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
CRYSTAL EQUATION CORPORATION 401(K) RETIREMENT PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1996

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)
CRYSTAL EQUATION CORPORATION

200 W. MADISON STREET
SUITE 970
CHICAGO, IL 60606

2b Employer Identification Number (EIN) 20-4133968

2c Plan Sponsor's telephone number 847-715-0468

2d Business code (see instructions) 561900

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.	10/14/2021	CHRISTINE TERMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2021	CHRISTINE TERMAN
	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**	560
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	323
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	363
b	Retired or separated participants receiving benefits	**6b**	12
c	Other retired or separated participants entitled to future benefits	**6c**	266
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	641
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	641
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	497
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	28
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan
CRYSTAL EQUATION CORPORATION 401(K) RETIREMENT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CRYSTAL EQUATION CORPORATION

D Employer Identification Number (EIN)
20-4133968

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

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

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

THE WEISS GROUP, INC.

400 SKOKIE BLVD., SUITE #415
NORTHBROOK, IL 60062

(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?
15 64 37	NONE	49096	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAVID MARCUS & ASSOCIATES, INC.

570 LAKE COOK ROAD #115
DEERFIELD, IL 60015

(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?
26 27	NONE	27368	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MIDATLANTIC TRUST COMPANY

1251 WATERFRONT PLACE, #525
PITTSBURGH, PA 15222-4236

(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?
15 18 19	NONE	5286	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)

MICHAEL SILVER & COMPANY, LLC

9 PARKWAY NORTH, SUITE #300
DEERFIELD, IL 60015

(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?
10	NONE	0	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

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

A Name of plan
CRYSTAL EQUATION CORPORATION 401(K) RETIREMENT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CRYSTAL EQUATION CORPORATION

D Employer Identification Number (EIN)
20-4133968

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: RELIANCE TRUST COMPANY STABLE VALUE

b Name of sponsor of entity listed in (a): FUND COLLECTIVE INVESTMENT TRUST, SERIES 25053 CLASS 0

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
46-6625485-001	C	613060

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

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

A Name of plan
CRYSTAL EQUATION CORPORATION 401(K) RETIREMENT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CRYSTAL EQUATION CORPORATION

D Employer Identification Number (EIN)
20-4133968

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	23411	19257
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	3655
(2) Participant contributions	1b(2)	0	60805
(3) Other	1b(3)	0	674
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(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)	4277	8628
(9) Value of interest in common/collective trusts	1c(9)	1018544	613060
(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)	11554452	14456499
(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	12600684	15162578
	Liabilities			
g	Benefit claims payable	1g	24584	0
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	12005	12246
k	Total liabilities (add all amounts in lines 1g through1j)	1k	36589	12246
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	12564095	15150332

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)	110564	
	(B) Participants	2a(1)(B)	2050325	
	(C) Others (including rollovers)	2a(1)(C)	68770	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2229659
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(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)	555	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		555
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	164393	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		164393
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	132827	
	(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)		132827
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	299635	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		299635

		(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)		1884168
c Other income	2c		6595
d Total income. Add all **income** amounts in column (b) and enter total	2d		4717832
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2041940	
(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)		2041940
f Corrective distributions (see instructions)	2f		3484
g Certain deemed distributions of participant loans (see instructions)	2g		4403
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	5304	
(2) Contract administrator fees	2i(2)	49096	
(3) Investment advisory and management fees	2i(3)	27368	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		81768
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2131595
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2586237
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)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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: MICHAEL SILVER & COMPANY, LLC **(2)** EIN: 81-4417884

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		53357

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

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

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

A Name of plan
CRYSTAL EQUATION CORPORATION 401(K) RETIREMENT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CRYSTAL EQUATION CORPORATION

D Employer Identification Number (EIN)
20-4133968

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** 0

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): 27-3169253

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

CRYSTAL EQUATION CORPORATION 401(K) RETIREMENT PLAN & TRUST

REPORT FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019



CRYSTAL EQUATION CORPORATION 401(K) RETIREMENT PLAN & TRUST

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MichaelSilver

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Crystal Equation Corporation 401(k) Retirement Plan & Trust

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Crystal Equation Corporation 401(k) Retirement Plan & Trust, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with U.S. generally accepted auditing standards. 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 U.S. 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 4, which was certified by Mid Atlantic Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2020 and 2019, that the information provided to the plan administrator by the trustee is complete and accurate.

MichaelSilver.com

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9 Parkway North, Suite 300
Deerfield, IL 60015

Chicago Office
1 South Wacker Drive, Suite 2160
Chicago, IL 60606

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of (1) Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2020, and (2) Schedule H, line 4a, Schedule of Delinquent Participant Contributions for the year ended December 31, 2020, are required by the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

Michael Silver & Company, LLC

Certified Public Accountants

Deerfield, Illinois
October 13, 2021

CRYSTAL EQUATION CORPORATION 401(K) RETIREMENT PLAN & TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31

	2020	2019
ASSETS		
Investments at fair value	$ 15,088,816	$ 12,596,407
Receivables		
Employer contributions	3,655	26,701
Participant contributions	61,479	5,441
Notes receivable from participants	8,628	4,277
Total receivables	73,762	36,419
Total assets	15,162,578	12,632,826
LIABILITIES		
Excess contributions payable	575	-
Administrative expenses payable	11,671	12,005
Total liabilities	12,246	12,005
NET ASSETS AVAILABLE FOR BENEFITS	$ 15,150,332	$ 12,620,821

The accompanying notes are an integral part of these financial statements.

CRYSTAL EQUATION CORPORATION 401(K) RETIREMENT PLAN & TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2020

Additions	
Investment income	
Interest and dividend income	$ 165,547
Net appreciation	2,316,630
Total investment income	2,482,177
Interest income on notes receivable from participants	555
Contributions	
Participants	2,050,325
Employer	83,863
Rollover	68,770
Total contributions	2,202,958
Total additions	4,685,690
Deductions	
Benefits paid to participants	2,074,411
Administrative expenses	81,768
Total deductions	2,156,179
Net increase in net assets available for benefits	2,529,511
Net assets available for benefits - beginning of year	12,620,821
Net assets available for benefits - end of year	$ 15,150,332

The accompanying notes are an integral part of these financial statements.

CRYSTAL EQUATION CORPORATION 401(K) RETIREMENT PLAN & TRUST

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

1 - Description Of Plan

The following description of the Crystal Equation Corporation 401(k) Retirement Plan & Trust (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The company covered by the Plan is Crystal Equation Corporation, referred to herein as employer.

