

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

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>MJO INDUSTRIES 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>		
	1c Effective date of plan <u>01/01/2000</u>		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MJO INDUSTRIES</u> <u>HUGHES-PETERS</u> <u>8000 TECHNOLOGY BOULEVARD</u> <u>HUBER HEIGHTS, OH 45424</u>	2b Employer Identification Number (EIN) <u>25-1841702</u>	2c Plan Sponsor's telephone number <u>937-235-7163</u>	2d Business code (see instructions) <u>423600</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 HERE	Filed with authorized/valid electronic signature.	10/15/2021	ADAM WARREN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 184
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 170 6a(2) 141 6b 1 6c 16 6d 158 6e 0 6f 158 6g 108 6h 1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 3D 2T 3F 2R 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor 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>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
A Name of plan MJO INDUSTRIES 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MJO INDUSTRIES	D Employer Identification Number (EIN) 25-1841702

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.
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1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

(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
36-6071399	70688	517277-000	106	01/01/2020	12/31/2020

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

(a) Total amount of commissions paid 3466	(b) Total amount of fees paid 4494
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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
TRINITY PENSION CONSULTANTS 310 MONTROSE WEST AVE
COPLEY, OH 44321

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	4494	SERVICE FEES	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MORGAN STANLEY SMITH BARNEY HOLDING 388 GREENWICH ST
17TH FLOOR
NEW YORK, NY 10013

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3466			3

(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	

(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	

(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	

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.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	
6	Contracts With Allocated Funds:		
a	State the basis of premium rates ▶		
b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	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. Specify nature of costs ▶	6d	
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 ▶ STABLE VALUE OPTION		
b	Balance at the end of the previous year	7b	884571
c	Additions: (1) Contributions deposited during the year	7c(1)	156081
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	14033
	(4) Transferred from separate account.....	7c(4)	563330
	(5) Other (specify below)	7c(5)	9256
	▶ FORFEITURE CREDITS, LOAN PRINCIPAL AND INTEREST		
	(6) Total additions	7c(6)	742700
d	Total of balance and additions (add lines 7b and 7c(6))	7d	1627271
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	149498
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account.....	7e(3)	89374
	(4) Other (specify below)	7e(4)	18577
	▶ VARIOUS FEES		
	(5) Total deductions	7e(5)	257449
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1369822

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:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
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. Specify nature of costs.	10b	

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. ▶

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

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan MJO INDUSTRIES 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MJO INDUSTRIES	D Employer Identification Number (EIN) 25-1841702	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TRANSAMERICA RETIREMENT SOLUTIONS
13-3689044

(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)

MORGAN STANLEY SMITH BARNEY LLC

388 GREENWICH STREET
17TH FLOOR
NEW YORK, NY 10013

51-0116113

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 23 53	BROKER	26811	Yes ☒ No ☐	Yes ☐ No ☒	23840	Yes ☐ No ☒

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

TRANSAMERICA RETIREMENT SOLUTIONS

230 W MONROE ST
#1150
CHICAGO, IL 60606

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	39135	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

TRINITY PENSION CONSULTANTS

310 MONTROSE WEST AVE
COPLEY, OH 44321

20-4548831

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64	TPA	3690	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORGAN STANLEY SMITH BARNEY LLC	22 23 53	23840
(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.	
TRANSAMERICA RETIREMENT SOLUTIONS 230 W MONROE STREET CHICAGO, IL 60606 13-3689044	COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>MJO INDUSTRIES 401(K) PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MJO INDUSTRIES</u>	D Employer Identification Number (EIN) <u>25-1841702</u>

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	5133
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	6234	6107
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	58988	154614
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	724759	752135
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1377725	1597384
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	173592	139536
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5338265	5815051
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	884571	1369822
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	8564134	9839782

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8564134	9839782
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	253521	
(B) Participants	2a(1)(B)	587175	
(C) Others (including rollovers).....	2a(1)(C)	340922	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		1181618
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	22595	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	7024	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		29619
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)	30674	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	94199	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		124873
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	585398	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	629724	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-44326
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	228548	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		228548

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		674674
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2195006

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	849722	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		849722
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	42825	
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)	26811	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		69636
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		919358

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1275648
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: MCGILL, POWER, BELL & ASSOCIATES

(2) EIN: 25-1031405

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
4a	X		27113

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
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 (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration 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>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

<div>A Name of plan MJO INDUSTRIES 401(K) PLAN</div>	<div>B Three-digit plan number (PN) ▶ 001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 MJO INDUSTRIES</div>	<div>D Employer Identification Number (EIN) 25-1841702</div>

Part I	Distributions
--------	---------------

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

<div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>	<div>1</div>	<div>0</div>
<div>2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div>		
<div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year</div>	<div>3</div>	

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.)
---------	--

<div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?</div>	<div>☐ Yes ☐ No ☐ N/A</div>
<div>If the plan is a defined benefit plan, go to line 8.</div>	
<div>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.</div>	
<div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)</div>	<div>6a</div>
<div>b Enter the amount contributed by the employer to the plan for this plan year</div>	<div>6b</div>
<div>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).....</div>	<div>6c</div>
<div>If you completed line 6c, skip lines 8 and 9.</div>	
<div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline?</div>	<div>☐ Yes ☐ No ☐ N/A</div>
<div>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?</div>	<div>☐ Yes ☐ No ☐ N/A</div>

