average rate of return of 5%.

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

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

Note 3 - FUNDING POLICY:

The Company's funding policy is to make annual contributions to the Plan based on an actuarial calculation of the Plan's normal cost, plus any additional amounts, to prevent a funding deficiency as determined by law. The Company's contributions for 2020 and 2019 met the minimum funding requirements of ERISA.

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Note 4 - PLAN TERMINATION:

In the event the Plan terminates, the net assets of the Plan generally will not be available on a pro-rata basis to provide participants' benefits. Certain vested benefits are guaranteed by the Pension Benefit Guaranty Corporation (PBGC), a U.S. governmental agency. Whether a particular participant's accumulated Plan benefits will be received if the Plan terminates will depend on the priority of those benefits, the Plan's net assets at that time, and the level of benefits guaranteed by the PBGC. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Note 5 - ECONOMIC RISK OF INVESTMENTS:

The Plan invests in various investment securities. Investment securities are exposed to multiple risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in these financial statements.

Note 6 - INVESTMENT CONTRACT:

The Plan has an investment contract with First Merchants Trust Company.

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the trustee.

	2020	2019
Investments:		
Money Market Funds	$ 95,887	$ 35,557
Certificates of Deposit	190,883	131,772
US Government Notes	278,882	443,222
Bond Funds	671,792	410,254
ETF's	630,433	641,702
Mutual Funds	1,432,794	904,176
Corporate Bonds and Notes	2,410,478	2,475,540
Total Investments	5,711,149	5,042,223
Investment Income:		
Interest and Dividends	$ 122,304	$ 117,219
Net Appreciation (Depreciation) in Fair Value Invstments	400,252	434,466
Total Investment Income (Loss)	$ 522,556	$ 551,685

Note 7 - PLAN EXPENSES:

Certain expenses of the Plan are paid by the Plan sponsor, Manley Deas & Kochalski, LLC.

Note 8 - ASSETS AND LIABILITIES – FAIR VALUE INFORMATION:

In accordance with the Fair Value Measurements and Disclosures Topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC), all financial instruments that are being measured and reported on a fair value basis must be classified and disclosed in one of the following three categories:

Level 1: 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.

Note 8 - ASSETS AND LIABILITIES – FAIR VALUE INFORMATION (Continued):

Level 2: Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, inputs that are derived principally from or corroborated by observable market data by correlation or other means, and if the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

Exchange Traded Funds (ETFs) are valued at the net asset value of shares held by the plan at year end. Mutual funds are valued at the net asset value of shares held by the plan at year end.

Assets measured at fair value on a recurring basis were as follows:

	December 31, 2020			
Description	Total	Level 1	Level 2	Level 3
Money Market Fund	$ 95,887	$ 95,887	$ -	$ -
Certificates of Deposit	190,883	190,883	-	-
US Government Notes	278,882	278,882	-	-
Bond Funds	671,792	671,792	-	-
ETF's	630,433	630,433	-	-
Mutual Funds	1,432,794	1,432,794	-	-
Corporate Bonds and Notes	2,410,478	2,410,478	-	-
Total Assets	$ 5,711,149	$ 5,711,149	$ -	$ -

	December 31, 2019			
Description	Total	Level 1	Level 2	Level 3
Money Market Fund	$ 35,557	$ 35,557	$ -	$ -
Certificates of Deposit	131,772	131,772	-	-
US Government Notes	443,222	443,222	-	-
Bond Funds	410,254	410,254	-	-
ETF's	641,702	641,702	-	-
Mutual Funds	904,176	904,176	-	-
Corporate Bonds and Notes	2,475,540	2,475,540	-	-
Total Assets	$ 5,042,223	$ 5,042,223	$ -	$ -

Note 9 - ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES:

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 (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by U.S. federal or state and local tax authorities. The Plan Administrator has analyzed the positions taken by the plan, and has concluded that as of December 31, 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 10 - SUBSEQUENT EVENTS:

Subsequent events have been evaluated through October 11, 2021, which is the date the financial statements were available to be issued.

