

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                              |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>PROFIT SHARING &amp; 401(K) PLAN FOR EMPLOYEES OF HBD INDUSTRIES, INC. AND SUBSIDIARIES</u>                                                                                                                                                                                                                                                                                                                                                                                                              | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>021</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/1989</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>021</u>                                                       | <b>1c</b> Effective date of plan<br><u>01/01/1989</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>021</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/1989</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>HBD INDUSTRIES, INC.</u><br><br><div style="display: flex; justify-content: space-between;"> <div><u>5200 UPPER METRO PL STE 110</u><br/><u>DUBLIN, OH 43017-5378</u></div> <div><u>5200 UPPER METRO PL STE 110</u><br/><u>DUBLIN, OH 43017-5378</u></div> </div> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>25-1555749</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>614-526-7000</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>326200</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>25-1555749</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>614-526-7000</u> | <b>2d</b> Business code (see instructions)<br><u>326200</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>25-1555749</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>614-526-7000</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>326200</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |

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

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

|              |                                                   |            |                                                              |
|--------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN<br>HERE | Filed with authorized/valid electronic signature. | 10/14/2021 | ROBERT SIRAK                                                 |
|              | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE | Filed with authorized/valid electronic signature. | 10/14/2021 | ROBERT SIRAK                                                 |
|              | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |                                                   |            |                                                              |
|              | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2020)  
v. 200204

|                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name <b>HBD INDUSTRIES, INC.</b><br><b>c</b> Plan Name <b>PROFIT SHARING &amp; 401(K) PLAN FOR NON-BARGAINING EMPLOYEES OF HBD INDUSTRIES, INC. AND SUBSIDIARIES</b>        |  | <b>4b</b> EIN <b>25-1555749</b><br><b>4d</b> PN <b>021</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                 |  | <b>5</b> <b>922</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                                  |  | <b>6a(1)</b> <b>660</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                       |  | <b>6a(2)</b> <b>806</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                      |  | <b>6b</b> <b>10</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                      |  | <b>6c</b> <b>372</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                             |  | <b>6d</b> <b>1188</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                              |  | <b>6e</b> <b>6</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>6f</b> <b>1194</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                         |  | <b>6g</b> <b>1155</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                              |  | <b>6h</b> <b>97</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                     |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><b>2E 2F 2G 2J 2K 2T 3D 3H</b>                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                    |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                       |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input checked="" type="checkbox"/> <b>1</b> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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**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.

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

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**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 \_\_\_\_\_

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

|                                                                                                       |                                                      |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020            |                                                      |
| A Name of plan<br>PROFIT SHARING & 401(K) PLAN FOR EMPLOYEES OF HBD INDUSTRIES, INC. AND SUBSIDIARIES | B Three-digit plan number (PN) ▶ 021                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>HBD INDUSTRIES, INC.                        | D Employer Identification Number (EIN)<br>25-1555749 |

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

1 Coverage Information:

(a) Name of insurance carrier  
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 22-1211670 | 68241         | 300359                                | 0                                                                           | 01/01/2020              | 10/05/2020 |

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

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

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

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

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

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

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

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

---

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

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

---

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

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

---

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

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

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

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

---

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

**Part II Investment and Annuity Contract Information**

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

|          |                                                                                               |          |          |
|----------|-----------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | <b>0</b> |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | <b>0</b> |

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

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

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

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

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

|          |                                               |           |                 |
|----------|-----------------------------------------------|-----------|-----------------|
| <b>b</b> | Balance at the end of the previous year ..... | <b>7b</b> | <b>19424640</b> |
|----------|-----------------------------------------------|-----------|-----------------|

|          |                                                              |              |               |  |
|----------|--------------------------------------------------------------|--------------|---------------|--|
| <b>c</b> | Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | <b>361352</b> |  |
|          | (2) Dividends and credits.....                               | <b>7c(2)</b> |               |  |
|          | (3) Interest credited during the year.....                   | <b>7c(3)</b> | <b>281158</b> |  |
|          | (4) Transferred from separate account.....                   | <b>7c(4)</b> | <b>845887</b> |  |
|          | (5) Other (specify below) .....                              | <b>7c(5)</b> | <b>86301</b>  |  |

▶ **LOAN PAYMENTS, ROLLOVER**

|                           |              |                |
|---------------------------|--------------|----------------|
| (6) Total additions ..... | <b>7c(6)</b> | <b>1574698</b> |
|---------------------------|--------------|----------------|

|          |                                                                              |           |                 |
|----------|------------------------------------------------------------------------------|-----------|-----------------|
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | <b>20999338</b> |
|----------|------------------------------------------------------------------------------|-----------|-----------------|

|          |                                                                           |              |                 |  |
|----------|---------------------------------------------------------------------------|--------------|-----------------|--|
| <b>e</b> | Deductions:                                                               |              |                 |  |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year | <b>7e(1)</b> | <b>892364</b>   |  |
|          | (2) Administration charge made by carrier.....                            | <b>7e(2)</b> | <b>1441</b>     |  |
|          | (3) Transferred to separate account.....                                  | <b>7e(3)</b> |                 |  |
|          | (4) Other (specify below) .....                                           | <b>7e(4)</b> | <b>20105533</b> |  |

▶ **CONTRACT TRANSFER, LOAN WITHDRAWALS**

|                            |              |                 |
|----------------------------|--------------|-----------------|
| (5) Total deductions ..... | <b>7e(5)</b> | <b>20999338</b> |
|----------------------------|--------------|-----------------|

|          |                                                                                                |           |          |
|----------|------------------------------------------------------------------------------------------------|-----------|----------|
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | <b>0</b> |
|----------|------------------------------------------------------------------------------------------------|-----------|----------|

**Part III Welfare Benefit Contract Information**

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

**Part IV Provision of Information**

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

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

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

|                                                                                                              |                                                             |     |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020                   |                                                             |     |
| <b>A</b> Name of plan<br>PROFIT SHARING & 401(K) PLAN FOR EMPLOYEES OF HBD INDUSTRIES, INC. AND SUBSIDIARIES | <b>B</b> Three-digit plan number (PN) ▶                     | 021 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>HBD INDUSTRIES, INC.                        | <b>D</b> Employer Identification Number (EIN)<br>25-1555749 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| THE PRUDENTIAL INSURANCE COMPANY OF                                                                               |
| 22-1211670                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| PRINCIPAL LIFE INSURANCE COMPANY                                                                                  |
| 42-0127290                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</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

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**(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

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**(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

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**(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

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

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

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

THE PRUDENTIAL INSURANCE COMPANY OF

22-1211670

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 15 37<br>50 64      | CONTRACT ADMINISTRATOR                                                                            | 7625                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 37 50<br>64         | CONTRACT ADMINISTRATOR                                                                            | 28406                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| THE PRUDENTIAL INSURANCE COMPANY OF                                 | 13 15 37 50 64                                                                                                                                                     | 0                                         |
| (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. |                                           |
| PRUDENTIAL INVESTMENTS LLC<br><br>22-3468527                        | 27.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2020 TO 10/5/2020 PGIM GLOBAL REAL ESTATE A                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

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

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

|                                                                                                                         |                                                    |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>A</b> Name of plan<br><u>PROFIT SHARING &amp; 401(K) PLAN FOR EMPLOYEES OF HBD INDUSTRIES, INC. AND SUBSIDIARIES</u> | <b>B</b> Three-digit plan number (PN) ▶ <u>021</u> |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|

|                                                                                                     |                                                                    |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>HBD INDUSTRIES, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>25-1555749</u> |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: REAL ESTATE/COHEN & STEERS

**b** Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS

|                                       |                               |                                                                                                              |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>06-1050034-305</u> | <b>d</b> Entity code <u>P</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL STABLE VALUE Z FUND

**b** Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO

|                                       |                               |                                                                                                                     |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>93-6274328-001</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22775972</u> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|

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

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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  
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><br><u>PROFIT SHARING &amp; 401(K) PLAN FOR EMPLOYEES OF HBD INDUSTRIES, INC. AND SUBSIDIARIES</u>                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>021</u>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><br><u>HBD INDUSTRIES, INC.</u>                                                                                                                                                                         | <b>D</b> Employer Identification Number (EIN)<br><br><u>25-1555749</u>                                                                                                                                                                                                       |                                                                                                          |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                        |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                        |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year  | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | <b>1a</b> 708          | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                        |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1b(1)</b> 0         | 81829           |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1b(2)</b> 0         | 79113           |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1b(3)</b> 0         | 0               |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                        |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(1)</b>           |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(2)</b>           |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                        |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(A)</b>        |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1c(3)(B)</b>        |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                        |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(4)(A)</b>        |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(4)(B)</b>        |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | <b>1c(5)</b>           |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(6)</b>           |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(7)</b>           |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(8)</b> 1359873   | 1170363         |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               | <b>1c(9)</b> 0         | 22775972        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(10)</b> 16031    | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(11)</b>          |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(12)</b>          |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(13)</b> 45798833 | 53115438        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(14)</b> 19424640 |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(15)</b>          |                 |