Part III	Amendments
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<div>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.....</div>	<div>☐ Increase ☐ Decrease ☐ Both ☐ No</div>
--	--

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.
---------	--

<div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?</div>	<div>☐ Yes ☐ No</div>
<div>11 a Does the ESOP hold any preferred stock?</div>	<div>☐ Yes ☐ No</div>
<div>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.)</div>	<div>☐ Yes ☐ No</div>
<div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market?</div>	<div>☐ Yes ☐ No</div>

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 _____

MJO Industries 401(k) Plan

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

DECEMBER 31, 2020 AND 2019

MJO INDUSTRIES 401(K) PLAN

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2402 West 8th Street
Erie, PA 16505
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Fax: 814.455.3642
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INDEPENDENT AUDITOR'S REPORT

Trustees
MJO Industries 401(k) Plan
Huber Heights, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the MJO Industries 401(k) Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the 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 C, which was certified by Reliance Trust Company and Transamerica Financial Life Insurance Company, Inc., the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the custodians as of and for the years ended December 31, 2020 and 2019, that the information provided to the plan administrator by the custodians is complete and accurate to the best of their knowledge and belief.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules listed in the table of contents are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974* and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules referred to above.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodians, 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*.

McGill, Power, Bell & Associates, LLP

McGill, Power, Bell & Associates, LLP
Erie, Pennsylvania
October 15, 2021

MJO INDUSTRIES 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2020 AND 2019

	<u>2020</u>	<u>2019</u>
ASSETS		
Investments		
At Fair Value	\$ 8,319,184	\$ 7,499,737
At Contract Value	<u>1,369,822</u>	<u>884,571</u>
Total Investments	9,689,006	8,384,308
Receivables		
Accrued Interest and Dividends	6,107	6,234
Employer Contribution	5,133	-
Notes Receivable from Participants	<u>139,536</u>	<u>173,592</u>
Total Receivables	<u>150,776</u>	<u>179,826</u>
Total Assets	<u>9,839,782</u>	<u>8,564,134</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 9,839,782</u></u>	<u><u>\$ 8,564,134</u></u>

See notes to financial statements.

MJO INDUSTRIES 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2020 AND 2019

	<u>2020</u>	<u>2019</u>
ADDITIONS		
Investment Income		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 858,896	\$ 1,100,775
Interest and Dividends	<u>147,468</u>	<u>175,292</u>
Net Investment Income	1,006,364	1,276,067
Interest Income on Notes Receivable from Participants	7,024	5,606
Contributions		
Employer	253,521	241,719
Participants	587,175	574,272
Rollovers	<u>340,922</u>	<u>7,842</u>
Total Contributions	<u>1,181,618</u>	<u>823,833</u>
TOTAL ADDITIONS	2,195,006	2,105,506
DEDUCTIONS		
Benefits Paid to Participants	849,722	387,690
Administrative Expenses	<u>69,636</u>	<u>63,368</u>
TOTAL DEDUCTIONS	<u>919,358</u>	<u>451,058</u>
NET INCREASE (DECREASE)	1,275,648	1,654,448
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>8,564,134</u>	<u>6,909,686</u>
End of Year	<u><u>\$ 9,839,782</u></u>	<u><u>\$ 8,564,134</u></u>

See notes to financial statements.

MJO INDUSTRIES 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A DESCRIPTION OF THE PLAN

General

The following description of the MJO Industries 401(k) Plan (Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

The Plan is a defined contribution plan sponsored by Hughes-Peters, Inc. (Company) for the benefit of its employees who have at least six months of service and are age 21 or older. Collectively bargained and leased employees are excluded from participating in the Plan. Related employers who also participate in the Plan include Baader Brown Industries, LLC. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Individuals employed by the Company are trustees of the Plan. Morgan Stanley Smith Barney LLC, Reliance Trust Company, and Transamerica Financial Life Insurance Company Inc. served as Plan custodians.

Contributions

The Plan permits eligible employees, through a salary deferral election, to have the Company make annual contributions of up to 100% of their eligible compensation. Employee rollover contributions are also permitted. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Company makes safe harbor matching contributions of 100% of employees' salary deferral amounts on the first 3% of employees' compensation plus 50% of the amount contributed between 3% and 5% of employees' compensation. Company additional matching and profit-sharing contributions are discretionary as determined by the Company's Board of Trustees. Contributions are subject to certain limitations.

Participant Investment Account Options

Each participant has the option of directing their contributions into any of the various investment options offered by the Plan and may change the allocation daily.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Company's contributions, and Plan earnings and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions and Company safe harbor contributions plus earnings thereon. Vesting in the Company's additional matching and profit-sharing contribution portion of their accounts plus earnings thereon is based on years of continuous service. A participant is fully vested in Company additional matching and profit-sharing contributions after six years of continuous service.

MJO INDUSTRIES 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate is set at the prime, as defined. Principal and interest is paid ratably through bi-weekly payroll deductions.