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN

SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2020

PLAN #: 002
PLAN EIN: 13-4225050
Schedule H, Line 4i :

(a)	(b)	(c)			(d)	(e)
	Description	Interest Rate	Date of Maturity	Par or Maturity Value	Cost	Fair Value
	Investments at Fair Value As Determined by Quoted Market Price					
	Money Market Funds:					
	Federated Gov't Oblig Prin Fund 117	Variable	Demand	-	$ 95,887	$ 95,887
	Certificates of Deposit					
	Wells Fargo Bank CD	2.850%	2/14/22	30,000	29,955	30,938
	Morgan Stanley Bank CD	2.300%	7/5/24	50,000	50,000	53,596
	Capital One Bank CD	2.000%	8/21/24	50,000	50,000	53,158
	JPMorgan Chase Bank CD	1.900%	9/13/27	53,000	53,000	53,191
					182,955	190,883
	U.S. Government Notes					
	U.S. Treasury Note	2.000%	2/15/23	70,000	69,519	72,757
	U.S. Treasury Note	2.125%	1/31/21	50,000	49,344	50,073
	U.S. Treasury Note	2.250%	2/15/21	50,000	49,500	50,120
	U.S. Treasury Note	2.125%	2/29/24	50,000	49,883	53,067
	U.S. Treasury Note	2.125%	11/30/23	50,000	49,820	52,865
					268,066	278,882
	Bond Funds					
	Vanguard Total Bond Market Index	N/A	Demand	-	298,170	307,683
	Vanguard S/T Invest Admiral	N/A	Demand	-	39,914	41,849
	Northern Ultra-Short Fixed	N/A	Demand	-	50,000	50,538
	Federated Total Return Bond	N/A	Demand	-	263,000	271,722
					651,084	671,792
	ETFs					
	Investco S&P 500 EQ Weight EFT	N/A	Demand	-	111,472	165,802
	S&P Mid-Cap 400 Growth ETF IShares	N/A	Demand	-	97,801	160,906
	S&P Mid-Cap 400 Value ETF IShares	N/A	Demand	-	113,815	142,395
	S&P Small Cap 600 Value ETF IShares	N/A	Demand	-	43,256	55,616
	S&P Small Cap 600 Growth ETF IShares	N/A	Demand	-	42,210	70,335
	Vanguard Info Tech ETF	N/A	Demand	-	32,747	35,379
					441,301	630,433
	Mutual Funds					
	MFS New Discovery International	N/A	Demand	-	28,931	37,153
	Vanguard 500 Index Fund Admiral Class	N/A	Demand	-	702,440	1,013,933
	Vanguard Real Estate Index Admiral	N/A	Demand	-	55,071	57,550
	Vanguard International Growth Admiral	N/A	Demand	-	57,769	109,630
	Vanguard S/C Index Admiral	N/A	Demand	-	52,949	72,645
	Northern Midcap Index	N/A	Demand	-	122,500	141,883
					1,019,660	1,432,794
	Corporate Bonds and Notes					
	American Water Capital Corp.	2.950%	9/1/27	50,000	50,715	55,283
	Ameriprise Financial	3.700%	10/15/24	40,000	40,778	44,609
	Amgen	3.125%	5/1/25	100,000	101,750	110,176
	Apple Inc.	2.850%	5/6/21	20,000	20,867	20,163
	Apple Inc.	3.250%	2/23/26	50,000	49,028	56,111
	Becton Dickinson	3.125%	11/8/21	50,000	52,625	51,109
	Burlington Northern	3.400%	9/1/24	25,000	26,205	27,431
	Burlington Northern SR NTE	3.050%	9/1/22	40,000	40,460	41,554
	Chevron	3.191%	6/24/23	50,000	49,900	53,178
	Colgate-Palmolive	1.950%	2/1/23	15,000	14,415	15,522

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN

SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)

December 31, 2020

PLAN #: 002
PLAN EIN: 13-4225050
Schedule H, Line 4i :