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                              |              |                       |                 |
| (1) Employer securities.....                                         | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....                                      | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 66600085              | 77222715        |

**Liabilities**

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

**Net Assets**

|                                                          |           |          |          |
|----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f)..... | <b>1l</b> | 66600085 | 77222715 |
|----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                              |                 | (a) Amount | (b) Total |
|----------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a</b> Contributions:                                                                      |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                 | <b>2a(1)(A)</b> | 6008294    |           |
| (B) Participants .....                                                                       | <b>2a(1)(B)</b> | 2234038    |           |
| (C) Others (including rollovers).....                                                        | <b>2a(1)(C)</b> | 318411     |           |
| (2) Noncash contributions .....                                                              | <b>2a(2)</b>    | 0          | 8560743   |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , (B), (C), and line <b>2a(2)</b> .....   | <b>2a(3)</b>    |            |           |
| <b>b</b> Earnings on investments:                                                            |                 |            |           |
| (1) Interest:                                                                                |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | <b>2b(1)(A)</b> | 0          |           |
| (B) U.S. Government securities .....                                                         | <b>2b(1)(B)</b> | 0          |           |
| (C) Corporate debt instruments .....                                                         | <b>2b(1)(C)</b> | 0          |           |
| (D) Loans (other than to participants) .....                                                 | <b>2b(1)(D)</b> | 0          |           |
| (E) Participant loans.....                                                                   | <b>2b(1)(E)</b> | 80520      |           |
| (F) Other .....                                                                              | <b>2b(1)(F)</b> | 281158     |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through (F).....                               | <b>2b(1)(G)</b> |            | 361678    |
| (2) Dividends: (A) Preferred stock.....                                                      | <b>2b(2)(A)</b> | 0          | 703252    |
| (B) Common stock .....                                                                       | <b>2b(2)(B)</b> | 0          |           |
| (C) Registered investment company shares (e.g. mutual funds).....                            | <b>2b(2)(C)</b> | 703252     |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , (B), and (C) .....                          | <b>2b(2)(D)</b> |            | 703252    |
| (3) Rents .....                                                                              | <b>2b(3)</b>    |            | 0         |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                          | <b>2b(4)(A)</b> | 0          | 0         |
| (B) Aggregate carrying amount (see instructions).....                                        | <b>2b(4)(B)</b> | 0          |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....           | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                  | <b>2b(5)(A)</b> | 0          | 0         |
| (B) Other .....                                                                              | <b>2b(5)(B)</b> | 0          |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and (B) .....      | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            | 89320     |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            | -866      |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 7233310   |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....                | 2d     |            | 16947437  |

**Expenses****e** Benefit payment and payments to provide benefits:

|                                                                                     |       |          |          |
|-------------------------------------------------------------------------------------|-------|----------|----------|
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 10496215 |          |
| (2) To insurance carriers for the provision of benefits .....                       | 2e(2) | 0        |          |
| (3) Other.....                                                                      | 2e(3) | 0        |          |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                       | 2e(4) |          | 10496215 |
| f Corrective distributions (see instructions) .....                                 | 2f    |          | 0        |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |          | 0        |
| h Interest expense.....                                                             | 2h    |          | 0        |
| i Administrative expenses: (1) Professional fees .....                              | 2i(1) | 0        |          |
| (2) Contract administrator fees .....                                               | 2i(2) | 11872    |          |
| (3) Investment advisory and management fees .....                                   | 2i(3) | 0        |          |
| (4) Other.....                                                                      | 2i(4) | 0        |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                | 2i(5) |          | 11872    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |          | 10508087 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 6439350 |
| l Transfers of assets:                                   |       |  |         |
| (1) To this plan.....                                    | 2l(1) |  | 4183280 |
| (2) From this plan .....                                 | 2l(2) |  |         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **REA & ASSOCIATES, INC.**

(2) EIN: **34-1310124**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

|                                                                                                                                                                                                                                                                                                                  | Yes | No | Amount   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... |     |    |          |
| <b>4b</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                             |     |    |          |
| <b>4c</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                  |     |    |          |
| <b>4d</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | X   |    | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |     | X  |          |
| <b>4f</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       |     |    |          |
| <b>4g</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             |     |    |          |
| <b>4h</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | X   |    |          |
| <b>4i</b>                                                                                                                                                                                                                                                                                                        | X   |    |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     |     |    |          |
| <b>4j</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |     |    |          |
| <b>4k</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |     |    |          |
| <b>4l</b>                                                                                                                                                                                                                                                                                                        |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |     |    |          |
| <b>4m</b>                                                                                                                                                                                                                                                                                                        | X   |    |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         |     |    |          |
| <b>4n</b>                                                                                                                                                                                                                                                                                                        | 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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>PROFIT SHARING & 401(K) PLAN FOR EMPLOYEES OF HBD INDUSTRIES, INC. AND SUBSIDIARIES                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 021                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>HBD INDUSTRIES, INC.                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>25-1555749                                            |
| 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):<br><br>EIN(s): 42-0127290 22-1211670                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2020 v. 200204                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**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 \_\_\_\_\_

Profit Sharing & 401(k) Plan for  
Employees of  
HBD Industries, Inc. and Subsidiaries  
*Financial Statements*

December 31, 2020 and 2019



Rea & associates

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## **INDEPENDENT AUDITOR'S REPORT**

To the Board of Trustees and Participants of  
Profit Sharing & 401(k) Plan for Employees of  
HBD Industries, Inc. and Subsidiaries  
Dublin, Ohio

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

We were engaged to audit the accompanying financial statements of the Profit Sharing & 401(k) Plan for Employees of HBD Industries, Inc. and Subsidiaries (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, 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**

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

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company, the current trustee of the Plan and Prudential Trust Company, the former trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the current trustee holds and the former trustee held the Plan's investment assets and executes/executed investment transactions. The plan administrator has obtained certifications from the current trustee as of and for the year ended December 31, 2020 and from the former trustee as of and for the years ended December 31, 2020 and 2019, that the information provided to the plan administrator by the trustees is complete and accurate.

### **Disclaimer of Opinion**

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

#### Other Matter

The supplemental schedule, as outlined in the Table of Contents, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

#### Report on Form and Content in Compliance with DOL Rules and Regulations

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

*Rea & Associates, Inc.*

New Philadelphia, Ohio  
October 13, 2021

PROFIT SHARING & 401(K) PLAN FOR EMPLOYEES  
OF HBD INDUSTRIES, INC. AND SUBSIDIARIES

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
AS OF DECEMBER 31, 2020 AND 2019

|                                                            | <u>2020</u>          | <u>2019</u>          |
|------------------------------------------------------------|----------------------|----------------------|
| ASSETS:                                                    |                      |                      |
| Cash and cash equivalents                                  | \$ -                 | \$ 708               |
| Investments, at fair value (see footnote 4)                | 75,891,410           | 45,814,864           |
| Guaranteed income fund, at contract value (see footnote 5) | -                    | 19,424,640           |
| Total investments                                          | <u>75,891,410</u>    | <u>65,239,504</u>    |
| RECEIVABLES:                                               |                      |                      |
| Notes receivable from participants                         | 1,170,363            | 1,359,873            |
| Employer contributions                                     | 81,829               | -                    |
| Participant contributions                                  | 79,113               | -                    |
| Total receivables                                          | <u>1,331,305</u>     | <u>1,359,873</u>     |
| NET ASSETS AVAILABLE FOR BENEFITS                          | <u>\$ 77,222,715</u> | <u>\$ 66,600,085</u> |

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

PROFIT SHARING & 401(K) PLAN FOR EMPLOYEES  
OF HBD INDUSTRIES, INC. AND SUBSIDIARIES

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

|                                                                                                                                       | <u>2020</u>                 |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| ADDITIONS TO NET ASSETS:                                                                                                              |                             |
| Contributions:                                                                                                                        |                             |
| Employer                                                                                                                              | \$ 523,748                  |
| Employer - Residual assets from defined benefit plan                                                                                  | 5,484,546                   |
| Participants                                                                                                                          | 2,234,038                   |
| Rollovers                                                                                                                             | 318,411                     |
| Total contributions                                                                                                                   | <u>8,560,743</u>            |
| Investment income:                                                                                                                    |                             |
| Net appreciation in fair value investments                                                                                            | 7,321,764                   |
| Interest from guaranteed income funds                                                                                                 | 281,158                     |
| Interest and dividends from mutual funds                                                                                              | 703,252                     |
| Total investment income                                                                                                               | <u>8,306,174</u>            |
| Interest earned on notes receivable from participants                                                                                 | <u>80,520</u>               |
| TOTAL ADDITIONS                                                                                                                       | <u>16,947,437</u>           |
| DEDUCTIONS FROM NET ASSETS:                                                                                                           |                             |
| Benefits paid to participants                                                                                                         | 10,496,215                  |
| Administrative expenses                                                                                                               | 11,872                      |
| TOTAL DEDUCTIONS                                                                                                                      | <u>10,508,087</u>           |
| NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS                                                                                     | 6,439,350                   |
| TRANSFERS FROM THE PROFIT SHARING AND 401(K) PLAN FOR<br>CERTAIN BARGAINING UNIT EMPLOYEES OF HBD INDUSTRIES, INC<br>AND SUBSIDIARIES | 4,183,280                   |
| NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR                                                                                 | 66,600,085                  |
| NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR                                                                                       | <u><u>\$ 77,222,715</u></u> |

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

PROFIT SHARING & 401(K) PLAN FOR EMPLOYEES  
OF HBD INDUSTRIES, INC. AND SUBSIDIARIES

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN

The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan which was formed for the purpose of providing retirement benefits to eligible employees of HBD Industries, Inc. and its Subsidiaries (the "Company").