Payment of Benefits

Upon termination of service due to death, disability, retirement, or other reasons, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in their account. In-service withdrawals are permitted upon attainment of age 59½. Hardship withdrawals for immediate and heavy financial needs as defined in the Plan Document are available to participants while currently employed.

Forfeited Accounts

At December 31, 2020 and 2019, forfeited nonvested accounts totaled \$288 and \$229, respectively. These accounts will be used to reduce future administrative expenses or employer contributions. Also, in 2020 and 2019, administrative expenses and employer contributions were reduced by \$0 from forfeited nonvested accounts.

Other Unallocated Accounts

In accordance with the service agreement with the Plan Sponsor, a portion of the Insurance Company General Account represents a Plan-level expense account funded by Transamerica Financial Life Insurance Company. The balance of this account was \$662 and \$661 at December 31, 2020 and 2019, respectively. The Plan Sponsor has the ability to use these funds to pay for future Plan expenses. Plan administrative expenses of \$0 were paid from this account in the years ended December 31, 2020 and 2019. This account is regarded as an asset of the Plan for financial statement and Form 5500 reporting.

NOTE B SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

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 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.

MJO INDUSTRIES 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets, changes in net assets and the disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value except for fully benefit-responsive investment contracts, which are reported at contract value. Quoted market prices, if available, are used to value investments. Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year end. Common stocks are valued at the closing price reported on the active market on which the individual securities are traded. Corporate bonds are valued on the basis of yields currently available on comparable securities of issuers with similar credit ratings.

Fully benefit-responsive investment contracts are valued at contract value. Contract value represents contributions made under the contract, plus interest at the contract rate, less participant withdrawals and administration expenses.

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 (depreciation) in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are reported 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 and 2019.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses may be paid by the Company or the Plan, at the Company's discretion.

MJO INDUSTRIES 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE C CERTIFICATION OF PLAN CUSTODIANS

The Company has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Reliance Trust Company and Transamerica Financial Life Insurance Company, Inc., custodians of the Plan, have certified the following information included in the accompanying financial statements and supplemental schedules is complete and accurate as of and for the years ended December 31, 2020 and 2019.

- Insurance company general accounts, mutual funds and notes receivable from participants as included in the statements of net assets available for benefits as of December 31, 2020 and 2019. The amount of investments by investment type classification are detailed in Note F.
- Investment income from insurance company general accounts and mutual funds of \$768,873 and \$942,330 for the years ended December 31, 2020 and 2019, respectively. Interest income from notes receivable from participants of \$7,024 and \$5,606 for the years ended December 31, 2020 and 2019, respectively.
- Investment information for insurance company general accounts, mutual funds and notes receivable from participants included in the accompanying schedule of assets (held at end of year) as of December 31, 2020.

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

NOTE D RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

Certain Plan investments are interests in an insurance company general account managed by Transamerica Financial Life Insurance Company and money market accounts and common stock issued by Morgan Stanley Smith Barney LLC, the custodians as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. The Company directly pays certain other fees related to the Plan's operations.

The Plan paid recordkeeping fees of \$39,135 and \$34,900 to Transamerica for the years ended December 31, 2020 and 2019, respectively. The Plan paid recordkeeping fees of \$26,811 and \$25,858 to Morgan Stanley Smith Barney LLC for the years ended December 31, 2020 and 2019, respectively.

MJO INDUSTRIES 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

Individually non-material expenses paid to other parties in interest aggregated \$3,690 and \$2,610 for the years ended December 31, 2020 and 2019, respectively. The Company provides certain administrative services at no cost to the Plan.

NOTE E PLAN AMENDMENT

During 2020, the Plan was amended and restated to comply with recent regulatory guidance. Included within this amendment, the Plan also modified certain provisions related to hardship withdrawals. Effective January 1, 2020, the contribution sources available to participants for hardship withdrawals were expanded, hardship withdrawals may now be taken from earnings on elective deferrals, removed the requirement to exhaust all non-taxable loan options prior to requesting a hardship withdrawal, and removed the six-month suspension on the ability to make elective deferrals after receiving a hardship withdrawal. The situations to qualify for the Plan's definition of immediate and heavy financial need were also expanded.

NOTE F DISCLOSURES ABOUT FAIR VALUE OF PLAN ASSETS AND LIABILITIES

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. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. The hierarchy comprises three levels of inputs that may be used to measure fair value:

Level 1 Quoted prices in active markets for identical assets or liabilities

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities

Level 3 Unobservable inputs supported by little or no market activity and that are significant to the fair value of the assets or liabilities

Recurring Measurements

The following table presents the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2020 and 2019:

MJO INDUSTRIES 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

		Fair Value Measurement Using		
	Fair Value	Level 1	Level 2	Level 3
December 31, 2020				
Money Market Funds	\$ 154,614	\$ 154,614	\$ -	\$ -
Mutual Funds	5,815,051	5,815,051	-	-
Common Stocks	1,597,384	1,597,384	-	-
Corporate Debt Securities	752,135	-	752,135	-
Investments at Fair Value	<u>\$ 8,319,184</u>	<u>\$ 7,567,049</u>	<u>\$ 752,135</u>	<u>\$ -</u>
		Fair Value Measurement Using		
	Fair Value	Level 1	Level 2	Level 3
December 31, 2019				
Money Market Funds	\$ 58,988	\$ 58,988	\$ -	\$ -
Mutual Funds	5,338,265	5,338,265	-	-
Common Stocks	1,377,725	1,377,725	-	-
Corporate Debt Securities	724,759	-	724,759	-
Investments at Fair Value	<u>\$ 7,499,737</u>	<u>\$ 6,774,978</u>	<u>\$ 724,759</u>	<u>\$ -</u>

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2020 and 2019. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

NOTE G INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan participates in a traditional fully benefit-responsive investment contract with Transamerica Life Insurance Company (Transamerica). Transamerica maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate guaranteed to the Plan.