(a)	(b)	(c)			(d)	(e)
	Description	Interest Rate	Date of Maturity	Par or Maturity Value	Cost	Fair Value
	Investments at Fair Value As Determined by Quoted Market Price					
	Corporate Bonds and Notes (Continued)					
	Comcast Corp	3.000%	2/1/24	60,000	60,827	64,545
	Costco	1.375%	6/20/27	60,000	61,442	61,817
	Costco	2.750%	5/18/24	55,000	55,698	59,178
	CSX Corp	2.600%	11/1/26	30,000	28,939	32,801
	CSX Corp	3.250%	6/1/27	50,000	52,442	56,514
	GCB Clorox Co.	3.500%	12/15/24	50,000	51,220	55,359
	General Dynamics	3.375%	5/15/23	50,000	50,225	53,468
	General Dynamics	2.625%	11/15/27	50,000	51,725	54,530
	IBM Corp	3.375%	8/1/23	50,000	51,150	54,020
	IBM Corp	3.625%	2/12/24	50,000	50,942	54,911
	IBM Corp	3.300%	1/27/27	100,000	106,914	112,831
	Intel Corp	1.700%	5/19/21	70,000	70,665	70,288
	Intel Corp	2.700%	12/15/22	50,000	47,535	52,365
	Johnson & Johnson	3.550%	5/15/21	20,000	21,589	20,235
	Lowes Corp	3.750%	4/1/26	50,000	50,431	57,149
	Lowes Cos	3.100%	5/3/27	50,000	51,787	56,096
	Mastercard Inc	2.950%	11/21/26	50,000	48,499	55,885
	McDonald's Corp	3.700%	1/30/26	30,000	30,177	34,173
	Medtronic Inc.	3.500%	3/15/25	20,000	20,895	22,443
	Microsoft Corp	3.125%	11/3/25	55,000	56,061	61,487
	Mohawk Industries	3.850%	2/1/23	40,000	39,948	42,487
	Northern Trust	3.950%	10/30/25	45,000	46,704	51,937
	Omnicom Group	3.625%	5/1/22	70,000	73,690	73,008
	Omnicom Group	3.600%	4/15/26	55,000	53,259	62,761
	Oracle Corp	3.625%	7/15/23	50,000	50,920	54,198
	O'Reilly Automotive SR NTE	3.850%	6/15/23	15,000	15,419	16,070
	Pepsico Inc	2.250%	5/2/22	55,000	54,852	56,396
	Praxair Inc.	2.650%	2/5/25	70,000	72,045	75,802
	Ryder System Inc	2.900%	12/1/26	50,000	50,569	54,945
	Starbucks Corp	3.100%	3/1/23	25,000	24,999	26,409
	Starbucks Corp	2.450%	6/15/26	50,000	49,946	53,987
	Sysco Corporation	3.300%	7/15/26	50,000	47,900	55,613
	Texas Instruments	2.750%	3/21/21	20,000	19,940	20,046
	Toyota Motor Credit Corp	3.400%	4/14/25	40,000	40,796	44,575
	Visa Inc	3.150%	12/14/25	50,000	50,320	56,092
	Walt Disney	2.750%	8/16/21	50,000	52,000	50,763
	Wells Fargo Bank	1.500%	3/17/25	50,000	50,000	50,158
					2,259,213	2,410,478
	Total Investments				$ 4,918,166	$ 5,711,149

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN

SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2019

PLAN #: 002
PLAN EIN: 13-4225050
Schedule H, Line 4i :

(a)	(b)	(c)			(d)	(e)
	Description	Interest Rate	Date of Maturity	Par or Maturity Value	Cost	Fair Value
	Investments at Fair Value As Determined by Quoted Market Price					
	Money Market Funds:					
	Federated Gov't Oblig Prin Fund 117	Variable	Demand	-	$ 35,557	$ 35,557
	Certificates of Deposit					
	Wells Fargo Bank CD	2.850%	2/14/22	30,000	29,955	30,703
	Morgan Stanley Bank CD	2.300%	7/5/24	50,000	50,000	50,870
	Capital One Bank CD	2.000%	8/21/24	50,000	50,000	50,199
					129,955	131,772
	U.S. Government Notes					
	U.S. Treasury Note	2.000%	2/15/23	70,000	69,519	70,820
	U.S. Treasury Note	2.125%	1/31/21	50,000	49,344	50,262
	U.S. Treasury Note	2.250%	2/15/21	50,000	49,500	50,336
	U.S. Treasury Note	2.250%	2/29/20	50,000	49,766	50,046
	U.S. Treasury Note	1.250%	2/29/20	40,000	38,563	39,974
	U.S. Treasury Note	1.375%	5/31/20	30,000	30,319	29,965
	U.S. Treasury Note	2.125%	2/29/24	50,000	49,883	50,928
	U.S. Treasury Note	2.125%	11/30/23	50,000	49,820	50,890
	Federal Farm Credit Bank	1.710%	12/16/22	50,000	50,000	50,001
					436,714	443,222
	Bond Funds					
	Vanguard Total Bond Market Index	N/A	Demand	-	133,170	135,604
	Vanguard S/T Invest Admiral	N/A	Demand	-	39,914	40,710
	Northern Ultra-Short Fixed	N/A	Demand	-	50,000	50,147
	Federated Total Return Bond	N/A	Demand	-	153,000	155,368
	Natixis Inter Dur Bond CL Y	N/A	Demand	-	28,039	28,425
					404,123	410,254
	ETFs					
	Investco S&P 500 EQ Weight EFT	N/A	Demand	-	197,219	266,156
	S&P Mid-Cap 400 Growth ETF IShares	N/A	Demand	-	97,801	132,627
	S&P Mid-Cap 400 Value ETF IShares	N/A	Demand	-	103,790	128,389
	S&P Small Cap 600 Value ETF IShares	N/A	Demand	-	43,256	54,994
	S&P Small Cap 600 Growth ETF IShares	N/A	Demand	-	42,210	59,536
					484,276	641,702
	Mutual Funds					
	MFS New Discovery International	N/A	Demand	-	28,931	35,135
	Vanguard 500 Index Fund Admiral Class	N/A	Demand	-	452,440	612,432
	Vanguard Real Estate Index Admiral	N/A	Demand	-	46,070	52,112
	Vanguard International Growth Admiral	N/A	Demand	-	54,769	70,303
	Vanguard S/C Index Admiral	N/A	Demand	-	33,949	39,409
	Northern Midcap Index	N/A	Demand	-	90,500	94,785
					706,659	904,176
	Corporate Bonds and Notes					
	Airgas Inc.	2.900%	11/15/22	30,000	29,700	30,580
	American Water Cap Corp.	2.950%	9/1/27	50,000	50,715	51,111
	Ameriprise Financial	3.700%	10/15/24	40,000	40,778	42,731
	Amgen	3.875%	11/15/21	20,000	21,020	20,631
	Amgen	3.125%	5/1/25	100,000	101,750	104,336
	Apple Inc.	2.850%	5/6/21	20,000	20,867	20,309
	Apple Inc.	3.250%	2/23/26	50,000	49,028	52,954