The Plan is a single employer plan comprising separate employee groups. Contributions may vary for each employee group. Following are the employee groups covered under the plan: Bellefontaine Union Employees (Group 1), Chanute Union Employees (Group 2), Oneida Union Employees (Group 3), Ohio Magnetics, Inc. Union Employees (Group 4 ), Non-bargaining Employees employed by HBD/Thermoid, Inc. (Group 5), Non-bargaining Employees employed by Peerless-Winsmith, Inc. (Group 6), Non-bargaining Employees employed by Ohio Electric Motors, Inc. (Group 7), Non-bargaining Employees employed by Ohio Magnetics, Inc. (Group 8), Non-bargaining Employees employed by Perfection Gear, Inc. (Group 9), Non-bargaining Employees employed by Powertec Industrial Motors, Inc. (Group 10), Non-bargaining Employees employed by California Drop Forge, Inc. (Group 11), Non-bargaining Employees employed by Precision Metal Products, Inc. (Group 12), Non-bargaining Employees employed by True Position Technologies, Inc. (Group 13), Non-bargaining Employees employed by HBD Industries, Inc. (Group 14) (collectively, the "Company"). As of January 1, 2020, employees become eligible and can be entered into the Plan immediately. Prior to January 1, 2020, TPT employees were required to be age 21 and have one year (1000 hours) of service to become eligible for all contributions, and can enter the Plan on the first day of the following month after achieving eligibility requirements. Participants should refer to the plan agreement for a more complete description of the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees is responsible for oversight of the Plan. The Plan's Pension Management Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees.

In October 2020, the Profit Sharing Plan and 401(k) Plan for Certain Bargaining Unit Employees of HBD Industries, Inc. and Subsidiaries was merged with the Plan and participants ("CBU" participants) and all assets were transferred into the Plan. Effective immediately upon the merger, the Plan was renamed from the Profit Sharing & 401(k) Plan for Non-Bargaining Unit Employees of HBD Industries, Inc. and Subsidiaries to the Profit Sharing and 401(k) Plan for Employees of HBD Industries, Inc. and Subsidiaries.

In October 2020, Principal Life Insurance Company and Principal Trust Company, ("Principal") assumed third party administrator and trustee duties, respectively, for the Plan from Prudential Insurance Company of America and Prudential Trust Company, respectively. Henceforth, Principal Trust Company and Prudential Trust Company will be referred to collectively as the "Trustee".

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") was signed into law and impacted certain aspects of the Plan. See Note 11 for additional discussion regarding the CARES Act.

PROFIT SHARING & 401(K) PLAN FOR EMPLOYEES  
OF HBD INDUSTRIES, INC. AND SUBSIDIARIES

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

Contributions

Participants may elect to contribute between 1% of their pretax base compensation up to the maximum dollar limitation allowed by Section 402(g) of the Internal Revenue Service Code into the Plan as an elective deferral contribution. Participants may also elect to contribute from 1% to the maximum allowable of their base compensation, on an after-tax basis. Participants who have attained age 50 by the end of the Plan year may elect to contribute additional "catch-up" contributions. Participants could also contribute in the form of a direct rollover, amounts representing distributions from other qualified plans.

The Company made basic contributions to the Plan based on the base compensation paid to eligible employees as follows:

| Employee Group                                    | Percentage |
|---------------------------------------------------|------------|
| Non-bargaining employees, excluding TPT employees | 3%         |
| Bellefontaine union employees                     | 1.5%       |
| Chanute union employees                           | 2%         |
| Oneida union employees                            | 3%         |
| Ohio Magnetics, Inc. union employees              | 4%         |

In 2020, the Company did not make a basic contribution to eligible TPT employees.

Prior to April 4, 2020, basic contributions were mandatory for non-bargaining employees. As of April 4, 2020, basic contributions for non-bargaining employees are discretionary.

The Company made matching contributions to the Plan equal to a percentage of a limited amount of base compensation each participant elected to defer. The calculation of the matching contribution is as follows:

| Employee Group                                    | Percentage                                 |
|---------------------------------------------------|--------------------------------------------|
| Non-bargaining employees, excluding TPT employees | 50% match up to 6% of participant deferral |
| TPT employees                                     | 20% match up to 8% of participant deferral |
| Bellefontaine union employees                     | 50% match up to 3% of participant deferral |
| Chanute union employees                           | 25% match up to 6% of participant deferral |

Prior to April 4, 2020, matching contributions were mandatory for non-bargaining employees, excluding TPT. As of April 4, 2020, matching contributions for non-bargaining employees are discretionary. In 2020, the Company was not required and did not make matching contributions to eligible Oneida union employees or Ohio Magnetics, Inc. union employees.

In 2020, the Company made special discretionary additional contributions to non-bargaining employees including TPT employees equal to 2% of the base compensation paid to eligible employees. No special discretionary additional contributions were made to union employees of Bellefontaine, Chanute, Oneida, or Ohio Magnetics, Inc.

PROFIT SHARING & 401(K) PLAN FOR EMPLOYEES  
OF HBD INDUSTRIES, INC. AND SUBSIDIARIES

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contribution and (b) Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on plan earnings, participant contributions, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participant-Directed Investment Options

Upon enrollment in the Plan, a participant may direct the investment of their contributions into any of several investment options with varying degrees of risk and volatility, allowing participants to allocate their investments in accordance with their own risk tolerances and time horizons. Participants may change their investment options at any time.

Notes Receivable from Participants

The Plan allows participants to apply for and obtain loans, limited to 50% of the participant's vested account balance not to exceed \$50,000, from the vested balance of the participant's account. All loans must be repaid within five years unless the loan is used to finance the participant's primary residence, in which case the term of the loan is not to exceed ten years. The participant must reduce the \$50,000 amount, above, if he or she already had an outstanding loan from the Plan (or any other plan of the employer or related employer) during the 1-year period ending the day before the loan. The amount of the reduction is the participant's highest outstanding loan balance during that period minus the outstanding balance on the date of the new loan. The loan interest rate, determined at inception, is set at 2% above the prime interest rate (5.25% and 6.75% at December 31, 2020, and 2019, respectively). Payments of principal and interest are paid ratably through payroll deductions. See Note 11 which describes temporary provisions adopted due to the CARES Act.

Payment of Benefits

Upon termination of service, a participant may elect to receive the value of the vested portion of their account balance as a lump-sum payment. A participant becomes fully vested in their account balance upon retirement, death, disability, or the permanent shutdown of a Company profit center. Distributions of a participant's account balance may be authorized at any time by the plan administrator under certain hardship conditions. See Note 11 which describes temporary provisions adopted due to the CARES Act.

Vesting

All participants are immediately vested in their elective contributions, plus actual earnings thereon.

Prior to October 1, 2020, non-bargaining participants become vested in the Company's non-elective and regular matching contributions in accordance with the following schedule:

| <u>Years of Service</u>       | <u>Vested Interest</u> |
|-------------------------------|------------------------|
| Less than 2 years             | 0%                     |
| 2 years but less than 3 years | 25%                    |
| 3 years but less than 4 years | 50%                    |
| 4 years but less than 5 years | 75%                    |
| 5 years or more               | 100%                   |

PROFIT SHARING & 401(K) PLAN FOR EMPLOYEES  
OF HBD INDUSTRIES, INC. AND SUBSIDIARIES

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

Vesting (continued)

For those non-bargaining participants hired prior to January 1, 2019, the discretionary match and fixed match will remain 100% immediately vested (with the exception of True Position Technologies, Inc. employees). For those who are no longer under active employment on or after January 1, 2019, the 6 year graded schedule will remain in effect for the discretionary nonelective and fixed nonelective (with the exception of True Positions Technology, Inc. employees). Fixed match and the fixed nonelective for True Positions Technologies, Inc employees will remain on the 6 year graded schedule.