MJO INDUSTRIES 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

The investment contract is fully benefit responsive; therefore, contract value is the relevant measurement. Contract value, as reported to the Plan by Transamerica, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against the contract value for credit risk of the contract issuer or otherwise.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (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 Company or other Company events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

NOTE H PLAN TERMINATION

Although it has not expressed an intention 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 would become 100% vested in their employer contributions.

NOTE I TAX STATUS

The Plan operates under a nonstandardized adoption agreement in connection with a prototype retirement plan and trust/custodial document sponsored by CCH Incorporated DBA ftwilliam.com. This prototype plan document has been filed with the appropriate agency. The Plan has not obtained or requested a determination letter. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and that the Plan was qualified and the related trust was tax exempt as of the financial statement date.

NOTE J NONEXEMPT TRANSACTIONS

Defined contribution plans are required to remit employee contributions to the Plan as soon as they can be reasonably segregated from the employer's general assets, but no later than the 15th business day of the month following the month in which the participant contributions are withheld by the employer. While the Company remitted all employee contributions to the Plan, contributions and loan repayments of \$27,113 were not remitted within the required time period for the year ended December 31, 2020.

MJO INDUSTRIES 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE K 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 values of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the statements of net assets available for benefits.

The COVID-19 outbreak in the United States has resulted in a number of challenges and uncertainties for companies world-wide, which in some cases have resulted in large and unanticipated declines in the fair value of investments. Should this situation continue to persist, it is possible this could have a material impact on the fair value of the investments held by the Plan.

NOTE L CHANGE IN ACCOUNTING PRINCIPLE

In 2020, the Plan changed its accounting policy for fair value measurements by adopting the provisions of ASU 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement*. The new accounting guidance provided for in ASU 2018-13 removed or modified certain disclosure requirements for fair value measurements. The applicable provisions of this new standard did not have a significant impact to the Plan and have been applied on a retrospective basis.

NOTE M SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 15, 2021, which is the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

MJO INDUSTRIES 401(K) PLAN

EIN 25-1841702 PN 001

SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS**DECEMBER 31, 2020**

Participant Contributions Transferred Late to Plan	Total that Constitute Non-Exempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check Here if Late Participant Loan Repayments are Included: X	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$ 27,113	\$ 27,113	\$ -	\$ -	\$ -