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN

SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)

December 31, 2019

PLAN #: 002
PLAN EIN: 13-4225050
Schedule H, Line 4i :

(a)	(b)	(c)			(d)	(e)
	Description	Interest Rate	Date of Maturity	Par or Maturity Value	Cost	Fair Value
	Investments at Fair Value As Determined by Quoted Market Price					
	Corporate Bonds and Notes (Continued)					
	Becton Dickinson	3.250%	11/12/20	25,000	26,025	25,234
	Becton Dickinson	3.125%	11/8/21	50,000	52,625	50,972
	Burlington Northern	3.400%	9/1/24	25,000	26,205	26,444
	Burlington Northern	3.050%	9/1/22	40,000	40,460	41,117
	Chevron Corp	3.191%	6/24/23	50,000	49,900	52,053
	Colgate-Palmolive	1.950%	2/1/23	15,000	14,415	15,067
	Comcast Corp	3.000%	2/1/24	60,000	60,827	62,191
	Costco	2.750%	5/18/24	55,000	55,698	56,949
	CSX Corp	2.600%	11/1/26	30,000	28,939	30,517
	CSX Corp	3.250%	6/1/27	50,000	52,442	52,600
	GCB Clorox Co.	3.500%	12/15/24	50,000	51,220	52,926
	General Dynamics	3.375%	5/15/23	50,000	50,225	52,245
	General Dynamics	2.625%	11/15/27	50,000	51,725	51,285
	IBM Corp	3.375%	8/1/23	50,000	51,150	52,367
	IBM Corp	3.625%	2/12/24	50,000	50,942	53,013
	IBM Corp	3.300%	1/27/27	100,000	106,914	106,153
	Intel Corp	1.700%	5/19/21	70,000	70,665	69,959
	Intel Corp	2.700%	12/15/22	50,000	47,535	51,240
	Johnson & Johnson	3.550%	5/15/21	20,000	21,589	20,470
	Lowes Corp	3.750%	4/1/26	50,000	50,431	53,713
	Lowes Cos	3.100%	5/3/27	50,000	51,787	51,704
	Mastercard Inc	2.950%	11/21/26	50,000	48,499	52,021
	Medtronic Inc.	3.500%	3/15/25	30,000	31,342	32,160
	McDonald's Corp	3.700%	1/30/26	30,000	30,177	32,371
	Microsoft Corp	3.125%	11/3/25	55,000	56,061	58,141
	Mohawk Industries	3.850%	2/1/23	40,000	39,948	41,703
	Northern Trust	3.950%	10/30/25	45,000	46,704	48,990
	Omnicom Group	3.625%	5/1/22	70,000	73,690	72,514
	Omnicom Group	3.600%	4/15/26	50,000	53,259	57,952
	Oracle Corp	3.625%	7/15/23	50,000	50,920	52,875
	O'Reilly Automotive SR NTE	3.850%	6/15/23	15,000	15,419	15,695
	Pepsico	3.125%	11/1/20	50,000	52,688	50,560
	Pepsico	2.250%	5/2/22	55,000	54,852	55,588
	Praxair Inc.	2.650%	2/5/25	70,000	72,045	71,686
	Rockwell Automation	2.050%	3/1/20	35,000	35,018	34,997
	Ryder System Inc.	2.900%	12/1/26	50,000	50,569	50,342
	Starbucks Corp	3.100%	3/1/23	25,000	24,999	25,784
	Starbucks Corp	2.450%	6/15/26	50,000	49,946	50,720
	Sysco Corporation	3.300%	7/15/26	50,000	47,900	52,728
	Texas Instruments	2.750%	3/21/21	20,000	19,940	20,206
	Toyota Motor Credit Corp	3.400%	3/22/21	20,000	40,796	42,630
	Union Pacific	2.250%	6/19/20	50,000	49,332	50,054
	United Technologies	3.100%	6/1/22	50,000	49,975	51,302
	Visa Inc	3.150%	12/14/25	50,000	50,320	52,863
	Walt Disney	2.750%	8/16/21	50,000	52,000	50,787
					2,421,976	2,475,540
	Total Investments				$ 4,619,260	$ 5,042,223