Effective October 1, 2020, participants become vested in the Company's non-elective and matching contributions in accordance with the following provisions:

| Employee Group                                                                                                                               | Employer Contribution Type                                  | Vesting Schedule |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------|
| Non-bargaining Unit Employees (other than True Position Technologies, Inc. Employees) who did not work an Hour of Service on or after 1/1/19 | All except Matching Contributions                           | 6-Year Graded    |
| Non-bargaining Unit Employees (other than True Position Technologies, Inc. Employees) who worked an Hour of Service on or after 1/1/19       | All except Matching Contributions                           | 5-Year Graded    |
| Non-bargaining Unit Employees (other than True Position Technologies, Inc. Employees) hired before 1/1/19                                    | Matching Contributions, whether made before or after 1/1/19 | 100% Immediate   |
| Non-bargaining Unit Employees (other than True Position Technologies, Inc. Employees) hired on or after 1/1/19                               | Matching Contributions                                      | 5-Year Graded    |
| True Position Technologies, Inc. Employees who did not work an Hour of Service on or after 10/1/20                                           | All                                                         | 6-Year Graded    |
| True Position Technologies, Inc. Employees who worked an Hour of Service on or after 10/1/20                                                 | All                                                         | 5-Year Graded    |
| Bellefontaine Bargaining Unit Employees                                                                                                      | Matching Contributions                                      | 100% Immediate   |
|                                                                                                                                              | All except Matching Contributions                           | 6-Year Graded    |
| Chanute Bargaining Unit Employees                                                                                                            | Matching Contributions                                      | 100% Immediate   |
|                                                                                                                                              | All except Matching Contributions                           | 6-Year Graded    |
| Oneida Bargaining Unit Employees                                                                                                             | All                                                         | 3-Year Cliff     |
| Ohio Magnetics, Inc. Bargaining Unit Employees                                                                                               | All                                                         | 3-Year Cliff     |

The vesting schedules referenced above are defined as follows:

| 6-Year Graded     |          | 5-Year Graded     |          | 3-Year Cliff      |          |
|-------------------|----------|-------------------|----------|-------------------|----------|
| Years             | % Vested | Years             | % Vested | Years             | % Vested |
| Less than 2 years | 0%       | Less than 2 years | 0%       | Less than 3 years | 0%       |
| 2 years           | 20%      | 2 years           | 25%      | 3 years or more   | 100%     |
| 3 years           | 40%      | 3 years           | 50%      |                   |          |
| 4 years           | 60%      | 4 years           | 75%      |                   |          |
| 5 years           | 80%      | 5 years or more   | 100%     |                   |          |
| 6 years or more   | 100%     |                   |          |                   |          |

PROFIT SHARING & 401(K) PLAN FOR EMPLOYEES  
OF HBD INDUSTRIES, INC. AND SUBSIDIARIES

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

Vesting (continued)

In addition to the vesting schedules noted above, if a participant's employment with the employer is terminated by reason of the permanent shutdown of their place of employment, their vested interest in their match and nonelective contributions shall be 100% vested.

Forfeited Accounts

As of December 31, 2020 and 2019, unallocated forfeited accounts totaled \$13,495 and \$36,538, respectively. These amounts are to be used to reduce Company contributions to the Plan and/or to pay permissible expenses of the Plan. Forfeitures totaling \$287,015 were used to reduce Company contributions and pay permissible expenses during the year ended December 31, 2020.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for the fully benefit responsive investment contract, which is reported at contract 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. The Plan's Pension Management Committee determines the Plan's valuation policies utilizing information provided by the investment custodians and insurance company. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's net gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document. No allowance for credit losses has been recorded as of December 31, 2020 or 2019.

PROFIT SHARING & 401(K) PLAN FOR EMPLOYEES  
OF HBD INDUSTRIES, INC. AND SUBSIDIARIES

NOTES TO THE FINANCIAL STATEMENTS

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

All expenses of maintaining the Plan have been paid by the Company or through the use of forfeitures, with the exception of loan fees which are paid directly by the Plan. Furthermore, expenses paid by the Company are excluded from the financial statements.

Subsequent Events

Plan management has evaluated subsequent events through October 13, 2021, the date the financial statements were available to be issued.

NOTE 3: INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2020 and 2019, and net appreciation in fair value of investments, interest, and dividends for the year ended December 31, 2020, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the respective Trustees.

NOTE 4: FAIR VALUE MEASUREMENTS

Accounting standards establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2      Inputs to the valuation methodology include:

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

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

Level 3      Inputs to the valuation methodology are unobservable and significant to the fair value measurement. For the year ended December 31, 2020, the Plan did not hold any Level 3 assets.

PROFIT SHARING & 401(K) PLAN FOR EMPLOYEES  
OF HBD INDUSTRIES, INC. AND SUBSIDIARIES

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4: FAIR VALUE MEASUREMENTS (CONTINUED)

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

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 Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual fund held by the Plan are deemed to be actively traded.

*Pooled separate accounts:* Valued at the NAV per unit based on quoted market prices of the underlying investments. The NAV is used as a practical expedient to estimate fair value and is based on the fair value of the underlying investments held by the account.

*Common/collective trust funds:* Valued based on the NAV of units of the collective trust fund. The NAV, as provided by the trustee, is used as a practical expedient to estimating the fair value. The NAV is based on the fair value of the underlying investments held by the trust less its liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. The Plan may redeem units, but the units may not otherwise be transferred without the consent of the Principal Global Investors Trust Company, the trustee of the common/collective trust fund held by the Plan. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months notification in order to ensure that securities liquidations will be carried out in an orderly business manner, otherwise redemptions are allowable daily with no notice. There are no unfunded commitments to the fund as of December 31, 2020.

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

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

| Description                                             | Level 1       | Level 2 | Level 3 | Total                |
|---------------------------------------------------------|---------------|---------|---------|----------------------|
| Mutual Funds                                            | \$ 53,115,438 | \$ -    | \$ -    | \$ 53,115,438        |
| Investments valued at NAV as a practical expedient (a): |               |         |         |                      |
| Common/collective trust funds                           |               |         |         | 22,775,972           |
| Total investments                                       |               |         |         | <u>\$ 75,891,410</u> |

PROFIT SHARING & 401(K) PLAN FOR EMPLOYEES  
OF HBD INDUSTRIES, INC. AND SUBSIDIARIES

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4: FAIR VALUE MEASUREMENTS (CONTINUED)

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

| Description                                             | Level 1       | Level 2 | Level 3 | Total                |
|---------------------------------------------------------|---------------|---------|---------|----------------------|
| Mutual Funds                                            | \$ 45,798,833 | \$ -    | \$ -    | \$ 45,798,833        |
| Investments valued at NAV as a practical expedient (a): |               |         |         |                      |
| Pooled separate accounts                                |               |         |         | 16,031               |
| Total investments                                       |               |         |         | <u>\$ 45,814,864</u> |

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

For the year ended December 31, 2020, the Plan did not hold any Level 2 or Level 3 assets.

NOTE 5: GUARANTEED INVESTMENT CONTRACT WITH PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

In 2010, the Plan entered into a traditional fully benefit-responsive guaranteed annuity contract with Prudential Life Insurance Company ("Prudential"). The Plan transferred all assets out of this contract concurrent with the assumption of trustee duties by Principal effective October 5, 2020. The contract totaled \$0 for 2020 and \$19,424,640 for 2019. Prudential maintained the contributions in a general account. The account was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer was contractually obligated to repay the principal and a specified interest rate that was guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but could not be less than 1.5 percent. The crediting rate was reviewed on a monthly basis of resetting. The guaranteed investment contract did not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

The guaranteed investment contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measurement for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan, by Prudential, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct withdrawals or transfers of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due in accordance with the fully benefit-responsive investment contract is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

PROFIT SHARING & 401(K) PLAN FOR EMPLOYEES  
OF HBD INDUSTRIES, INC. AND SUBSIDIARIES

NOTES TO THE FINANCIAL STATEMENTS

NOTE 5: GUARANTEED INVESTMENT CONTRACT WITH PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY (CONTINUED)

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. The plan administrator believes that no events that would limit the Plan's ability to transact at contract value with participants are probable of occurring.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, or (4) a material amendment to the agreement without the consent of the issuer.

NOTE 6: RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Prior to October 5, 2020, certain Plan investments were managed by Prudential Trust Company ("Prudential"). Effective October 5, 2020, certain Plan investments were managed by Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company. Corresponding to the aforementioned dates, Prudential Trust Company and Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company are the trustees and recordkeepers as defined by the Plan and, therefore, such transactions and associated administrative expenses qualified as party-in-interest transactions, respectively.

Additionally, the Plan holds party-in-interest receivables of \$1,170,363 and \$1,359,873 as of December 31, 2020 and 2019, respectively, in the form of notes receivable from participants.

At December 31, 2020 and 2019, the Plan received record keeping, asset custody and investment management services from Prudential Trust Company and Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company, the trustees of the Plan for the aforementioned periods, for which Prudential and Principal received indirect compensation. During 2020, the Plan paid administrative fees of \$169,268 directly from Plan assets to Prudential Trust Company and Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company. Certain Plan investments are accumulation units of variable annuity portfolios managed by affiliates of Prudential Trust Company and Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company, trustees of the Plan (see Note 3). Therefore, these transactions qualify as party-in-interest transactions.

NOTE 7: PLAN TERMINATION

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

PROFIT SHARING & 401(K) PLAN FOR EMPLOYEES  
OF HBD INDUSTRIES, INC. AND SUBSIDIARIES

NOTES TO THE FINANCIAL STATEMENTS

NOTE 8: TAX STATUS

The IRS has determined and informed the Company by a letter dated August 8, 2014 and October 13, 2015, that the Plan and related trust and former trust, respectively, are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

In accordance with GAAP, Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9: VARIOUS RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the 2020 statement of net assets available for benefits.