MJO INDUSTRIES 401(K) PLAN

EIN 25-1841702 PN 001

SCHEDULE H, LINE 4i- SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2020

Identity of Issuer	Description of Investment	Cost	Current Value
<u>Common Stock</u>			
3M COMPANY	Common Stock; 11 Shares	** \$	1,923
ABB LTD	Common Stock; 336 Shares	**	9,394
ABBOTT LABORATORIES	Common Stock; 13 Shares	**	1,423
ABBVIE INC.	Common Stock; 115 Shares	**	12,322
ACCENTURE PLC	Common Stock; 99 Shares	**	25,860
ADOBE INC.	Common Stock; 4 Shares	**	2,000
ADVANCE AUTO PARTS, INC.	Common Stock; 7 Shares	**	1,103
AIA GROUP LIMITED	Common Stock; 251 Shares	**	12,332
AKAMAI TECHNOLOGIES, INC.	Common Stock; 9 Shares	**	945
ALCON INC.	Common Stock; 10 Shares	**	660
ALEXION PHARMACEUTICALS, INC.	Common Stock; 16 Shares	**	2,500
ALIBABA GROUP HOLDING LIMITED	Common Stock; 68 Shares	**	15,826
THE ALLSTATE CORPORATION	Common Stock; 38 Shares	**	4,177
ALNYLAM PHARMACEUTICALS, INC.	Common Stock; 10 Shares	**	1,300
ALPHABET INC.	Common Stock; 17 Shares	**	29,795
ALPHABET INC.	Common Stock; 2 Shares	**	3,504
AMAZON.COM, INC.	Common Stock; 6 Shares	**	19,542
AMEREN CORPORATION	Common Stock; 24 Shares	**	1,873
AMERICAN ELECTRIC POWER COMPANY, INC.	Common Stock; 65 Shares	**	5,413
AMERICAN EXPRESS COMPANY	Common Stock; 45 Shares	**	5,441
AMERICAN TOWER CORPORATION	Common Stock; 12 Shares	**	2,694
AMERISOURCEBERGEN CORPORATION	Common Stock; 96 Shares	**	9,385
AMGEN INC.	Common Stock; 12 Shares	**	2,759
ANALOG DEVICES, INC.	Common Stock; 35 Shares	**	5,171
ANHEUSER-BUSCH INBEV SA / NV	Common Stock; 78 Shares	**	5,453
ANTHEM, INC.	Common Stock; 11 Shares	**	3,532
AON PLC	Common Stock; 79 Shares	**	16,690
APPLE INC.	Common Stock; 215 Shares	**	28,528
APTIV PLC	Common Stock; 6 Shares	**	782
ASML HOLDING N.V.	Common Stock; 1 Shares	**	488
ASSA ABLOY AB	Common Stock; 462 Shares	**	5,683
AT&T INC.	Common Stock; 423 Shares	**	12,165
ATLASSIAN CORPORATION PLC	Common Stock; 1 Shares	**	234
AUTOMATIC DATA PROCESSING, INC.	Common Stock; 15 Shares	**	2,643
AVALONBAY COMMUNITIES, INC.	Common Stock; 7 Shares	**	1,123
AVERY DENNISON CORPORATION	Common Stock; 8 Shares	**	1,241
AXALTA COATING SYSTEMS LTD.	Common Stock; 115 Shares	**	3,283
BAKER HUGHES COMPANY	Common Stock; 83 Shares	**	1,730
BANK OF AMERICA CORPORATION	Common Stock; 358 Shares	**	10,851
BAXTER INTERNATIONAL INC.	Common Stock; 20 Shares	**	1,605
BCE INC.	Common Stock; 143 Shares	**	6,120
W. R. BERKLEY CORPORATION	Common Stock; 46 Shares	**	3,055
BERKSHIRE HATHAWAY INC.	Common Stock; 13 Shares	**	3,014
BEST BUY CO., INC.	Common Stock; 9 Shares	**	898
BIOMARIN PHARMACEUTICAL INC.	Common Stock; 7 Shares	**	614
BLACK KNIGHT, INC.	Common Stock; 37 Shares	**	3,269
BLACKROCK, INC.	Common Stock; 6 Shares	**	4,329
BOOKING HOLDINGS INC.	Common Stock; 1 Shares	**	2,227
BOSTON SCIENTIFIC CORPORATION	Common Stock; 225 Shares	**	8,089
BRISTOL-MYERS SQUIBB COMPANY	Common Stock; 124 Shares	**	7,692

MJO INDUSTRIES 401(K) PLAN

EIN 25-1841702 PN 001

SCHEDULE H, LINE 4i- SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2020

Identity of Issuer	Description of Investment	Cost	Current Value
BRITISH AMERICAN TOBACCO P.L.C.	Common Stock; 170 Shares	**	6,373
BROADCOM INC.	Common Stock; 17 Shares	**	7,443
BROOKFIELD ASSET MANAGEMENT INC.	Common Stock; 76 Shares	**	3,137
CAE INC.	Common Stock; 466 Shares	**	12,927
CANADIAN NATIONAL RAILWAY COMPANY	Common Stock; 91 Shares	**	9,996
CARGURUS, INC.	Common Stock; 49 Shares	**	1,555
CARMAX, INC.	Common Stock; 18 Shares	**	1,700
CARRIER GLOBAL CORPORATION	Common Stock; 10 Shares	**	377
CATERPILLAR INC.	Common Stock; 8 Shares	**	1,456
CANADIAN IMPERIAL BANK OF COMMERCE	Common Stock; 93 Shares	**	7,949
CERNER CORPORATION	Common Stock; 38 Shares	**	2,982
CHARLES RIVER LABORATORIES INTERNATIONAL, INC.	Common Stock; 10 Shares	**	2,499
THE CHARLES SCHWAB CORPORATION	Common Stock; 233 Shares	**	12,358
CHENIERE ENGERY, INC.	Common Stock; 104 Shares	**	6,243
CHEVRON CORPORATION	Common Stock; 160 Shares	**	13,512
CHINA GAS HOLDINGS LIMITED	Common Stock; 117 Shares	**	11,528
CHUBB LIMITED	Common Stock; 47 Shares	**	7,234
CISCO SYSTEMS, INC.	Common Stock; 357 Shares	**	15,976
CITRIX SYSTEMS, INC.	Common Stock; 9 Shares	**	1,171
CME GROUP INC.	Common Stock; 26 Shares	**	4,733
CMS ENERGY CORPORATION	Common Stock; 24 Shares	**	1,464
THE COCA-COLA COMPANY	Common Stock; 375 Shares	**	20,565
COCA-COLA EUROPACIFIC PARTNERS PLC	Common Stock; 154 Shares	**	7,443
COLGATE-PALMOLIVE COMPANY	Common Stock; 34 Shares	**	2,907
COMCAST CORPORATION	Common Stock; 265 Shares	**	13,886
CONOCOPHILLIPS	Common Stock; 33 Shares	**	1,320
COSTCO WHOLESALE CORPORATION	Common Stock; 3 Shares	**	1,130
CROWN CASTLE INTERNATIONAL CORP. (REIT)	Common Stock; 26 Shares	**	4,139
CUMMINS INC.	Common Stock; 8 Shares	**	1,817
CYRUSONE INC.	Common Stock; 43 Shares	**	3,145
DANAHER CORPORATION	Common Stock; 10 Shares	**	2,221
DANONE S.A.	Common Stock; 136 Shares	**	1,782
DEERE & COMPANY	Common Stock; 8 Shares	**	2,152
DIAGEO PLC	Common Stock; 128 Shares	**	20,328
DIGITAL REALTY TRUST, INC.	Common Stock; 21 Shares	**	2,930
DOLLAR GENERAL CORPORATION	Common Stock; 56 Shares	**	11,777
DOMINION ENERGY, INC.	Common Stock; 48 Shares	**	3,610
DTE ENERGY COMPANY	Common Stock; 9 Shares	**	1,093
DUKE ENERGY CORPORATION	Common Stock; 68 Shares	**	6,226
DUKE REALTY CORPORATION	Common Stock; 43 Shares	**	1,719
DUN & BRADSTREET HOLDINGS, INC.	Common Stock; 56 Shares	**	1,394
EATON CORPORATION PLC	Common Stock; 36 Shares	**	4,325
EBAY INC.	Common Stock; 51 Shares	**	2,563
ECOLAB INC.	Common Stock; 4 Shares	**	865
ELI LILLY AND COMPANY	Common Stock; 22 Shares	**	3,714
ENBRIDGE INC.	Common Stock; 137 Shares	**	4,383
EOG RESOURCES, INC.	Common Stock; 25 Shares	**	1,247
EPIROC AB (PUBL)	Common Stock; 662 Shares	**	12,035
EQUINIX, INC. (REIT)	Common Stock; 2 Shares	**	1,428