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

For the Year Ended December 31, 2020

PLAN #: 002
PLAN EIN: 13-4225050
Schedule H, Line 4i :

(a)	----------(b)----------		(c)	(d)	(g)	(h)	(i)
Description	Interest Rate	Date of Maturity	Purchase Price	Selling Price	Cost	Current Value	Net Gain or Loss
Money Market Funds:							
Federated Gov't Oblig Prin Fund 117	Variable	Demand	$ 833,753	$ -	$ 833,753	$ 833,753	$ -
Federated Gov't Oblig Prin Fund 117	Variable	Demand	$ -	$ 773,423	$ 773,423	$ 773,423	$ -

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
MANLEY, DEAS & KOCHALSKI LLC CASH BALANCE PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2008

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
MANLEY, DEAS & KOCHALSKI, LLC

1555 Lake Shore Drive

Columbus OH 43204

1555 Lake Shore Drive

Columbus OH 43204

2b Employer Identification Number (EIN) 13-4225050

2c Plan Sponsor's telephone number (614)220-5611

2d Business code (see instructions) 541110

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

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

SIGN HERE	D. B. M	10/6/21	D. Brian Meadors
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	223
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	162
a(2) Total number of active participants at the end of the plan year	**6a(2)**	123
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	79
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	202
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	202
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1C 1D

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

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

A Name of plan
MANLEY, DEAS & KOCHALSKI LLC CASH BALANCE PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MANLEY, DEAS & KOCHALSKI, LLC

D Employer Identification Number (EIN)
13-4225050

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2020

2 Assets:

a Market value	**2a**	5,234,584
b Actuarial value	**2b**	5,234,584

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	0	0	0
b For terminated vested participants	61	98,395	98,395
c For active participants	162	4,977,315	5,001,447
d Total	223	5,075,710	5,099,842

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.75 %
6 Target normal cost	**6**	184,321

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

October 13, 2021
Date

Donald Bungenstock, E.A., M.A.A.A.
Type or print name of actuary

20-05702
Most recent enrollment number

Latitude Retirement
Firm name

(574)936-6200
Telephone number (including area code)

1500 North Oak Drive
Plymouth IN 46563
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	6,801
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		3,617
9 Amount remaining (line 7 minus line 8)	0	3,184
10 Interest on line 9 using prior year's actual return of 11.69%	0	372
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.51%		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	3556

Part III Funding Percentages

14 Funding target attainment percentage	14	102.57%
15 Adjusted funding target attainment percentage	15	102.64%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	92.65%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/17/2021	20,000		06/07/2021	20,000	
03/29/2021	20,000		06/22/2021	20,000	
04/19/2021	20,000		07/06/2021	20,000	
04/26/2021	20,000		07/15/2021	20,000	
05/11/2021	20,000				
05/24/2021	20,000				
		Totals ► 18(b)		200,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	184,007

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.75 %	5.50 %	6.27 %	

b Applicable month (enter code)	21b	3
22 Weighted average retirement age	22	62

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	31a	184,321
b Excess assets, if applicable, but not greater than line 31a	31b	131,186

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	53,135

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

36 Additional cash requirement (line 34 minus line 35)	36	53,135
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	184,007
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	130,872
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Manley Deas Kochalski, LLC
Cash Balance Plan
Employer ID# 13-4225050: Plan No. 002