General
The Plan is a defined contribution plan covering substantially all employees who meet certain age requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and the Pension Protection Act of 2006.

Contributions
Each year, participants may contribute a portion of their annual compensation, subject to certain limitations under the Internal Revenue Code and as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans. The Plan also allows for discretionary employer matching and profit sharing contributions.

Participant Accounts
Each participant's account is credited with participant contributions, employer matching contributions, and allocations of (a) employer discretionary contributions as determined by the plan sponsor and (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting
Participants are immediately vested in their contributions, plus earnings thereon. Vesting in employer contributions, plus earnings thereon, is based upon years of service as defined in the Plan. A participant is 100% vested after six years of service.

Payment of Benefits
Upon termination of service or attainment of age 59 1/2, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account, payable either in a lump sum or in installment payments as described by the Plan.

Forfeitures
Forfeited balances of terminated participants' nonvested accounts may be used to reinstate previously forfeited account balances of former participants, reduce employer contributions, pay administrative expenses of the Plan, as directed by the plan sponsor, or may be allocated to participants. Forfeited nonvested accounts totaled $35,526 and $55,246 at December 31, 2020 and 2019, respectively. The forfeited balances were used to pay administrative expenses, including audit fees, of the Plan.

Notes Receivable from Participants
Participants may borrow a minimum of $1,000 and a maximum of the lesser of 50% of their vested account balance or $50,000 reduced by the highest outstanding loan balance in their account during the previous one-year period. A participant may not have more than one loan outstanding at any time. Loans shall be repaid within five years unless the loan is taken for the purchase of a principal residence. Loan repayments must be made at least monthly. The loans are secured by the balance in the participant's account and bear interest at the prime rate plus 1% determined at the time of issuance. Interest rates ranged from 4.25% to 6.50% at December 31, 2020 and 2019, respectively.

Administrative Expenses
All Plan expenses, including without limitation, expenses and fees of the plan sponsor, administrator, investment manager, trustee and any insurance company shall be charged as expenses of the Plan unless the employer chooses to pay such expenses. Expenses paid using Plan assets will generally be allocated among the accounts of all participants in the Plan unless paid through Plan forfeitures. These expenses will be allocated either proportionately based on the value of the account balances or as an equal dollar amount based on the number of participants in the Plan. In addition, transaction-based fees are deducted from participant accounts. Investment fees are generally charged to participant accounts as a percentage of assets invested and are deducted directly from investment returns.

Plan Amendments
The Plan was amended and restated on January 1, 2020 to comply with various laws and regulations. There were no significant effects on benefits or net assets individually or in the aggregate.

2 - Summary Of Significant Accounting Policies

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

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

Investment Valuation and Income Recognition
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan assets maintained in cash and money market accounts are not insured by the Federal Deposit Insurance Corporation. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance. Interest income is recorded when received. Notes receivable are considered to be in default if any scheduled loan repayment is not made by the end of the calendar quarter following the calendar quarter in which the missed payment was due. Upon default, notes receivable are reported as taxable income to the participant, where the taxable amount is equal to the outstanding loan balance plus accrued interest through the date of default. Defaulted loans are included in notes receivable from participants at the unpaid principal balance until the participant has a distributable event and the loan balance is offset against other benefits.

Payment of Benefits
Benefits are recorded upon payment.

Subsequent Events Review
The plan administrator has evaluated subsequent events through October 13, 2021, the date when the financial statements were available to be issued.

3 - Market Risk

The Plan invests in a variety of investments. Investments in general are exposed to various risks, such as interest rate, credit, and overall volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near-term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

4 - Information Certified By The Plan's Trustee

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA as of December 31, 2020 and 2019, and for the year ended December 31, 2020. Accordingly, the Plan's trustee, Mid Atlantic Trust Company, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

a. Investments as shown in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2020 and 2019.

b. Investment income as shown in the accompanying Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2020.

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

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

5 - Tax Status

The employer has adopted a volume submitter plan pre-approved by the Internal Revenue Service (IRS). The IRS issued an opinion letter dated March 31, 2014, in which the IRS stated that the prototype plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

U.S. generally accepted accounting principles 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 the applicable authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examination for years prior to December 31, 2017.

6 - Fair Value Measurements

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

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

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

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

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

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

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

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

Common/collective trust - stable value fund: The stable value fund is valued at net asset value as a readily determinable fair value provided by the administrator of the fund.

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

	Fair Value	Level 1	Level 2
Investments at fair value as of December 31, 2020			
Cash	$ 19,257	$ 19,257	$ -
Mutual funds	14,456,499	14,456,499	-
Common/collective trust - stable value fund	613,060	-	613,060
Investments at fair value	$ 15,088,816	$ 14,475,756	$ 613,060
Investments at fair value as of December 31, 2019			
Cash	$ 23,411	$ 23,411	$ -
Mutual funds	11,554,452	11,554,452	-
Common/collective trust - stable value fund	1,018,544	-	1,018,544
Investments at fair value	$ 12,596,407	$ 11,577,863	$ 1,018,544

For the years ended December 31, 2020 and 2019, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

7 - Plan Termination

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

8 - Related Party Transactions

Mid Atlantic Trust Company (MATC) acts as the trustee and recordkeeper of the Plan. The Plan invests in the Mid Atlantic Master Cash Account held by MATC; therefore, the transactions related to this account qualify as party-in-interest transactions. The fair value of the Mid Atlantic Master Cash Account held by the Plan as of December 31, 2020 and 2019, was $19,257 and $23,411, respectively. The Plan paid $5,286 in fees to MATC for the year ended December 31, 2020.

9 - Reconciliation Of Financial Statements To Schedule H Of Form 5500

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

	2020	2019
Net assets available for benefits per the financial statements	$ 15,150,332	$ 12,620,821
Employer contributions receivable	-	(26,701)
Other employer receivable	-	(5,441)
Amounts allocated to withdrawing participants	-	(24,584)
Net assets available for benefits per Form 5500	$ 15,150,332	$ 12,564,095

The following is a reconciliation of changes in net assets available for benefits per the financial statements to net income per Schedule H of Form 5500 for the year ended December 31, 2020:

Change in net assets available for benefits per the financial statements	$	2,529,511
Amounts allocated to withdrawing participants, beginning of year		24,584
Employer contributions receivable, beginning of year		26,701
Other employer receivable, beginning of year		5,441
Change in net assets available for benefits per 5500	$	2,586,237

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

Benefits paid to participants per the financial statements	$	2,074,411
Amounts allocated to withdrawing participants, beginning of year		(24,584)
Benefit payments and distributions per Schedule H of Form 5500	$	2,049,827

Amounts allocated to withdrawing participants, beginning of year, represent benefit claims that were processed and approved for payment prior to December 31, 2019, but paid in 2020.