MJO INDUSTRIES 401(K) PLAN

EIN 25-1841702 PN 001

SCHEDULE H, LINE 4i- SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2020

Identity of Issuer	Description of Investment	Cost	Current Value
EVERSOURCE ENERGY	Common Stock; 22 Shares	**	1,903
EXTRA SPACE STORAGE INC.	Common Stock; 12 Shares	**	1,390
EXXON MOBIL CORPORATION	Common Stock; 130 Shares	**	5,359
FACEBOOK, INC.	Common Stock; 43 Shares	**	11,746
FASTENAL COMPANY	Common Stock; 49 Shares	**	2,393
FIDELITY NATIONAL INFORMATION SERVICES, INC.	Common Stock; 54 Shares	**	7,639
FOX CORPORATION	Common Stock; 75 Shares	**	2,166
GENERAL MILLS, INC.	Common Stock; 27 Shares	**	1,588
GENERAL DYNAMICS CORPORATION	Common Stock; 11 Shares	**	1,637
GILEAD SCIENCES, INC.	Common Stock; 125 Shares	**	7,282
THE GOLDMAN SACHS GROUP, INC.	Common Stock; 14 Shares	**	3,692
HDFC BANK LIMITED	Common Stock; 138 Shares	**	9,972
THE HERSHEY COMPANY	Common Stock; 9 Shares	**	1,371
HEXAGON AB (PUBL)	Common Stock; 116 Shares	**	10,515
THE HOME DEPOT, INC.	Common Stock; 28 Shares	**	7,437
HONEYWELL INTERNATIONAL INC.	Common Stock; 89 Shares	**	18,930
HUNTINGTON BANCSHARES INCORPORATED	Common Stock; 327 Shares	**	4,130
IHS MARKIT LTD.	Common Stock; 47 Shares	**	4,222
ILLINOIS TOOL WORKS INC.	Common Stock; 16 Shares	**	3,262
INDUSTRIA DE DISEÑO TEXTIL, S.A.	Common Stock; 438 Shares	**	7,026
INTERCONTINENTAL EXCHANGE, INC.	Common Stock; 138 Shares	**	15,910
INTERNATIONAL BUSINESS MACHINES CORPORATION	Common Stock; 65 Shares	**	8,182
INTERNATIONAL FLAVORS & FRAGRANCES INC.	Common Stock; 27 Shares	**	2,939
IQVIA HOLDINGS INC.	Common Stock; 101 Shares	**	18,096
JOHNSON & JOHNSON	Common Stock; 215 Shares	**	33,837
JPMORGAN CHASE & CO.	Common Stock; 152 Shares	**	19,315
KIMBERLY-CLARK CORPORATION	Common Stock; 118 Shares	**	15,910
KLA CORPORATION	Common Stock; 26 Shares	**	6,732
LAM RESEARCH CORPORATION	Common Stock; 12 Shares	**	5,667
LENNAR CORPORATION	Common Stock; 79 Shares	**	6,022
FORMULA ONE GROUP	Common Stock; 93 Shares	**	3,962
LINDE PLC	Common Stock; 16 Shares	**	4,216
LOCKHEED MARTIN CORPORATION	Common Stock; 32 Shares	**	11,359
LOWE'S COMPANIES, INC.	Common Stock; 133 Shares	**	21,348
LMVH MOET HENNESSY- LOUIS VUITTON, SOCIETE EUROPEENNE	Common Stock; 65 Shares	**	8,107
LYONDELLBASELL INDUSTRIES N.V.	Common Stock; 16 Shares	**	1,467
MARKEL CORPORATION	Common Stock; 2 Shares	**	2,067
MARSH & MCLENNAN COMPANIES, INC.	Common Stock; 63 Shares	**	7,371
MASTERCARD INCORPORATED	Common Stock; 7 Shares	**	2,499
MCDONALD'S CORPORATION	Common Stock; 88 Shares	**	18,883
MEDTRONIC PLC	Common Stock; 97 Shares	**	11,363
MERCK & CO., INC.	Common Stock; 205 Shares	**	16,769
MERCK KOMMANDITGESELLSCHAFT AUF AKTIEN	Common Stock; 201 Shares	**	6,908
MICROSOFT CORPORATION	Common Stock; 216 Shares	**	48,043
MONDELEZ INTERNATIONAL, INC.	Common Stock; 81 Shares	**	4,736
MONSTER BEVERAGE CORPORATION	Common Stock; 9 Shares	**	832