Quarterly Installment Payment: $11,955.00

Schedule SB, line 19 - Discounted Employer Contributions

Plan Year: 1/1/2020 to 12/31/2020
Valuation Date: 1/1/2020

Date	Amount	Year	Rate	Period	Adj Ctb
03-17-2021	11,955.00	2020	5.75%	3-17-2021 to 01-01-2020	10,707.27
	8,045.00	2020	5.75%	03-17-2021 to 01-01-2020	7,289.05
03-29-2021	3,910.00	2020	5.75%	03-29-2021 to 01-01-2020	3,530.95
	11,955.00	2020	5.75%	03-29-2021 to 01-01-2020	10,921.45
	4,135.00	2020	10.75% 5.75%	03-29-2021 to 01-15-2021 01-15-2021 to 01-01-2020	3,821.39
04-19-2021	7,820.00	2020	10.75% 5.75%	04-19-2021 to 01-15-2021 01-15-2021 to 01-01-2020	7,185.38
	12,180.00	2020	5.75%	04-19-2021 to 01-01-2020	11,327.18
04-26-2021	20,000.00	2020	5.75%	04-26-2021 to 01-01-2020	18,580.09
05-11-2021	20,000.00	2020	5.75%	05-11-2021 to 01-01-2020	18,535.46
05-24-2021	20,000.00	2020	5.75%	05-24-2021 to 01-01-2020	18,499.28
06-07-2021	20,000.00	2020	5.75%	06-07-2021 to 01-01-2020	18,460.40
06-22-2021	20,000.00	2020	5.75%	06-22-2021 to 01-01-2020	18,418.83
07-06-2021	20,000.00	2020	5.75%	07-06-2021 to 01-01-2020	18,377.36
07-15-2021	20,000.00	2020	5.75%	07-15-2021 to 01-01-2020	18,352.52
Totals:	**200,000.00**				**184,006.61**

19	Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year			
a	Contributions allocated toward unpaid minimum required contribution from prior years	**19a**	0.00
b	Contributions made to avoid benefit restrictions adjusted to valuation date	**19b**	0.00
c	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date	**19c**	184,006.61

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN
EMPLOYER ID #: 13-4225050: PLAN #: 002
PLAN YEAR ENDING: 12/31/2020

SCHEDULE SB, LINE 22 –DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

The method for determining the Weighted Average Retirement Age is as follows:

A weighting factor is determined for each active participant by multiplying their assumed Retirement Age by the Present Value of their Accrued Benefit (PVAB). The sum of these factors is then divided by the sum of the PVAB's to determine the Weighted Average Retirement Age.

Manley Deas Kochalski, LLC
Cash Balance Plan

Summary of Actuarial Assumptions and Method
Plan Year: 1/1/2020 to 12/31/2020
Valuation Date: 1/1/2020

	For Funding Min	For Funding Max	For 417(e)	For Actuarial Equiv.
Interest Rates	Seg 1: 4.75%	2.79%	Seg 1: 2.03%	Pre-Retirement: 5.00%
	Seg 2: 5.50%	3.90%	Seg 2: 3.06%	Post-Retirement: 5.00%
	Seg 3: 6.27%	4.35%	Seg 3: 3.59%	
Applicable Date	N/A	10/2019	12/2019	
Pre-Retirement				
Turnover	None		None	None
Mortality	None		None	None
Assumed Ret Age	Normal retirement age 62 and 3 years of participation		Normal retirement age 62 and 3 years of participation	Normal retirement age 62 and 3 years of participation
Future Salary Incr	4% salary increase per year		None	None
Post-Retirement				
Mortality	Male-2020 Static Table - Combined Male Female-2020 Static Table - Combined Female		2020 Applicable Mortality Table from Notice 2019-26	2020 Applicable Mortality Table from Notice 2019-26
Assumed Benefit Form For Funding			100% Lump Sum / 0% Normal Form	
Assumed Spouse's Age	Spouse assumed to be the same age as participant Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known			Spouse assumed to be the same age as participant Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known
Calculated Effective Interest Rate			5.75%	
Cash Balance Projected Interest Crediting Rate			5.00% annual rate	
Actuarial Cost Method			The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.	

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

Manley Deas Kochalski, LLC
Cash Balance Plan

Summary of Plan Provisions
Plan Year: 1/1/2020 to 12/31/2020
Valuation Date: 1/1/2020

Plan Effective Date

January 1, 2008

Plan Year

From January 1, 2020 to December 31, 2020

Eligibility

All employees not excluded by class are eligible to enter on the date coincident with or following the completion of the following requirements:

1 hour of service

Normal Retirement Age

All participants are eligible to retire with their full retirement benefit on the later of the following:

Attainment of age 62
Completion of 3 years of participation from beginning of entry year

Cash Balance Contribution Credit

The plan provides the following cash balance contribution credits to participants based on their group classification:

Group 1:
$203,000

Group 2:
$86,000

Group 3:
$95,000

Group 4:
$1,200

Group 5:
No contribution

Group 6:
$326.99

Group 7:
$1,317.66

Group 8:
$217.18

0% of average compensation

The maximum monthly benefit is the lesser of $19,166.66 and 100% of the highest 3-year average salary, subject to service requirements.

Salary based contribution credits are applied to current compensation.

Manley Deas Kochalski, LLC
Cash Balance Plan

Summary of Plan Provisions
Plan Year: 1/1/2020 to 12/31/2020
Valuation Date: 1/1/2020

Normal Form of Benefit

A benefit payable for the life of the participant

Accrued Benefit

The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.