NOTE 10: EMPLOYER CONTRIBUTIONS – RESIDUAL ASSETS FROM DEFINED BENEFIT PLAN

Effective September 30, 2018, the defined benefit pension plan, Pension Plan for HBD Industries, Inc. and Subsidiaries and Connors Steel Company, of the same plan sponsor was terminated. Upon meeting all the liabilities under the defined benefit plan, there were residual assets remaining in the defined benefit plan. While the defined benefit plan contained a provision that permitted the reversion of residual assets to the employer, the plan sponsor elected to contribute the residual assets to this Plan. In November 2020, the Company transferred these assets to the Plan trust, credited to a suspense account. The assets are allocated from the suspense account to the accounts of participants no less than ratably over the 7-year period beginning with the year of the transfer. The unallocated balance in the suspense account is invested as determined by the Plan's Pension Management Committee. In 2020, unallocated assets in the suspense account were used to make employer contributions to eligible employees within the employer contribution provisions outlined in Note 1, based on base compensation earned throughout the year. Matching and basic employer contributions for the period from April 4, 2020 through October 31, 2020 were made and allocated from the suspense account as soon as administratively feasible. Matching employer contributions for the period from November 1, 2020 through December 31, 2020 were not made from the suspense account. Basic employer contributions for the period from November 1, 2020 through December 31, 2020 were made and allocated from the suspense account on a per pay period basis. Additional employer contributions for the period from January 1, 2020 through October 31, 2020 were made and allocated from the suspense account as soon as administratively feasible. Additional employer contributions for the period from November 1, 2020 through December 31, 2020 were made and allocated from the suspense account on a per pay period basis.

PROFIT SHARING & 401(K) PLAN FOR EMPLOYEES  
OF HBD INDUSTRIES, INC. AND SUBSIDIARIES

NOTES TO THE FINANCIAL STATEMENTS

NOTE 10: EMPLOYER CONTRIBUTIONS – RESIDUAL ASSETS FROM DEFINED BENEFIT PLAN  
(CONTINUED)

The following table details the suspense account for the year ended December 31, 2020:

|                                                                         |                     |
|-------------------------------------------------------------------------|---------------------|
| Unallocated assets held in the suspense account as of December 31, 2019 | \$ -                |
| Assets transferred to the suspense account                              | 5,484,546           |
| Investment income                                                       | 10,943              |
| Assets allocated from the suspense                                      | <u>(1,554,894)</u>  |
| Unallocated assets held in the suspense account as of December 31, 2020 | <u>\$ 3,940,595</u> |

NOTE 11: CARES ACT

The CARES Act had impact on several matters and the Plan adopted the following provisions:

- Participants who were currently receiving required minimum distributions were offered the option to waive their 2020 distribution and participants who were due to receive the first required distribution in 2020 had their distribution automatically waived.
- Eligible Plan participants were allowed to request penalty-free distributions of up to \$100,000 for qualifying coronavirus-related reasons. These reasons included adverse financial consequences due to being quarantined, furloughed, laid off, having work hours reduced or being unable to work due to a lack of childcare due to COVID-19.
- Eligible Plan participants were allowed to request loans of up to \$100,000 or 100% of their vested balance from date of signing of the CARES Act through September 23, 2020.
- Temporary loan repayment deferrals allowed qualified Plan participants with Plan loan repayments to defer such repayments until December 31, 2020.

The Plan had not formalized an amendment regarding the adoption of provisions related to the CARES Act as of December 31, 2020. Under the terms of the CARES Act, adoption of a formalized amendment is not required until December 31, 2022.

PROFIT SHARING & 401(K) PLAN FOR EMPLOYEES  
OF HBD INDUSTRIES, INC. AND SUBSIDIARIES

FORM 5500, SCHEDULE H, PART IV, LINE 4i,  
SCHEDULE OF ASSETS HELD AT END OF YEAR  
AS OF DECEMBER 31, 2020

EIN: 25-155749  
Plan Number: 021  
Plan Sponsor: HBD INDUSTRIES, INC.

| (a) | (b)                                                   | (c)                                                                                                                               | (d)  | (e)                  |
|-----|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------|----------------------|
|     | Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par, or maturity value                           | Cost | Current Value        |
| *   | Principal Global Investors Trust Co.                  | Common Collective Trust                                                                                                           | **   | \$ 22,775,972        |
|     | Vanguard Growth Index Admiral                         | Mutual Fund                                                                                                                       | **   | 8,802,662            |
|     | American Funds Euro Pacific Growth R6                 | Mutual Fund                                                                                                                       | **   | 7,991,921            |
|     | Vanguard Equity Income Admiral                        | Mutual Fund                                                                                                                       | **   | 6,044,226            |
|     | Western Asset Core Bond                               | Mutual Fund                                                                                                                       | **   | 5,374,668            |
|     | Vanguard Mid Cap Value                                | Mutual Fund                                                                                                                       | **   | 4,108,049            |
|     | Vanguard Trust 500 Index Admiral                      | Mutual Fund                                                                                                                       | **   | 3,751,287            |
|     | American Funds American Balanced R6                   | Mutual Fund                                                                                                                       | **   | 3,667,696            |
|     | Vanguard Small Cap Growth                             | Mutual Fund                                                                                                                       | **   | 3,602,984            |
|     | AB Global Bond Fund Class Z                           | Mutual Fund                                                                                                                       | **   | 2,473,206            |
|     | American Funds New World R-6                          | Mutual Fund                                                                                                                       | **   | 2,590,749            |
|     | Vanguard Mid Cap Growth                               | Mutual Fund                                                                                                                       | **   | 1,084,378            |
|     | American Funds New Perspective R6                     | Mutual Fund                                                                                                                       | **   | 963,589              |
|     | Vanguard Small Cap Index Admiral                      | Mutual Fund                                                                                                                       | **   | 895,598              |
|     | Western Asset Income Fund Class Is                    | Mutual Fund                                                                                                                       | **   | 849,501              |
|     | Eaton Vance Atlanta Capital Smid-cap R6               | Mutual Fund                                                                                                                       | **   | 706,005              |
|     | PGIM Global Real Estate Fund R6                       | Mutual Fund                                                                                                                       | **   | 163,664              |
|     | Cohen & Steers Real Estate Securities Fund            | Mutual Fund                                                                                                                       | **   | 45,255               |
|     |                                                       | Subtotal                                                                                                                          |      | 75,891,410           |
| *   | Participant loans                                     | (Interest ranging between 5.25% to 9.75% and maturing at various dates through 2024 secured by balance in participants' accounts) | **   | <u>1,170,363</u>     |
|     |                                                       | Total                                                                                                                             |      | <u>\$ 77,061,773</u> |

\* - Denotes party in interest

\*\* - Investment is participant directed, therefore, historical cost is not required.

Note: This schedule is based upon information which has been certified as complete and accurate by Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company the trustee of the Plan.

See accompanying independent auditor's report.

Profit Sharing & 401(k) Plan for  
Employees of  
HBD Industries, Inc. and Subsidiaries  
*Financial Statements*

December 31, 2020 and 2019



Rea & associates

[www.reacpa.com](http://www.reacpa.com)

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## **INDEPENDENT AUDITOR'S REPORT**

To the Board of Trustees and Participants of  
Profit Sharing & 401(k) Plan for Employees of  
HBD Industries, Inc. and Subsidiaries  
Dublin, Ohio

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

We were engaged to audit the accompanying financial statements of the Profit Sharing & 401(k) Plan for Employees of HBD Industries, Inc. and Subsidiaries (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, 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**

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

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company, the current trustee of the Plan and Prudential Trust Company, the former trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the current trustee holds and the former trustee held the Plan's investment assets and executes/executed investment transactions. The plan administrator has obtained certifications from the current trustee as of and for the year ended December 31, 2020 and from the former trustee as of and for the years ended December 31, 2020 and 2019, that the information provided to the plan administrator by the trustees is complete and accurate.