10 - Delinquent Participant Contributions

During 2020 and 2019, the employer withheld contributions from participants' compensation that were not remitted to the Plan within the time period described in 29 CFR 2510.3-102 which is in violation of ERISA. At December 31, 2020 and 2019, these contributions totaled $674 and $20,872, respectively. The late contributions were due to a processing issue at the employer's payroll service provider.The Plan rectified these problems in 2021 and 2020, by making contributions into the Plan and paying lost earnings.

11 - Blackout Period

The Plan switched trustees from Mid Atlantic Trust Company to Reliance Trust Company effective January 4, 2021. On-line account access was not available to Plan participants from December 21, 2020 to February 15, 2021 to allow time for the transition to the new trustee.

12 - Correction Of An Operational Error

Certain participants made deferral elections that were not deducted from their compensation. Corrective contributions to participants accounts, including lost earnings, have been identified and quantified by the employer. The employer made the correction under the Employee Plans Compliance Resolution System (EPCRS) self-correction program. An estimated missed opportunity corrective deferral of $26,701 is recorded as employer contributions receivable and lost income estimated at $5,441 is recorded as other employer receivable as of December 31 2019, in the accompanying statement of net assets available for benefits. The estimate reflects 50% of the missed deferral opportunity for each participant and investment earnings and losses based upon the affected participants' investment elections during the correction years. These amounts were remitted by the employer and credited to participants' accounts and paid to terminated participants in October 2020. New controls have been put into place to avoid these errors in the future.

SUPPLEMENTARY INFORMATION

CRYSTAL EQUATION CORPORATION 401(K) RETIREMENT PLAN & TRUST

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2020

Item Number 4i on Schedule H of Form 5500
Plan Employer Identification Number - 20-4133968
Plan Number - 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Mutual Funds, Including Money Market Funds And Cash		
*	Mid Atlantic Trust Co.	Mid Atlantic Master Cash Account	**	$ 19,257
	American Funds	American Funds American Balanced Fund	**	454,735
	American Funds	American Funds American Mutual Fund	**	110,790
	American Funds	American Funds The Bond Fund Of America	**	109,259
	American Funds	American Funds Capital Income Builder	**	150,950
	American Funds	American Funds Capital World Growth & Income Fund	**	349,020
	American Funds	American Funds Europacific Growth Fund	**	390,714
	American Funds	American Funds Fundamental Investors	**	655,369
	American Funds	American Funds The Growth Fund Of America	**	1,882,960
	American Funds	American Funds The Income Fund Of America	**	331,636
	American Funds	American Funds Investment Company Of America	**	59,249
	American Funds	American Funds The New Economy Fund	**	268,991
	American Funds	American Funds New Perspective Fund	**	434,224
	American Funds	American Funds Smallcap World Fund	**	790,151
	American Funds	American Funds 2010 Target Date Retirement Fund	**	18,665
	American Funds	American Funds 2015 Target Date Retirement Fund	**	31,933
	American Funds	American Funds 2020 Target Date Retirement Fund	**	314,421
	American Funds	American Funds 2025 Target Date Retirement Fund	**	830,826
	American Funds	American Funds 2030 Target Date Retirement Fund	**	716,894
	American Funds	American Funds 2035 Target Date Retirement Fund	**	567,575
	American Funds	American Funds 2040 Target Date Retirement Fund	**	531,931
	American Funds	American Funds 2045 Target Date Retirement Fund	**	545,452
	American Funds	American Funds 2050 Target Date Retirement Fund	**	483,299
	American Funds	American Funds U.S. Government Securities Fund	**	166,221
	American Funds	American Funds Washington Mutual Investors Fund	**	386,325
	American Funds	American Funds Preservation Portfolio	**	8,486
	American Funds	American Funds Growth & Income Portfolio	**	67,886
	American Funds	American Funds 2055 Target Date Retirement Fund	**	1,061,361
	American Funds	American Funds 2060 Target Date Retirement Fund	**	618,721
	American Funds	American Funds Inflation Linked Bond Fund	**	5,973
	American Funds	American Funds Corporate Bond Fund	**	79,294
	The Vanguard Group	Vanguard 500 Index Fund Admiral Shares	**	889,334

(continued)

CRYSTAL EQUATION CORPORATION 401(K) RETIREMENT PLAN & TRUST

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	American Funds	American Funds 2065 Target Retirement Fund	**	8,295
	Cohen and Steers	Cohen & Steers Institutional Realty Shares	**	5,984
	Columbia Threadneedle	Columbia Dividend Income Fund Advisor Class	**	114,383
	Janus Henderson Investors	Janus Henderson Global Technology and Innovation	**	228,468
	American Funds	MFS New Discovery Value Fund Class R6	**	98,931
	American Funds	MFS Mid Cap Growth Fund Class R6	**	200,540
	T. Rowe Price	T. Rowe Price Blue Chip Growth Fund I Class	**	329,290
	T. Rowe Price	T. Rowe Price Financial Services Fund I Class	**	1,629
	The Vanguard Group	Vanguard Wellesley Income Admiral	**	156,334
		Common Collective Trusts		
	Reliance Trust Company	Reliance Trust Stable Value Fd - MetLife Series 25053	**	613,060
		Participant Loans		
*	Participant Loans	Interest rate 4.25% to 6.50%	0	8,628
	Total			$ 15,097,444

* A party-in-interest as defined by ERISA
** Cost omitted for participant-directed investments

CRYSTAL EQUATION CORPORATION 401(K) RETIREMENT PLAN & TRUST

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS FOR THE YEAR ENDED DECEMBER 31, 2020

Schedule H Line 4a - Schedule of Delinquent Participant Contributions
Plan Employer Identification Number - 20-4133968
Plan Number - 001

	Total that Constitutes Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are Included: ☐	$ -	$ 674	$ -	$ -

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
Crystal Equation Corporation 401(k) Retirement Plan and Trust