Credited years are plan years from date of hire excluding the following:

Years with less than 1 hour of service

Termination Benefit

Upon termination for any reason other than death or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

Credited Years	Vested Percent
1	0
2	0
3	100

Credited years are plan years from date of hire excluding the following:

Years before the effective date
Years before age 18
Years with less than 1,000 hours

Top-Heavy Minimum Benefit

Top-heavy minimum benefits are provided under another plan of the employer

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently top-heavy.

Death Benefit

Actuarial Equivalent of the accrued benefit earned to date of death

Cash Balance

The annual Interest Crediting Rate for this plan year is 5.00%

Manley Deas Kochalski, LLC
Cash Balance Plan

Schedule of Active Participant Data
Plan Year: 1/1/2020 to 12/31/2020
Valuation Date: 1/1/2020

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	5	5	0	0	0	0	0	0	0	0	10
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
25-29	14	27	10	0	0	0	0	0	0	0	51
Avg Mo Comp	n/a	3507	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2969
30-34	2	16	35	7	0	0	0	0	0	0	60
Avg Mo Comp	n/a	n/a	4370	n/a	n/a	n/a	n/a	n/a	n/a	n/a	4247
35-39	4	5	6	3	0	0	0	0	0	0	18
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
40-44	4	1	2	4	0	0	0	0	0	0	11
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
45-49	1	1	1	0	0	0	0	0	0	0	3
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
50-54	0	2	1	1	1	0	0	0	0	0	5
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
55-59	0	0	0	0	1	0	0	0	0	0	1
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
60-64	0	1	2	0	0	0	0	0	0	0	3
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65-69	0	0	0	0	0	0	0	0	0	0	0
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
70+	0	0	0	0	0	0	0	0	0	0	0
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total	30	58	57	15	2	0	0	0	0	0	162
Avg Mo Comp	1288	3513	5043	n/a	n/a	n/a	n/a	n/a	n/a	n/a	4519

* Employees who have not met the minimum eligibility requirements are excluded

Average Age: 32.5 Average Service: 5

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN

SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2020

PLAN #: 002
PLAN EIN: 13-4225050
Schedule H, Line 4i :

(a)	(b)	(c)			(d)	(e)
	Description	Interest Rate	Date of Maturity	Par or Maturity Value	Cost	Fair Value
	Investments at Fair Value As Determined by Quoted Market Price					
	Money Market Funds:					
	Federated Gov't Oblig Prin Fund 117	Variable	Demand	-	$ 95,887	$ 95,887
	Certificates of Deposit					
	Wells Fargo Bank CD	2.850%	2/14/22	30,000	29,955	30,938
	Morgan Stanley Bank CD	2.300%	7/5/24	50,000	50,000	53,596
	Capital One Bank CD	2.000%	8/21/24	50,000	50,000	53,158
	JPMorgan Chase Bank CD	1.900%	9/13/27	53,000	53,000	53,191
					182,955	190,883
	U.S. Government Notes					
	U.S. Treasury Note	2.000%	2/15/23	70,000	69,519	72,757
	U.S. Treasury Note	2.125%	1/31/21	50,000	49,344	50,073
	U.S. Treasury Note	2.250%	2/15/21	50,000	49,500	50,120
	U.S. Treasury Note	2.125%	2/29/24	50,000	49,883	53,067
	U.S. Treasury Note	2.125%	11/30/23	50,000	49,820	52,865
					268,066	278,882
	Bond Funds					
	Vanguard Total Bond Market Index	N/A	Demand	-	298,170	307,683
	Vanguard S/T Invest Admiral	N/A	Demand	-	39,914	41,849
	Northern Ultra-Short Fixed	N/A	Demand	-	50,000	50,538
	Federated Total Return Bond	N/A	Demand	-	263,000	271,722
					651,084	671,792
	ETFs					
	Investco S&P 500 EQ Weight EFT	N/A	Demand	-	111,472	165,802
	S&P Mid-Cap 400 Growth ETF IShares	N/A	Demand	-	97,801	160,906
	S&P Mid-Cap 400 Value ETF IShares	N/A	Demand	-	113,815	142,395
	S&P Small Cap 600 Value ETF IShares	N/A	Demand	-	43,256	55,616
	S&P Small Cap 600 Growth ETF IShares	N/A	Demand	-	42,210	70,335
	Vanguard Info Tech ETF	N/A	Demand	-	32,747	35,379
					441,301	630,433
	Mutual Funds					
	MFS New Discovery International	N/A	Demand	-	28,931	37,153
	Vanguard 500 Index Fund Admiral Class	N/A	Demand	-	702,440	1,013,933
	Vanguard Real Estate Index Admiral	N/A	Demand	-	55,071	57,550
	Vanguard International Growth Admiral	N/A	Demand	-	57,769	109,630
	Vanguard S/C Index Admiral	N/A	Demand	-	52,949	72,645
	Northern Midcap Index	N/A	Demand	-	122,500	141,883
					1,019,660	1,432,794
	Corporate Bonds and Notes					
	American Water Capital Corp.	2.950%	9/1/27	50,000	50,715	55,283
	Ameriprise Financial	3.700%	10/15/24	40,000	40,778	44,609
	Amgen	3.125%	5/1/25	100,000	101,750	110,176
	Apple Inc.	2.850%	5/6/21	20,000	20,867	20,163
	Apple Inc.	3.250%	2/23/26	50,000	49,028	56,111
	Becton Dickinson	3.125%	11/8/21	50,000	52,625	51,109
	Burlington Northern	3.400%	9/1/24	25,000	26,205	27,431
	Burlington Northern SR NTE	3.050%	9/1/22	40,000	40,460	41,554
	Chevron	3.191%	6/24/23	50,000	49,900	53,178
	Colgate-Palmolive	1.950%	2/1/23	15,000	14,415	15,522