### **Disclaimer of Opinion**

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

#### Other Matter

The supplemental schedule, as outlined in the Table of Contents, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

#### Report on Form and Content in Compliance with DOL Rules and Regulations

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

*Rea & Associates, Inc.*

New Philadelphia, Ohio  
October 13, 2021

PROFIT SHARING & 401(K) PLAN FOR EMPLOYEES  
OF HBD INDUSTRIES, INC. AND SUBSIDIARIES

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
AS OF DECEMBER 31, 2020 AND 2019

|                                                            | <u>2020</u>          | <u>2019</u>          |
|------------------------------------------------------------|----------------------|----------------------|
| ASSETS:                                                    |                      |                      |
| Cash and cash equivalents                                  | \$ -                 | \$ 708               |
| Investments, at fair value (see footnote 4)                | 75,891,410           | 45,814,864           |
| Guaranteed income fund, at contract value (see footnote 5) | -                    | 19,424,640           |
| Total investments                                          | <u>75,891,410</u>    | <u>65,239,504</u>    |
| RECEIVABLES:                                               |                      |                      |
| Notes receivable from participants                         | 1,170,363            | 1,359,873            |
| Employer contributions                                     | 81,829               | -                    |
| Participant contributions                                  | 79,113               | -                    |
| Total receivables                                          | <u>1,331,305</u>     | <u>1,359,873</u>     |
| NET ASSETS AVAILABLE FOR BENEFITS                          | <u>\$ 77,222,715</u> | <u>\$ 66,600,085</u> |

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

PROFIT SHARING & 401(K) PLAN FOR EMPLOYEES  
OF HBD INDUSTRIES, INC. AND SUBSIDIARIES

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

|                                                                                                                                       | <u>2020</u>                 |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| ADDITIONS TO NET ASSETS:                                                                                                              |                             |
| Contributions:                                                                                                                        |                             |
| Employer                                                                                                                              | \$ 523,748                  |
| Employer - Residual assets from defined benefit plan                                                                                  | 5,484,546                   |
| Participants                                                                                                                          | 2,234,038                   |
| Rollovers                                                                                                                             | 318,411                     |
| Total contributions                                                                                                                   | <u>8,560,743</u>            |
| Investment income:                                                                                                                    |                             |
| Net appreciation in fair value investments                                                                                            | 7,321,764                   |
| Interest from guaranteed income funds                                                                                                 | 281,158                     |
| Interest and dividends from mutual funds                                                                                              | 703,252                     |
| Total investment income                                                                                                               | <u>8,306,174</u>            |
| Interest earned on notes receivable from participants                                                                                 | <u>80,520</u>               |
| TOTAL ADDITIONS                                                                                                                       | <u>16,947,437</u>           |
| DEDUCTIONS FROM NET ASSETS:                                                                                                           |                             |
| Benefits paid to participants                                                                                                         | 10,496,215                  |
| Administrative expenses                                                                                                               | 11,872                      |
| TOTAL DEDUCTIONS                                                                                                                      | <u>10,508,087</u>           |
| NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS                                                                                     | 6,439,350                   |
| TRANSFERS FROM THE PROFIT SHARING AND 401(K) PLAN FOR<br>CERTAIN BARGAINING UNIT EMPLOYEES OF HBD INDUSTRIES, INC<br>AND SUBSIDIARIES | 4,183,280                   |
| NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR                                                                                 | 66,600,085                  |
| NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR                                                                                       | <u><u>\$ 77,222,715</u></u> |

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

PROFIT SHARING & 401(K) PLAN FOR EMPLOYEES  
OF HBD INDUSTRIES, INC. AND SUBSIDIARIES

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN

The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan which was formed for the purpose of providing retirement benefits to eligible employees of HBD Industries, Inc. and its Subsidiaries (the "Company").

The Plan is a single employer plan comprising separate employee groups. Contributions may vary for each employee group. Following are the employee groups covered under the plan: Bellefontaine Union Employees (Group 1), Chanute Union Employees (Group 2), Oneida Union Employees (Group 3), Ohio Magnetics, Inc. Union Employees (Group 4 ), Non-bargaining Employees employed by HBD/Thermoid, Inc. (Group 5), Non-bargaining Employees employed by Peerless-Winsmith, Inc. (Group 6), Non-bargaining Employees employed by Ohio Electric Motors, Inc. (Group 7), Non-bargaining Employees employed by Ohio Magnetics, Inc. (Group 8), Non-bargaining Employees employed by Perfection Gear, Inc. (Group 9), Non-bargaining Employees employed by Powertec Industrial Motors, Inc. (Group 10), Non-bargaining Employees employed by California Drop Forge, Inc. (Group 11), Non-bargaining Employees employed by Precision Metal Products, Inc. (Group 12), Non-bargaining Employees employed by True Position Technologies, Inc. (Group 13), Non-bargaining Employees employed by HBD Industries, Inc. (Group 14) (collectively, the "Company"). As of January 1, 2020, employees become eligible and can be entered into the Plan immediately. Prior to January 1, 2020, TPT employees were required to be age 21 and have one year (1000 hours) of service to become eligible for all contributions, and can enter the Plan on the first day of the following month after achieving eligibility requirements. Participants should refer to the plan agreement for a more complete description of the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees is responsible for oversight of the Plan. The Plan's Pension Management Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees.

In October 2020, the Profit Sharing Plan and 401(k) Plan for Certain Bargaining Unit Employees of HBD Industries, Inc. and Subsidiaries was merged with the Plan and participants ("CBU" participants) and all assets were transferred into the Plan. Effective immediately upon the merger, the Plan was renamed from the Profit Sharing & 401(k) Plan for Non-Bargaining Unit Employees of HBD Industries, Inc. and Subsidiaries to the Profit Sharing and 401(k) Plan for Employees of HBD Industries, Inc. and Subsidiaries.

In October 2020, Principal Life Insurance Company and Principal Trust Company, ("Principal") assumed third party administrator and trustee duties, respectively, for the Plan from Prudential Insurance Company of America and Prudential Trust Company, respectively. Henceforth, Principal Trust Company and Prudential Trust Company will be referred to collectively as the "Trustee".

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") was signed into law and impacted certain aspects of the Plan. See Note 11 for additional discussion regarding the CARES Act.

PROFIT SHARING & 401(K) PLAN FOR EMPLOYEES  
OF HBD INDUSTRIES, INC. AND SUBSIDIARIES

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

Contributions

Participants may elect to contribute between 1% of their pretax base compensation up to the maximum dollar limitation allowed by Section 402(g) of the Internal Revenue Service Code into the Plan as an elective deferral contribution. Participants may also elect to contribute from 1% to the maximum allowable of their base compensation, on an after-tax basis. Participants who have attained age 50 by the end of the Plan year may elect to contribute additional "catch-up" contributions. Participants could also contribute in the form of a direct rollover, amounts representing distributions from other qualified plans.

The Company made basic contributions to the Plan based on the base compensation paid to eligible employees as follows:

| Employee Group                                    | Percentage |
|---------------------------------------------------|------------|
| Non-bargaining employees, excluding TPT employees | 3%         |
| Bellefontaine union employees                     | 1.5%       |
| Chanute union employees                           | 2%         |
| Oneida union employees                            | 3%         |
| Ohio Magnetics, Inc. union employees              | 4%         |

In 2020, the Company did not make a basic contribution to eligible TPT employees.

Prior to April 4, 2020, basic contributions were mandatory for non-bargaining employees. As of April 4, 2020, basic contributions for non-bargaining employees are discretionary.

The Company made matching contributions to the Plan equal to a percentage of a limited amount of base compensation each participant elected to defer. The calculation of the matching contribution is as follows:

| Employee Group                                    | Percentage                                 |
|---------------------------------------------------|--------------------------------------------|
| Non-bargaining employees, excluding TPT employees | 50% match up to 6% of participant deferral |
| TPT employees                                     | 20% match up to 8% of participant deferral |
| Bellefontaine union employees                     | 50% match up to 3% of participant deferral |
| Chanute union employees                           | 25% match up to 6% of participant deferral |

Prior to April 4, 2020, matching contributions were mandatory for non-bargaining employees, excluding TPT. As of April 4, 2020, matching contributions for non-bargaining employees are discretionary. In 2020, the Company was not required and did not make matching contributions to eligible Oneida union employees or Ohio Magnetics, Inc. union employees.

In 2020, the Company made special discretionary additional contributions to non-bargaining employees including TPT employees equal to 2% of the base compensation paid to eligible employees. No special discretionary additional contributions were made to union employees of Bellefontaine, Chanute, Oneida, or Ohio Magnetics, Inc.

PROFIT SHARING & 401(K) PLAN FOR EMPLOYEES  
OF HBD INDUSTRIES, INC. AND SUBSIDIARIES

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contribution and (b) Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on plan earnings, participant contributions, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participant-Directed Investment Options

Upon enrollment in the Plan, a participant may direct the investment of their contributions into any of several investment options with varying degrees of risk and volatility, allowing participants to allocate their investments in accordance with their own risk tolerances and time horizons. Participants may change their investment options at any time.

Notes Receivable from Participants

The Plan allows participants to apply for and obtain loans, limited to 50% of the participant's vested account balance not to exceed \$50,000, from the vested balance of the participant's account. All loans must be repaid within five years unless the loan is used to finance the participant's primary residence, in which case the term of the loan is not to exceed ten years. The participant must reduce the \$50,000 amount, above, if he or she already had an outstanding loan from the Plan (or any other plan of the employer or related employer) during the 1-year period ending the day before the loan. The amount of the reduction is the participant's highest outstanding loan balance during that period minus the outstanding balance on the date of the new loan. The loan interest rate, determined at inception, is set at 2% above the prime interest rate (5.25% and 6.75% at December 31, 2020, and 2019, respectively). Payments of principal and interest are paid ratably through payroll deductions. See Note 11 which describes temporary provisions adopted due to the CARES Act.

Payment of Benefits

Upon termination of service, a participant may elect to receive the value of the vested portion of their account balance as a lump-sum payment. A participant becomes fully vested in their account balance upon retirement, death, disability, or the permanent shutdown of a Company profit center. Distributions of a participant's account balance may be authorized at any time by the plan administrator under certain hardship conditions. See Note 11 which describes temporary provisions adopted due to the CARES Act.