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1996

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)
Crystal Equation Corporation

200 W. Madison Street
Suite 970
Chicago IL 60606

2b Employer Identification Number (EIN) 20-4133968

2c Plan Sponsor's telephone number (847)715-0468

2d Business code (see instructions) 561900

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	Christine Terman	10/11/2021	CHRISTINE TERMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Christine Terman	10/11/2021	CHRISTINE TERMAN
	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**	560
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	323
a(2) Total number of active participants at the end of the plan year	**6a(2)**	363
b Retired or separated participants receiving benefits	**6b**	12
c Other retired or separated participants entitled to future benefits	**6c**	266
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	641
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	641
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	497
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	28
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

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

9a Plan funding arrangement (check all that apply)		**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		**b General Schedules**	
(1)	[X] **R** (Retirement Plan Information)	(1)	[X] **H** (Financial Information)
(2)	[ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2)	[ ] **I** (Financial Information – Small Plan)
		(3)	[ ] ___ **A** (Insurance Information)
(3)	[ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(4)	[X] **C** (Service Provider Information)
		(5)	[X] **D** (DFE/Participating Plan Information)
		(6)	[ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

CRYSTAL EQUATION CORPORATION 401(K) RETIREMENT PLAN & TRUST

REPORT FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019



CRYSTAL EQUATION CORPORATION 401(K) RETIREMENT PLAN & TRUST

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MichaelSilver

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Crystal Equation Corporation 401(k) Retirement Plan & Trust

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Crystal Equation Corporation 401(k) Retirement Plan & Trust, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with U.S. generally accepted auditing standards. 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 U.S. 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 4, which was certified by Mid Atlantic Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2020 and 2019, that the information provided to the plan administrator by the trustee is complete and accurate.

MichaelSilver.com

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Headquarters
9 Parkway North, Suite 300
Deerfield, IL 60015

Chicago Office
1 South Wacker Drive, Suite 2160
Chicago, IL 60606

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of (1) Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2020, and (2) Schedule H, line 4a, Schedule of Delinquent Participant Contributions for the year ended December 31, 2020, are required by the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

Michael Silver & Company, LLC

Certified Public Accountants

Deerfield, Illinois
October 13, 2021

CRYSTAL EQUATION CORPORATION 401(K) RETIREMENT PLAN & TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31

	2020	2019
ASSETS		
Investments at fair value	$ 15,088,816	$ 12,596,407
Receivables		
Employer contributions	3,655	26,701
Participant contributions	61,479	5,441
Notes receivable from participants	8,628	4,277
Total receivables	73,762	36,419
Total assets	15,162,578	12,632,826
LIABILITIES		
Excess contributions payable	575	-
Administrative expenses payable	11,671	12,005
Total liabilities	12,246	12,005
NET ASSETS AVAILABLE FOR BENEFITS	$ 15,150,332	$ 12,620,821

The accompanying notes are an integral part of these financial statements.

CRYSTAL EQUATION CORPORATION 401(K) RETIREMENT PLAN & TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2020

Additions	
Investment income	
Interest and dividend income	$ 165,547
Net appreciation	2,316,630
Total investment income	2,482,177
Interest income on notes receivable from participants	555
Contributions	
Participants	2,050,325
Employer	83,863
Rollover	68,770
Total contributions	2,202,958
Total additions	4,685,690
Deductions	
Benefits paid to participants	2,074,411
Administrative expenses	81,768
Total deductions	2,156,179
Net increase in net assets available for benefits	2,529,511
Net assets available for benefits - beginning of year	12,620,821
Net assets available for benefits - end of year	$ 15,150,332

The accompanying notes are an integral part of these financial statements.

CRYSTAL EQUATION CORPORATION 401(K) RETIREMENT PLAN & TRUST

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

1 - Description Of Plan

The following description of the Crystal Equation Corporation 401(k) Retirement Plan & Trust (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The company covered by the Plan is Crystal Equation Corporation, referred to herein as employer.

General
The Plan is a defined contribution plan covering substantially all employees who meet certain age requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and the Pension Protection Act of 2006.

Contributions
Each year, participants may contribute a portion of their annual compensation, subject to certain limitations under the Internal Revenue Code and as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans. The Plan also allows for discretionary employer matching and profit sharing contributions.

Participant Accounts
Each participant's account is credited with participant contributions, employer matching contributions, and allocations of (a) employer discretionary contributions as determined by the plan sponsor and (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting
Participants are immediately vested in their contributions, plus earnings thereon. Vesting in employer contributions, plus earnings thereon, is based upon years of service as defined in the Plan. A participant is 100% vested after six years of service.

Payment of Benefits
Upon termination of service or attainment of age 59 1/2, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account, payable either in a lump sum or in installment payments as described by the Plan.

Forfeitures
Forfeited balances of terminated participants' nonvested accounts may be used to reinstate previously forfeited account balances of former participants, reduce employer contributions, pay administrative expenses of the Plan, as directed by the plan sponsor, or may be allocated to participants. Forfeited nonvested accounts totaled $35,526 and $55,246 at December 31, 2020 and 2019, respectively. The forfeited balances were used to pay administrative expenses, including audit fees, of the Plan.

Notes Receivable from Participants
Participants may borrow a minimum of $1,000 and a maximum of the lesser of 50% of their vested account balance or $50,000 reduced by the highest outstanding loan balance in their account during the previous one-year period. A participant may not have more than one loan outstanding at any time. Loans shall be repaid within five years unless the loan is taken for the purchase of a principal residence. Loan repayments must be made at least monthly. The loans are secured by the balance in the participant's account and bear interest at the prime rate plus 1% determined at the time of issuance. Interest rates ranged from 4.25% to 6.50% at December 31, 2020 and 2019, respectively.

Administrative Expenses
All Plan expenses, including without limitation, expenses and fees of the plan sponsor, administrator, investment manager, trustee and any insurance company shall be charged as expenses of the Plan unless the employer chooses to pay such expenses. Expenses paid using Plan assets will generally be allocated among the accounts of all participants in the Plan unless paid through Plan forfeitures. These expenses will be allocated either proportionately based on the value of the account balances or as an equal dollar amount based on the number of participants in the Plan. In addition, transaction-based fees are deducted from participant accounts. Investment fees are generally charged to participant accounts as a percentage of assets invested and are deducted directly from investment returns.