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SCHEDULE H, LINE 4i- SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2020

Identity of Issuer	Description of Investment	Cost	Current Value
* MORGAN STANLEY	Common Stock; 88 Shares	**	6,031
MOTOROLA SOLUTIONS, INC.	Common Stock; 105 Shares	**	17,856
NATIONAL GRID PLC	Common Stock; 84 Shares	**	4,959
NEXTERA ENERGY, INC.	Common Stock; 95 Shares	**	7,329
NINTENDO CO., LTD.	Common Stock; 123 Shares	**	9,904
NORTHERN TRUST CORPORATION	Common Stock; 32 Shares	**	2,980
NORTHROP GRUMMAN CORPORATION	Common Stock; 5 Shares	**	1,524
NUTANIX, INC.	Common Stock; 14 Shares	**	446
NVIDIA CORPORATION	Common Stock; 4 Shares	**	2,089
NXP SEMICONDUCTORS N.V.	Common Stock; 81 Shares	**	12,880
ORACLE CORPORATION	Common Stock; 48 Shares	**	3,105
OTIS WORLDWIDE CORPORATION	Common Stock; 5 Shares	**	338
PACKAGING CORPORATION OF AMERICA	Common Stock; 26 Shares	**	3,586
PALO ALTO NETWORKS, INC.	Common Stock; 28 Shares	**	9,951
PARKER-HANNIFIN CORPORATION	Common Stock; 9 Shares	**	2,452
PEPSICO, INC.	Common Stock; 103 Shares	**	15,275
PERNOD RICARD SA	Common Stock; 204 Shares	**	7,823
PFIZER INC.	Common Stock; 183 Shares	**	6,736
PHILLIP MORRIS INTERNATIONAL INC.	Common Stock; 173 Shares	**	14,323
PHILLIPS 66	Common Stock; 48 Shares	**	3,357
PINNACLE WEST CAPITAL CORPORATION	Common Stock; 8 Shares	**	640
THE PNC FINANCIAL SERVICES GROUP, INC.	Common Stock; 53 Shares	**	7,897
POLARIS INC.	Common Stock; 19 Shares	**	1,810
PPL CORPORATION	Common Stock; 109 Shares	**	3,074
THE PROCTER & GAMBLE COMPANY	Common Stock; 146 Shares	**	20,314
PRUDENTIAL PLC	Common Stock; 310 Shares	**	11,448
PTC INC.	Common Stock; 89 Shares	**	10,645
PUBLIC SERVICE ENTERPRISE GROUP INCORPORATED	Common Stock; 33 Shares	**	1,924
QUALCOMM INCORPORATED	Common Stock; 11 Shares	**	1,676
RAYTHEON TECHNOLOGIES CORPORATION	Common Stock; 64 Shares	**	4,577
REGIONS FINANCIAL CORPORATION	Common Stock; 219 Shares	**	3,530
RELX PLC	Common Stock; 477 Shares	**	11,763
RIO TINTO GROUP	Common Stock; 92 Shares	**	6,920
ROCKWELL AUTOMATION, INC.	Common Stock; 36 Shares	**	9,029
S&P GLOBAL INC.	Common Stock; 36 Shares	**	11,834
SALESFORCE.COM, INC.	Common Stock; 8 Shares	**	1,780
SANDS CHINA LTD.	Common Stock; 191 Shares	**	8,333
SHIMANO INC.	Common Stock; 327 Shares	**	7,694
SONOCO PRODUCTS COMPANY	Common Stock; 24 Shares	**	1,422
THE SOUTHERN COMPANY	Common Stock; 103 Shares	**	6,327
SPLUNK INC.	Common Stock; 6 Shares	**	1,019
STARBUCKS CORPORATION	Common Stock; 32 Shares	**	3,423
STATE STREET CORPORATION	Common Stock; 27 Shares	**	1,965
STRYKER CORPORATION	Common Stock; 14 Shares	**	3,431
SYMRISE AG	Common Stock; 225 Shares	**	7,485
SYNCHRONY FINANCIAL	Common Stock; 37 Shares	**	1,284
T. ROWE PRICE GROUP, INC.	Common Stock; 18 Shares	**	2,725
TAIWAN SEMICONDUCTOR MANUFACTURING COMPANY LIMITED	Common Stock; 152 Shares	**	16,574
TARGET CORPORATION	Common Stock; 35 Shares	**	6,179
TC ENERGY CORPORATION	Common Stock; 74 Shares	**	3,013
TE CONNECTIVITY LTD.	Common Stock; 14 Shares	**	1,695