Vesting

All participants are immediately vested in their elective contributions, plus actual earnings thereon.

Prior to October 1, 2020, non-bargaining participants become vested in the Company's non-elective and regular matching contributions in accordance with the following schedule:

| <u>Years of Service</u>       | <u>Vested Interest</u> |
|-------------------------------|------------------------|
| Less than 2 years             | 0%                     |
| 2 years but less than 3 years | 25%                    |
| 3 years but less than 4 years | 50%                    |
| 4 years but less than 5 years | 75%                    |
| 5 years or more               | 100%                   |

PROFIT SHARING & 401(K) PLAN FOR EMPLOYEES  
OF HBD INDUSTRIES, INC. AND SUBSIDIARIES

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

Vesting (continued)

For those non-bargaining participants hired prior to January 1, 2019, the discretionary match and fixed match will remain 100% immediately vested (with the exception of True Position Technologies, Inc. employees). For those who are no longer under active employment on or after January 1, 2019, the 6 year graded schedule will remain in effect for the discretionary nonelective and fixed nonelective (with the exception of True Positions Technology, Inc. employees). Fixed match and the fixed nonelective for True Positions Technologies, Inc employees will remain on the 6 year graded schedule.

Effective October 1, 2020, participants become vested in the Company's non-elective and matching contributions in accordance with the following provisions:

| Employee Group                                                                                                                               | Employer Contribution Type                                  | Vesting Schedule |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------|
| Non-bargaining Unit Employees (other than True Position Technologies, Inc. Employees) who did not work an Hour of Service on or after 1/1/19 | All except Matching Contributions                           | 6-Year Graded    |
| Non-bargaining Unit Employees (other than True Position Technologies, Inc. Employees) who worked an Hour of Service on or after 1/1/19       | All except Matching Contributions                           | 5-Year Graded    |
| Non-bargaining Unit Employees (other than True Position Technologies, Inc. Employees) hired before 1/1/19                                    | Matching Contributions, whether made before or after 1/1/19 | 100% Immediate   |
| Non-bargaining Unit Employees (other than True Position Technologies, Inc. Employees) hired on or after 1/1/19                               | Matching Contributions                                      | 5-Year Graded    |
| True Position Technologies, Inc. Employees who did not work an Hour of Service on or after 10/1/20                                           | All                                                         | 6-Year Graded    |
| True Position Technologies, Inc. Employees who worked an Hour of Service on or after 10/1/20                                                 | All                                                         | 5-Year Graded    |
| Bellefontaine Bargaining Unit Employees                                                                                                      | Matching Contributions                                      | 100% Immediate   |
|                                                                                                                                              | All except Matching Contributions                           | 6-Year Graded    |
| Chanute Bargaining Unit Employees                                                                                                            | Matching Contributions                                      | 100% Immediate   |
|                                                                                                                                              | All except Matching Contributions                           | 6-Year Graded    |
| Oneida Bargaining Unit Employees                                                                                                             | All                                                         | 3-Year Cliff     |
| Ohio Magnetics, Inc. Bargaining Unit Employees                                                                                               | All                                                         | 3-Year Cliff     |

The vesting schedules referenced above are defined as follows:

| 6-Year Graded     |          | 5-Year Graded     |          | 3-Year Cliff      |          |
|-------------------|----------|-------------------|----------|-------------------|----------|
| Years             | % Vested | Years             | % Vested | Years             | % Vested |
| Less than 2 years | 0%       | Less than 2 years | 0%       | Less than 3 years | 0%       |
| 2 years           | 20%      | 2 years           | 25%      | 3 years or more   | 100%     |
| 3 years           | 40%      | 3 years           | 50%      |                   |          |
| 4 years           | 60%      | 4 years           | 75%      |                   |          |
| 5 years           | 80%      | 5 years or more   | 100%     |                   |          |
| 6 years or more   | 100%     |                   |          |                   |          |

PROFIT SHARING & 401(K) PLAN FOR EMPLOYEES  
OF HBD INDUSTRIES, INC. AND SUBSIDIARIES

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

Vesting (continued)

In addition to the vesting schedules noted above, if a participant's employment with the employer is terminated by reason of the permanent shutdown of their place of employment, their vested interest in their match and nonelective contributions shall be 100% vested.

Forfeited Accounts

As of December 31, 2020 and 2019, unallocated forfeited accounts totaled \$13,495 and \$36,538, respectively. These amounts are to be used to reduce Company contributions to the Plan and/or to pay permissible expenses of the Plan. Forfeitures totaling \$287,015 were used to reduce Company contributions and pay permissible expenses during the year ended December 31, 2020.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Use of Estimates

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for the fully benefit responsive investment contract, which is reported at contract 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. The Plan's Pension Management Committee determines the Plan's valuation policies utilizing information provided by the investment custodians and insurance company. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's net gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document. No allowance for credit losses has been recorded as of December 31, 2020 or 2019.

PROFIT SHARING & 401(K) PLAN FOR EMPLOYEES  
OF HBD INDUSTRIES, INC. AND SUBSIDIARIES

NOTES TO THE FINANCIAL STATEMENTS

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

All expenses of maintaining the Plan have been paid by the Company or through the use of forfeitures, with the exception of loan fees which are paid directly by the Plan. Furthermore, expenses paid by the Company are excluded from the financial statements.

Subsequent Events

Plan management has evaluated subsequent events through October 13, 2021, the date the financial statements were available to be issued.

NOTE 3: INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2020 and 2019, and net appreciation in fair value of investments, interest, and dividends for the year ended December 31, 2020, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the respective Trustees.

NOTE 4: FAIR VALUE MEASUREMENTS

Accounting standards establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2      Inputs to the valuation methodology include:

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

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

Level 3      Inputs to the valuation methodology are unobservable and significant to the fair value measurement. For the year ended December 31, 2020, the Plan did not hold any Level 3 assets.

PROFIT SHARING & 401(K) PLAN FOR EMPLOYEES  
OF HBD INDUSTRIES, INC. AND SUBSIDIARIES

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4: FAIR VALUE MEASUREMENTS (CONTINUED)

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

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 Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual fund held by the Plan are deemed to be actively traded.

*Pooled separate accounts:* Valued at the NAV per unit based on quoted market prices of the underlying investments. The NAV is used as a practical expedient to estimate fair value and is based on the fair value of the underlying investments held by the account.

*Common/collective trust funds:* Valued based on the NAV of units of the collective trust fund. The NAV, as provided by the trustee, is used as a practical expedient to estimating the fair value. The NAV is based on the fair value of the underlying investments held by the trust less its liabilities. This practical expedient is not used when it is determined to be probable that the Plan will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. The Plan may redeem units, but the units may not otherwise be transferred without the consent of the Principal Global Investors Trust Company, the trustee of the common/collective trust fund held by the Plan. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months notification in order to ensure that securities liquidations will be carried out in an orderly business manner, otherwise redemptions are allowable daily with no notice. There are no unfunded commitments to the fund as of December 31, 2020.

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

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

| Description                                             | Level 1       | Level 2 | Level 3 | Total                |
|---------------------------------------------------------|---------------|---------|---------|----------------------|
| Mutual Funds                                            | \$ 53,115,438 | \$ -    | \$ -    | \$ 53,115,438        |
| Investments valued at NAV as a practical expedient (a): |               |         |         |                      |
| Common/collective trust funds                           |               |         |         | 22,775,972           |
| Total investments                                       |               |         |         | <u>\$ 75,891,410</u> |

PROFIT SHARING & 401(K) PLAN FOR EMPLOYEES  
OF HBD INDUSTRIES, INC. AND SUBSIDIARIES

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4: FAIR VALUE MEASUREMENTS (CONTINUED)

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

| Description                                             | Level 1       | Level 2 | Level 3 | Total                |
|---------------------------------------------------------|---------------|---------|---------|----------------------|
| Mutual Funds                                            | \$ 45,798,833 | \$ -    | \$ -    | \$ 45,798,833        |
| Investments valued at NAV as a practical expedient (a): |               |         |         |                      |
| Pooled separate accounts                                |               |         |         | 16,031               |
| Total investments                                       |               |         |         | <u>\$ 45,814,864</u> |

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

For the year ended December 31, 2020, the Plan did not hold any Level 2 or Level 3 assets.

NOTE 5: GUARANTEED INVESTMENT CONTRACT WITH PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

In 2010, the Plan entered into a traditional fully benefit-responsive guaranteed annuity contract with Prudential Life Insurance Company ("Prudential"). The Plan transferred all assets out of this contract concurrent with the assumption of trustee duties by Principal effective October 5, 2020. The contract totaled \$0 for 2020 and \$19,424,640 for 2019. Prudential maintained the contributions in a general account. The account was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer was contractually obligated to repay the principal and a specified interest rate that was guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but could not be less than 1.5 percent. The crediting rate was reviewed on a monthly basis of resetting. The guaranteed investment contract did not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

The guaranteed investment contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measurement for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan, by Prudential, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct withdrawals or transfers of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due in accordance with the fully benefit-responsive investment contract is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

PROFIT SHARING & 401(K) PLAN FOR EMPLOYEES  
OF HBD INDUSTRIES, INC. AND SUBSIDIARIES

NOTES TO THE FINANCIAL STATEMENTS

NOTE 5: GUARANTEED INVESTMENT CONTRACT WITH PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY (CONTINUED)

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. The plan administrator believes that no events that would limit the Plan's ability to transact at contract value with participants are probable of occurring.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, or (4) a material amendment to the agreement without the consent of the issuer.