Plan Amendments
The Plan was amended and restated on January 1, 2020 to comply with various laws and regulations. There were no significant effects on benefits or net assets individually or in the aggregate.

2 - Summary Of Significant Accounting Policies

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

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

Investment Valuation and Income Recognition
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan assets maintained in cash and money market accounts are not insured by the Federal Deposit Insurance Corporation. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance. Interest income is recorded when received. Notes receivable are considered to be in default if any scheduled loan repayment is not made by the end of the calendar quarter following the calendar quarter in which the missed payment was due. Upon default, notes receivable are reported as taxable income to the participant, where the taxable amount is equal to the outstanding loan balance plus accrued interest through the date of default. Defaulted loans are included in notes receivable from participants at the unpaid principal balance until the participant has a distributable event and the loan balance is offset against other benefits.

Payment of Benefits
Benefits are recorded upon payment.

Subsequent Events Review
The plan administrator has evaluated subsequent events through October 13, 2021, the date when the financial statements were available to be issued.

3 - Market Risk

The Plan invests in a variety of investments. Investments in general are exposed to various risks, such as interest rate, credit, and overall volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near-term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

4 - Information Certified By The Plan's Trustee

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA as of December 31, 2020 and 2019, and for the year ended December 31, 2020. Accordingly, the Plan's trustee, Mid Atlantic Trust Company, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

a. Investments as shown in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2020 and 2019.

b. Investment income as shown in the accompanying Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2020.

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

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

5 - Tax Status

The employer has adopted a volume submitter plan pre-approved by the Internal Revenue Service (IRS). The IRS issued an opinion letter dated March 31, 2014, in which the IRS stated that the prototype plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

U.S. generally accepted accounting principles 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 the applicable authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examination for years prior to December 31, 2017.

6 - Fair Value Measurements

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

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

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

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

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

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

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

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

Common/collective trust - stable value fund: The stable value fund is valued at net asset value as a readily determinable fair value provided by the administrator of the fund.

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

	Fair Value	Level 1	Level 2
Investments at fair value as of December 31, 2020			
Cash	$ 19,257	$ 19,257	$ -
Mutual funds	14,456,499	14,456,499	-
Common/collective trust - stable value fund	613,060	-	613,060
Investments at fair value	$ 15,088,816	$ 14,475,756	$ 613,060
Investments at fair value as of December 31, 2019			
Cash	$ 23,411	$ 23,411	$ -
Mutual funds	11,554,452	11,554,452	-
Common/collective trust - stable value fund	1,018,544	-	1,018,544
Investments at fair value	$ 12,596,407	$ 11,577,863	$ 1,018,544

For the years ended December 31, 2020 and 2019, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

7 - Plan Termination

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

8 - Related Party Transactions

Mid Atlantic Trust Company (MATC) acts as the trustee and recordkeeper of the Plan. The Plan invests in the Mid Atlantic Master Cash Account held by MATC; therefore, the transactions related to this account qualify as party-in-interest transactions. The fair value of the Mid Atlantic Master Cash Account held by the Plan as of December 31, 2020 and 2019, was $19,257 and $23,411, respectively. The Plan paid $5,286 in fees to MATC for the year ended December 31, 2020.

9 - Reconciliation Of Financial Statements To Schedule H Of Form 5500

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

	2020	2019
Net assets available for benefits per the financial statements	$ 15,150,332	$ 12,620,821
Employer contributions receivable	-	(26,701)
Other employer receivable	-	(5,441)
Amounts allocated to withdrawing participants	-	(24,584)
Net assets available for benefits per Form 5500	$ 15,150,332	$ 12,564,095

The following is a reconciliation of changes in net assets available for benefits per the financial statements to net income per Schedule H of Form 5500 for the year ended December 31, 2020:

Change in net assets available for benefits per the financial statements	$	2,529,511
Amounts allocated to withdrawing participants, beginning of year		24,584
Employer contributions receivable, beginning of year		26,701
Other employer receivable, beginning of year		5,441
Change in net assets available for benefits per 5500	$	2,586,237

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

Benefits paid to participants per the financial statements	$	2,074,411
Amounts allocated to withdrawing participants, beginning of year		(24,584)
Benefit payments and distributions per Schedule H of Form 5500	$	2,049,827

Amounts allocated to withdrawing participants, beginning of year, represent benefit claims that were processed and approved for payment prior to December 31, 2019, but paid in 2020.

10 - Delinquent Participant Contributions

During 2020 and 2019, the employer withheld contributions from participants' compensation that were not remitted to the Plan within the time period described in 29 CFR 2510.3-102 which is in violation of ERISA. At December 31, 2020 and 2019, these contributions totaled $674 and $20,872, respectively. The late contributions were due to a processing issue at the employer's payroll service provider.The Plan rectified these problems in 2021 and 2020, by making contributions into the Plan and paying lost earnings.

11 - Blackout Period

The Plan switched trustees from Mid Atlantic Trust Company to Reliance Trust Company effective January 4, 2021. On-line account access was not available to Plan participants from December 21, 2020 to February 15, 2021 to allow time for the transition to the new trustee.

12 - Correction Of An Operational Error

Certain participants made deferral elections that were not deducted from their compensation. Corrective contributions to participants accounts, including lost earnings, have been identified and quantified by the employer. The employer made the correction under the Employee Plans Compliance Resolution System (EPCRS) self-correction program. An estimated missed opportunity corrective deferral of $26,701 is recorded as employer contributions receivable and lost income estimated at $5,441 is recorded as other employer receivable as of December 31 2019, in the accompanying statement of net assets available for benefits. The estimate reflects 50% of the missed deferral opportunity for each participant and investment earnings and losses based upon the affected participants' investment elections during the correction years. These amounts were remitted by the employer and credited to participants' accounts and paid to terminated participants in October 2020. New controls have been put into place to avoid these errors in the future.