MANLEY DEAS & KOCHALSKI LLC CASH BALANCE PLAN

SUPPLEMENTAL SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES (CONTINUED)

December 31, 2020

PLAN #: 002
PLAN EIN: 13-4225050
Schedule H, Line 4i :

(a)	(b)	(c)			(d)	(e)
	Description	Interest Rate	Date of Maturity	Par or Maturity Value	Cost	Fair Value
	Investments at Fair Value As Determined by Quoted Market Price					
	Corporate Bonds and Notes (Continued)					
	Comcast Corp	3.000%	2/1/24	60,000	60,827	64,545
	Costco	1.375%	6/20/27	60,000	61,442	61,817
	Costco	2.750%	5/18/24	55,000	55,698	59,178
	CSX Corp	2.600%	11/1/26	30,000	28,939	32,801
	CSX Corp	3.250%	6/1/27	50,000	52,442	56,514
	GCB Clorox Co.	3.500%	12/15/24	50,000	51,220	55,359
	General Dynamics	3.375%	5/15/23	50,000	50,225	53,468
	General Dynamics	2.625%	11/15/27	50,000	51,725	54,530
	IBM Corp	3.375%	8/1/23	50,000	51,150	54,020
	IBM Corp	3.625%	2/12/24	50,000	50,942	54,911
	IBM Corp	3.300%	1/27/27	100,000	106,914	112,831
	Intel Corp	1.700%	5/19/21	70,000	70,665	70,288
	Intel Corp	2.700%	12/15/22	50,000	47,535	52,365
	Johnson & Johnson	3.550%	5/15/21	20,000	21,589	20,235
	Lowes Corp	3.750%	4/1/26	50,000	50,431	57,149
	Lowes Cos	3.100%	5/3/27	50,000	51,787	56,096
	Mastercard Inc	2.950%	11/21/26	50,000	48,499	55,885
	McDonald's Corp	3.700%	1/30/26	30,000	30,177	34,173
	Medtronic Inc.	3.500%	3/15/25	20,000	20,895	22,443
	Microsoft Corp	3.125%	11/3/25	55,000	56,061	61,487
	Mohawk Industries	3.850%	2/1/23	40,000	39,948	42,487
	Northern Trust	3.950%	10/30/25	45,000	46,704	51,937
	Omnicom Group	3.625%	5/1/22	70,000	73,690	73,008
	Omnicom Group	3.600%	4/15/26	55,000	53,259	62,761
	Oracle Corp	3.625%	7/15/23	50,000	50,920	54,198
	O'Reilly Automotive SR NTE	3.850%	6/15/23	15,000	15,419	16,070
	Pepsico Inc	2.250%	5/2/22	55,000	54,852	56,396
	Praxair Inc.	2.650%	2/5/25	70,000	72,045	75,802
	Ryder System Inc	2.900%	12/1/26	50,000	50,569	54,945
	Starbucks Corp	3.100%	3/1/23	25,000	24,999	26,409
	Starbucks Corp	2.450%	6/15/26	50,000	49,946	53,987
	Sysco Corporation	3.300%	7/15/26	50,000	47,900	55,613
	Texas Instruments	2.750%	3/21/21	20,000	19,940	20,046
	Toyota Motor Credit Corp	3.400%	4/14/25	40,000	40,796	44,575
	Visa Inc	3.150%	12/14/25	50,000	50,320	56,092
	Walt Disney	2.750%	8/16/21	50,000	52,000	50,763
	Wells Fargo Bank	1.500%	3/17/25	50,000	50,000	50,158
					2,259,213	2,410,478
	Total Investments				$ 4,918,166	$ 5,711,149