NOTE 6: RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Prior to October 5, 2020, certain Plan investments were managed by Prudential Trust Company ("Prudential"). Effective October 5, 2020, certain Plan investments were managed by Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company. Corresponding to the aforementioned dates, Prudential Trust Company and Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company are the trustees and recordkeepers as defined by the Plan and, therefore, such transactions and associated administrative expenses qualified as party-in-interest transactions, respectively.

Additionally, the Plan holds party-in-interest receivables of \$1,170,363 and \$1,359,873 as of December 31, 2020 and 2019, respectively, in the form of notes receivable from participants.

At December 31, 2020 and 2019, the Plan received record keeping, asset custody and investment management services from Prudential Trust Company and Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company, the trustees of the Plan for the aforementioned periods, for which Prudential and Principal received indirect compensation. During 2020, the Plan paid administrative fees of \$169,268 directly from Plan assets to Prudential Trust Company and Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company. Certain Plan investments are accumulation units of variable annuity portfolios managed by affiliates of Prudential Trust Company and Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company, trustees of the Plan (see Note 3). Therefore, these transactions qualify as party-in-interest transactions.

NOTE 7: PLAN TERMINATION

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

PROFIT SHARING & 401(K) PLAN FOR EMPLOYEES  
OF HBD INDUSTRIES, INC. AND SUBSIDIARIES

NOTES TO THE FINANCIAL STATEMENTS

NOTE 8: TAX STATUS

The IRS has determined and informed the Company by a letter dated August 8, 2014 and October 13, 2015, that the Plan and related trust and former trust, respectively, are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

In accordance with GAAP, Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9: VARIOUS RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the 2020 statement of net assets available for benefits.

NOTE 10: EMPLOYER CONTRIBUTIONS – RESIDUAL ASSETS FROM DEFINED BENEFIT PLAN

Effective September 30, 2018, the defined benefit pension plan, Pension Plan for HBD Industries, Inc. and Subsidiaries and Connors Steel Company, of the same plan sponsor was terminated. Upon meeting all the liabilities under the defined benefit plan, there were residual assets remaining in the defined benefit plan. While the defined benefit plan contained a provision that permitted the reversion of residual assets to the employer, the plan sponsor elected to contribute the residual assets to this Plan. In November 2020, the Company transferred these assets to the Plan trust, credited to a suspense account. The assets are allocated from the suspense account to the accounts of participants no less than ratably over the 7-year period beginning with the year of the transfer. The unallocated balance in the suspense account is invested as determined by the Plan's Pension Management Committee. In 2020, unallocated assets in the suspense account were used to make employer contributions to eligible employees within the employer contribution provisions outlined in Note 1, based on base compensation earned throughout the year. Matching and basic employer contributions for the period from April 4, 2020 through October 31, 2020 were made and allocated from the suspense account as soon as administratively feasible. Matching employer contributions for the period from November 1, 2020 through December 31, 2020 were not made from the suspense account. Basic employer contributions for the period from November 1, 2020 through December 31, 2020 were made and allocated from the suspense account on a per pay period basis. Additional employer contributions for the period from January 1, 2020 through October 31, 2020 were made and allocated from the suspense account as soon as administratively feasible. Additional employer contributions for the period from November 1, 2020 through December 31, 2020 were made and allocated from the suspense account on a per pay period basis.

PROFIT SHARING & 401(K) PLAN FOR EMPLOYEES  
OF HBD INDUSTRIES, INC. AND SUBSIDIARIES

NOTES TO THE FINANCIAL STATEMENTS

NOTE 10: EMPLOYER CONTRIBUTIONS – RESIDUAL ASSETS FROM DEFINED BENEFIT PLAN  
(CONTINUED)

The following table details the suspense account for the year ended December 31, 2020:

|                                                                         |                     |
|-------------------------------------------------------------------------|---------------------|
| Unallocated assets held in the suspense account as of December 31, 2019 | \$ -                |
| Assets transferred to the suspense account                              | 5,484,546           |
| Investment income                                                       | 10,943              |
| Assets allocated from the suspense                                      | <u>(1,554,894)</u>  |
| Unallocated assets held in the suspense account as of December 31, 2020 | <u>\$ 3,940,595</u> |

NOTE 11: CARES ACT

The CARES Act had impact on several matters and the Plan adopted the following provisions:

- Participants who were currently receiving required minimum distributions were offered the option to waive their 2020 distribution and participants who were due to receive the first required distribution in 2020 had their distribution automatically waived.
- Eligible Plan participants were allowed to request penalty-free distributions of up to \$100,000 for qualifying coronavirus-related reasons. These reasons included adverse financial consequences due to being quarantined, furloughed, laid off, having work hours reduced or being unable to work due to a lack of childcare due to COVID-19.
- Eligible Plan participants were allowed to request loans of up to \$100,000 or 100% of their vested balance from date of signing of the CARES Act through September 23, 2020.
- Temporary loan repayment deferrals allowed qualified Plan participants with Plan loan repayments to defer such repayments until December 31, 2020.

The Plan had not formalized an amendment regarding the adoption of provisions related to the CARES Act as of December 31, 2020. Under the terms of the CARES Act, adoption of a formalized amendment is not required until December 31, 2022.

PROFIT SHARING & 401(K) PLAN FOR EMPLOYEES  
OF HBD INDUSTRIES, INC. AND SUBSIDIARIES

FORM 5500, SCHEDULE H, PART IV, LINE 4i,  
SCHEDULE OF ASSETS HELD AT END OF YEAR  
AS OF DECEMBER 31, 2020

EIN: 25-155749  
Plan Number: 021  
Plan Sponsor: HBD INDUSTRIES, INC.

| (a) | (b)                                                   | (c)                                                                                                                               | (d)  | (e)                  |
|-----|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------|----------------------|
|     | Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par, or maturity value                           | Cost | Current Value        |
| *   | Principal Global Investors Trust Co.                  | Common Collective Trust                                                                                                           | **   | \$ 22,775,972        |
|     | Vanguard Growth Index Admiral                         | Mutual Fund                                                                                                                       | **   | 8,802,662            |
|     | American Funds Euro Pacific Growth R6                 | Mutual Fund                                                                                                                       | **   | 7,991,921            |
|     | Vanguard Equity Income Admiral                        | Mutual Fund                                                                                                                       | **   | 6,044,226            |
|     | Western Asset Core Bond                               | Mutual Fund                                                                                                                       | **   | 5,374,668            |
|     | Vanguard Mid Cap Value                                | Mutual Fund                                                                                                                       | **   | 4,108,049            |
|     | Vanguard Trust 500 Index Admiral                      | Mutual Fund                                                                                                                       | **   | 3,751,287            |
|     | American Funds American Balanced R6                   | Mutual Fund                                                                                                                       | **   | 3,667,696            |
|     | Vanguard Small Cap Growth                             | Mutual Fund                                                                                                                       | **   | 3,602,984            |
|     | AB Global Bond Fund Class Z                           | Mutual Fund                                                                                                                       | **   | 2,473,206            |
|     | American Funds New World R-6                          | Mutual Fund                                                                                                                       | **   | 2,590,749            |
|     | Vanguard Mid Cap Growth                               | Mutual Fund                                                                                                                       | **   | 1,084,378            |
|     | American Funds New Perspective R6                     | Mutual Fund                                                                                                                       | **   | 963,589              |
|     | Vanguard Small Cap Index Admiral                      | Mutual Fund                                                                                                                       | **   | 895,598              |
|     | Western Asset Income Fund Class Is                    | Mutual Fund                                                                                                                       | **   | 849,501              |
|     | Eaton Vance Atlanta Capital Smid-cap R6               | Mutual Fund                                                                                                                       | **   | 706,005              |
|     | PGIM Global Real Estate Fund R6                       | Mutual Fund                                                                                                                       | **   | 163,664              |
|     | Cohen & Steers Real Estate Securities Fund            | Mutual Fund                                                                                                                       | **   | 45,255               |
|     |                                                       | Subtotal                                                                                                                          |      | 75,891,410           |
| *   | Participant loans                                     | (Interest ranging between 5.25% to 9.75% and maturing at various dates through 2024 secured by balance in participants' accounts) | **   | <u>1,170,363</u>     |
|     |                                                       | Total                                                                                                                             |      | <u>\$ 77,061,773</u> |

\* - Denotes party in interest

\*\* - Investment is participant directed, therefore, historical cost is not required.

Note: This schedule is based upon information which has been certified as complete and accurate by Delaware Charter Guarantee & Trust Company d/b/a Principal Trust Company the trustee of the Plan.