SUPPLEMENTARY INFORMATION

CRYSTAL EQUATION CORPORATION 401(K) RETIREMENT PLAN & TRUST

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2020

Item Number 4i on Schedule H of Form 5500
Plan Employer Identification Number - 20-4133968
Plan Number - 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Mutual Funds, Including Money Market Funds And Cash		
*	Mid Atlantic Trust Co.	Mid Atlantic Master Cash Account	**	$ 19,257
	American Funds	American Funds American Balanced Fund	**	454,735
	American Funds	American Funds American Mutual Fund	**	110,790
	American Funds	American Funds The Bond Fund Of America	**	109,259
	American Funds	American Funds Capital Income Builder	**	150,950
	American Funds	American Funds Capital World Growth & Income Fund	**	349,020
	American Funds	American Funds Europacific Growth Fund	**	390,714
	American Funds	American Funds Fundamental Investors	**	655,369
	American Funds	American Funds The Growth Fund Of America	**	1,882,960
	American Funds	American Funds The Income Fund Of America	**	331,636
	American Funds	American Funds Investment Company Of America	**	59,249
	American Funds	American Funds The New Economy Fund	**	268,991
	American Funds	American Funds New Perspective Fund	**	434,224
	American Funds	American Funds Smallcap World Fund	**	790,151
	American Funds	American Funds 2010 Target Date Retirement Fund	**	18,665
	American Funds	American Funds 2015 Target Date Retirement Fund	**	31,933
	American Funds	American Funds 2020 Target Date Retirement Fund	**	314,421
	American Funds	American Funds 2025 Target Date Retirement Fund	**	830,826
	American Funds	American Funds 2030 Target Date Retirement Fund	**	716,894
	American Funds	American Funds 2035 Target Date Retirement Fund	**	567,575
	American Funds	American Funds 2040 Target Date Retirement Fund	**	531,931
	American Funds	American Funds 2045 Target Date Retirement Fund	**	545,452
	American Funds	American Funds 2050 Target Date Retirement Fund	**	483,299
	American Funds	American Funds U.S. Government Securities Fund	**	166,221
	American Funds	American Funds Washington Mutual Investors Fund	**	386,325
	American Funds	American Funds Preservation Portfolio	**	8,486
	American Funds	American Funds Growth & Income Portfolio	**	67,886
	American Funds	American Funds 2055 Target Date Retirement Fund	**	1,061,361
	American Funds	American Funds 2060 Target Date Retirement Fund	**	618,721
	American Funds	American Funds Inflation Linked Bond Fund	**	5,973
	American Funds	American Funds Corporate Bond Fund	**	79,294
	The Vanguard Group	Vanguard 500 Index Fund Admiral Shares	**	889,334

(continued)

CRYSTAL EQUATION CORPORATION 401(K) RETIREMENT PLAN & TRUST

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	American Funds	American Funds 2065 Target Retirement Fund	**	8,295
	Cohen and Steers	Cohen & Steers Institutional Realty Shares	**	5,984
	Columbia Threadneedle	Columbia Dividend Income Fund Advisor Class	**	114,383
	Janus Henderson Investors	Janus Henderson Global Technology and Innovation	**	228,468
	American Funds	MFS New Discovery Value Fund Class R6	**	98,931
	American Funds	MFS Mid Cap Growth Fund Class R6	**	200,540
	T. Rowe Price	T. Rowe Price Blue Chip Growth Fund I Class	**	329,290
	T. Rowe Price	T. Rowe Price Financial Services Fund I Class	**	1,629
	The Vanguard Group	Vanguard Wellesley Income Admiral	**	156,334
		Common Collective Trusts		
	Reliance Trust Company	Reliance Trust Stable Value Fd - MetLife Series 25053	**	613,060
		Participant Loans		
*	Participant Loans	Interest rate 4.25% to 6.50%	0	8,628
	Total			$ 15,097,444

* A party-in-interest as defined by ERISA
** Cost omitted for participant-directed investments

CRYSTAL EQUATION CORPORATION 401(K) RETIREMENT PLAN & TRUST

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS FOR THE YEAR ENDED DECEMBER 31, 2020

Schedule H Line 4a - Schedule of Delinquent Participant Contributions
Plan Employer Identification Number - 20-4133968
Plan Number - 001

	Total that Constitutes Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are Included: ☐	$ -	$ 674	$ -	$ -

CRYSTAL EQUATION CORPORATION 401(K) RETIREMENT PLAN & TRUST

REPORT FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019



CRYSTAL EQUATION CORPORATION 401(K) RETIREMENT PLAN & TRUST

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MichaelSilver

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Crystal Equation Corporation 401(k) Retirement Plan & Trust

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Crystal Equation Corporation 401(k) Retirement Plan & Trust, which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits for the year ended December 31, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with U.S. generally accepted auditing standards. 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 U.S. 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 4, which was certified by Mid Atlantic Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2020 and 2019, that the information provided to the plan administrator by the trustee is complete and accurate.

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Headquarters
9 Parkway North, Suite 300
Deerfield, IL 60015

Chicago Office
1 South Wacker Drive, Suite 2160
Chicago, IL 60606

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of (1) Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2020, and (2) Schedule H, line 4a, Schedule of Delinquent Participant Contributions for the year ended December 31, 2020, are required by the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

Michael Silver & Company, LLC

Certified Public Accountants

Deerfield, Illinois
October 13, 2021

CRYSTAL EQUATION CORPORATION 401(K) RETIREMENT PLAN & TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31

	2020	2019
ASSETS		
Investments at fair value	$ 15,088,816	$ 12,596,407
Receivables		
Employer contributions	3,655	26,701
Participant contributions	61,479	5,441
Notes receivable from participants	8,628	4,277
Total receivables	73,762	36,419
Total assets	15,162,578	12,632,826
LIABILITIES		
Excess contributions payable	575	-
Administrative expenses payable	11,671	12,005
Total liabilities	12,246	12,005
NET ASSETS AVAILABLE FOR BENEFITS	$ 15,150,332	$ 12,620,821

The accompanying notes are an integral part of these financial statements.

CRYSTAL EQUATION CORPORATION 401(K) RETIREMENT PLAN & TRUST

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2020

Additions	
Investment income	
Interest and dividend income	$ 165,547
Net appreciation	2,316,630
Total investment income	2,482,177
Interest income on notes receivable from participants	555
Contributions	
Participants	2,050,325
Employer	83,863
Rollover	68,770
Total contributions	2,202,958
Total additions	4,685,690
Deductions	
Benefits paid to participants	2,074,411
Administrative expenses	81,768
Total deductions	2,156,179
Net increase in net assets available for benefits	2,529,511
Net assets available for benefits - beginning of year	12,620,821
Net assets available for benefits - end of year	$ 15,150,332

The accompanying notes are an integral part of these financial statements.

CRYSTAL EQUATION CORPORATION 401(K) RETIREMENT PLAN & TRUST

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2020 AND 2019

1 - Description Of Plan

The following description of the Crystal Equation Corporation 401(k) Retirement Plan & Trust (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The company covered by the Plan is Crystal Equation Corporation, referred to herein as employer.

General
The Plan is a defined contribution plan covering substantially all employees who meet certain age requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and the Pension Protection Act of 2006.

Contributions
Each year, participants may contribute a portion of their annual compensation, subject to certain limitations under the Internal Revenue Code and as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans. The Plan also allows for discretionary employer matching and profit sharing contributions.

Participant Accounts
Each participant's account is credited with participant contributions, employer matching contributions, and allocations of (a) employer discretionary contributions as determined by the plan sponsor and (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting
Participants are immediately vested in their contributions, plus earnings thereon. Vesting in employer contributions, plus earnings thereon, is based upon years of service as defined in the Plan. A participant is 100% vested after six years of service.

Payment of Benefits
Upon termination of service or attainment of age 59 1/2, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account, payable either in a lump sum or in installment payments as described by the Plan.

Forfeitures
Forfeited balances of terminated participants' nonvested accounts may be used to reinstate previously forfeited account balances of former participants, reduce employer contributions, pay administrative expenses of the Plan, as directed by the plan sponsor, or may be allocated to participants. Forfeited nonvested accounts totaled $35,526 and $55,246 at December 31, 2020 and 2019, respectively. The forfeited balances were used to pay administrative expenses, including audit fees, of the Plan.

Notes Receivable from Participants
Participants may borrow a minimum of $1,000 and a maximum of the lesser of 50% of their vested account balance or $50,000 reduced by the highest outstanding loan balance in their account during the previous one-year period. A participant may not have more than one loan outstanding at any time. Loans shall be repaid within five years unless the loan is taken for the purchase of a principal residence. Loan repayments must be made at least monthly. The loans are secured by the balance in the participant's account and bear interest at the prime rate plus 1% determined at the time of issuance. Interest rates ranged from 4.25% to 6.50% at December 31, 2020 and 2019, respectively.

Administrative Expenses
All Plan expenses, including without limitation, expenses and fees of the plan sponsor, administrator, investment manager, trustee and any insurance company shall be charged as expenses of the Plan unless the employer chooses to pay such expenses. Expenses paid using Plan assets will generally be allocated among the accounts of all participants in the Plan unless paid through Plan forfeitures. These expenses will be allocated either proportionately based on the value of the account balances or as an equal dollar amount based on the number of participants in the Plan. In addition, transaction-based fees are deducted from participant accounts. Investment fees are generally charged to participant accounts as a percentage of assets invested and are deducted directly from investment returns.

Plan Amendments
The Plan was amended and restated on January 1, 2020 to comply with various laws and regulations. There were no significant effects on benefits or net assets individually or in the aggregate.

2 - Summary Of Significant Accounting Policies

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

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

Investment Valuation and Income Recognition
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan assets maintained in cash and money market accounts are not insured by the Federal Deposit Insurance Corporation. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance. Interest income is recorded when received. Notes receivable are considered to be in default if any scheduled loan repayment is not made by the end of the calendar quarter following the calendar quarter in which the missed payment was due. Upon default, notes receivable are reported as taxable income to the participant, where the taxable amount is equal to the outstanding loan balance plus accrued interest through the date of default. Defaulted loans are included in notes receivable from participants at the unpaid principal balance until the participant has a distributable event and the loan balance is offset against other benefits.

Payment of Benefits
Benefits are recorded upon payment.

Subsequent Events Review
The plan administrator has evaluated subsequent events through October 13, 2021, the date when the financial statements were available to be issued.

3 - Market Risk

The Plan invests in a variety of investments. Investments in general are exposed to various risks, such as interest rate, credit, and overall volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near-term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

4 - Information Certified By The Plan's Trustee

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA as of December 31, 2020 and 2019, and for the year ended December 31, 2020. Accordingly, the Plan's trustee, Mid Atlantic Trust Company, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate.

a. Investments as shown in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2020 and 2019.

b. Investment income as shown in the accompanying Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2020.

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

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

5 - Tax Status

The employer has adopted a volume submitter plan pre-approved by the Internal Revenue Service (IRS). The IRS issued an opinion letter dated March 31, 2014, in which the IRS stated that the prototype plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the opinion letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

U.S. generally accepted accounting principles 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 the applicable authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examination for years prior to December 31, 2017.

6 - Fair Value Measurements

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

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

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

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

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

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

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

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

Common/collective trust - stable value fund: The stable value fund is valued at net asset value as a readily determinable fair value provided by the administrator of the fund.

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

	Fair Value	Level 1	Level 2
Investments at fair value as of December 31, 2020			
Cash	$ 19,257	$ 19,257	$ -
Mutual funds	14,456,499	14,456,499	-
Common/collective trust - stable value fund	613,060	-	613,060
Investments at fair value	$ 15,088,816	$ 14,475,756	$ 613,060
Investments at fair value as of December 31, 2019			
Cash	$ 23,411	$ 23,411	$ -
Mutual funds	11,554,452	11,554,452	-
Common/collective trust - stable value fund	1,018,544	-	1,018,544
Investments at fair value	$ 12,596,407	$ 11,577,863	$ 1,018,544

For the years ended December 31, 2020 and 2019, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

7 - Plan Termination

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

8 - Related Party Transactions

Mid Atlantic Trust Company (MATC) acts as the trustee and recordkeeper of the Plan. The Plan invests in the Mid Atlantic Master Cash Account held by MATC; therefore, the transactions related to this account qualify as party-in-interest transactions. The fair value of the Mid Atlantic Master Cash Account held by the Plan as of December 31, 2020 and 2019, was $19,257 and $23,411, respectively. The Plan paid $5,286 in fees to MATC for the year ended December 31, 2020.

9 - Reconciliation Of Financial Statements To Schedule H Of Form 5500

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

	2020	2019
Net assets available for benefits per the financial statements	$ 15,150,332	$ 12,620,821
Employer contributions receivable	-	(26,701)
Other employer receivable	-	(5,441)
Amounts allocated to withdrawing participants	-	(24,584)
Net assets available for benefits per Form 5500	$ 15,150,332	$ 12,564,095

The following is a reconciliation of changes in net assets available for benefits per the financial statements to net income per Schedule H of Form 5500 for the year ended December 31, 2020:

Change in net assets available for benefits per the financial statements	$	2,529,511
Amounts allocated to withdrawing participants, beginning of year		24,584
Employer contributions receivable, beginning of year		26,701
Other employer receivable, beginning of year		5,441
Change in net assets available for benefits per 5500	$	2,586,237

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

Benefits paid to participants per the financial statements	$	2,074,411
Amounts allocated to withdrawing participants, beginning of year		(24,584)
Benefit payments and distributions per Schedule H of Form 5500	$	2,049,827

Amounts allocated to withdrawing participants, beginning of year, represent benefit claims that were processed and approved for payment prior to December 31, 2019, but paid in 2020.

10 - Delinquent Participant Contributions

During 2020 and 2019, the employer withheld contributions from participants' compensation that were not remitted to the Plan within the time period described in 29 CFR 2510.3-102 which is in violation of ERISA. At December 31, 2020 and 2019, these contributions totaled $674 and $20,872, respectively. The late contributions were due to a processing issue at the employer's payroll service provider.The Plan rectified these problems in 2021 and 2020, by making contributions into the Plan and paying lost earnings.

11 - Blackout Period

The Plan switched trustees from Mid Atlantic Trust Company to Reliance Trust Company effective January 4, 2021. On-line account access was not available to Plan participants from December 21, 2020 to February 15, 2021 to allow time for the transition to the new trustee.

12 - Correction Of An Operational Error

Certain participants made deferral elections that were not deducted from their compensation. Corrective contributions to participants accounts, including lost earnings, have been identified and quantified by the employer. The employer made the correction under the Employee Plans Compliance Resolution System (EPCRS) self-correction program. An estimated missed opportunity corrective deferral of $26,701 is recorded as employer contributions receivable and lost income estimated at $5,441 is recorded as other employer receivable as of December 31 2019, in the accompanying statement of net assets available for benefits. The estimate reflects 50% of the missed deferral opportunity for each participant and investment earnings and losses based upon the affected participants' investment elections during the correction years. These amounts were remitted by the employer and credited to participants' accounts and paid to terminated participants in October 2020. New controls have been put into place to avoid these errors in the future.

SUPPLEMENTARY INFORMATION

CRYSTAL EQUATION CORPORATION 401(K) RETIREMENT PLAN & TRUST

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2020

Item Number 4i on Schedule H of Form 5500
Plan Employer Identification Number - 20-4133968
Plan Number - 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		Mutual Funds, Including Money Market Funds And Cash		
*	Mid Atlantic Trust Co.	Mid Atlantic Master Cash Account	**	$ 19,257
	American Funds	American Funds American Balanced Fund	**	454,735
	American Funds	American Funds American Mutual Fund	**	110,790
	American Funds	American Funds The Bond Fund Of America	**	109,259
	American Funds	American Funds Capital Income Builder	**	150,950
	American Funds	American Funds Capital World Growth & Income Fund	**	349,020
	American Funds	American Funds Europacific Growth Fund	**	390,714
	American Funds	American Funds Fundamental Investors	**	655,369
	American Funds	American Funds The Growth Fund Of America	**	1,882,960
	American Funds	American Funds The Income Fund Of America	**	331,636
	American Funds	American Funds Investment Company Of America	**	59,249
	American Funds	American Funds The New Economy Fund	**	268,991
	American Funds	American Funds New Perspective Fund	**	434,224
	American Funds	American Funds Smallcap World Fund	**	790,151
	American Funds	American Funds 2010 Target Date Retirement Fund	**	18,665
	American Funds	American Funds 2015 Target Date Retirement Fund	**	31,933
	American Funds	American Funds 2020 Target Date Retirement Fund	**	314,421
	American Funds	American Funds 2025 Target Date Retirement Fund	**	830,826
	American Funds	American Funds 2030 Target Date Retirement Fund	**	716,894
	American Funds	American Funds 2035 Target Date Retirement Fund	**	567,575
	American Funds	American Funds 2040 Target Date Retirement Fund	**	531,931
	American Funds	American Funds 2045 Target Date Retirement Fund	**	545,452
	American Funds	American Funds 2050 Target Date Retirement Fund	**	483,299
	American Funds	American Funds U.S. Government Securities Fund	**	166,221
	American Funds	American Funds Washington Mutual Investors Fund	**	386,325
	American Funds	American Funds Preservation Portfolio	**	8,486
	American Funds	American Funds Growth & Income Portfolio	**	67,886
	American Funds	American Funds 2055 Target Date Retirement Fund	**	1,061,361
	American Funds	American Funds 2060 Target Date Retirement Fund	**	618,721
	American Funds	American Funds Inflation Linked Bond Fund	**	5,973
	American Funds	American Funds Corporate Bond Fund	**	79,294
	The Vanguard Group	Vanguard 500 Index Fund Admiral Shares	**	889,334

(continued)

CRYSTAL EQUATION CORPORATION 401(K) RETIREMENT PLAN & TRUST

SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	American Funds	American Funds 2065 Target Retirement Fund	**	8,295
	Cohen and Steers	Cohen & Steers Institutional Realty Shares	**	5,984
	Columbia Threadneedle	Columbia Dividend Income Fund Advisor Class	**	114,383
	Janus Henderson Investors	Janus Henderson Global Technology and Innovation	**	228,468
	American Funds	MFS New Discovery Value Fund Class R6	**	98,931
	American Funds	MFS Mid Cap Growth Fund Class R6	**	200,540
	T. Rowe Price	T. Rowe Price Blue Chip Growth Fund I Class	**	329,290
	T. Rowe Price	T. Rowe Price Financial Services Fund I Class	**	1,629
	The Vanguard Group	Vanguard Wellesley Income Admiral	**	156,334
		Common Collective Trusts		
	Reliance Trust Company	Reliance Trust Stable Value Fd - MetLife Series 25053	**	613,060
		Participant Loans		
*	Participant Loans	Interest rate 4.25% to 6.50%	0	8,628
	Total			$ 15,097,444

* A party-in-interest as defined by ERISA
** Cost omitted for participant-directed investments

CRYSTAL EQUATION CORPORATION 401(K) RETIREMENT PLAN & TRUST

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS FOR THE YEAR ENDED DECEMBER 31, 2020

Schedule H Line 4a - Schedule of Delinquent Participant Contributions
Plan Employer Identification Number - 20-4133968
Plan Number - 001

	Total that Constitutes Nonexempt Prohibited Transactions			
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are Included: ☐	$ -	$ 674	$ -	$ -