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SCHEDULE H, LINE 4i- SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

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Identity of Issuer	Description of Investment	Cost	Current Value
TEAMVIEWER AG	Common Stock; 240 Shares	**	6,660
TENCENT HOLDINGS LIMITED	Common Stock; 238 Shares	**	17,110
TESCO PLC	Common Stock; 1358 Shares	**	13,132
TEXAS INSTRUMENTS INCORPORATED	Common Stock; 142 Shares	**	23,306
THERMO FISHER SCIENTIFIC INC.	Common Stock; 57 Shares	**	26,549
THE TJX COMPANIES, INC.	Common Stock; 53 Shares	**	3,619
THE TORONTO-DOMINION BANK	Common Stock; 154 Shares	**	8,689
TRANE TECHNOLOGIES PLC	Common Stock; 55 Shares	**	7,984
U.S. BANCORP	Common Stock; 56 Shares	**	2,609
UBER TECHNOLOGIES, INC.	Common Stock; 24 Shares	**	1,224
ULTA BEAUTY, INC.	Common Stock; 3 Shares	**	861
UNILEVER PLC	Common Stock; 354 Shares	**	21,367
UNION PACIFIC CORPORATION	Common Stock; 65 Shares	**	13,534
UNITED PARCEL SERVICE, INC.	Common Stock; 27 Shares	**	4,547
UNITEDHEALTH GROUP INCORPORATED	Common Stock; 45 Shares	**	15,781
VERIZON COMMUNICATIONS INC.	Common Stock; 183 Shares	**	10,751
VESTA WIND SYSTEMS A/S	Common Stock; 102 Shares	**	7,979
VISA INC.	Common Stock; 90 Shares	**	19,686
VMWARE, INC.	Common Stock; 6 Shares	**	842
VODAFONE GROUP PLC	Common Stock; 362 Shares	**	5,966
W.W. GRAINGER, INC.	Common Stock; 3 Shares	**	1,225
WALMART INC.	Common Stock; 24 Shares	**	3,460
THE WALT DISNEY COMPANY	Common Stock; 19 Shares	**	3,442
WARNER MUSIC GROUP CORP.	Common Stock; 137 Shares	**	5,205
WASTE MANAGEMENT, INC.	Common Stock; 24 Shares	**	2,830
WEC ENERGY GROUP, INC.	Common Stock; 58 Shares	**	5,338
WELLS FARGO & COMPANY	Common Stock; 53 Shares	**	1,600
WOLTERS KLUWER N.V.	Common Stock; 221 Shares	**	18,551
WORKDAY, INC.	Common Stock; 24 Shares	**	5,751
XCEL ENERGY INC.	Common Stock; 31 Shares	**	2,067
ZEOTIS INC.	Common Stock; 107 Shares	**	17,708
Total Common Stock			1,597,384
<u>Corporate Debt Securities</u>			
AMAZON.COM INC	Corporate Debt Securities 17,000 Par Value, interest 0.800%, 06/03/2025 maturity	**	17,249
AMERICAN EXPRESS CO	Corporate Debt Securities 18,000 Par Value, interest 2.500%, 07/30/2024 maturity	**	19,203
AMERICAN INTERNATIONAL GROUP I	Corporate Debt Securities 16,000 Par Value, interest 2.500%, 06/30/2025 maturity	**	17,200
AMGEN INC	Corporate Debt Securities 18,000 Par Value, interest 2.650%, 05/11/2022 maturity	**	18,557
ANHEUSER-BUSCH INBEV WORLDWIDE	Corporate Debt Securities 16,000 Par Value, interest 4.150%, 01/23/2025 maturity	**	18,219
ANTHEM INC	Corporate Debt Securities 16,000 Par Value, interest 2.375%, 01/15/2025 maturity	**	17,113
APPLE INC	Corporate Debt Securities 18,000 Par Value, interest 3.450%, 05/06/2024 maturity	**	19,822
ASTRAZENECA PLC	Corporate Debt Securities 11,000 Par Value, interest 3.375%, 11/16/2025 maturity	**	19,083
BANK OF AMERICA CORP	Corporate Debt Securities 17,000 Par Value, interest 3.300%, 01/11/2023 maturity	**	18,024
BANK OF NEW YORK MELLON	Corporate Debt Securities 17,000 Par Value, interest 3.550%, 09/23/2021 maturity	**	17,360

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SCHEDULE H, LINE 4i- SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2020

Identity of Issuer	Description of Investment	Cost	Current Value
BP CAPITAL MARKETS PLC	Corporate Debt Securities 18,000 Par Value, interest 3.245%, 05/06/2022 maturity	**	18,622
CHEVRON CORP	Corporate Debt Securities 24,000 Par Value, interest 2.895%, 03/03/2024 maturity	**	25,662
CISCO SYSTEMS INC	Corporate Debt Securities 13,000 Par Value, interest 1.850%, 09/20/2021 maturity	**	13,131
CITIGROUP INC FXD TO 072022 VA	Corporate Debt Securities 19,000 Par Value, interest 2.876%, 07/24/2023 maturity	**	19,737
COCA-COLA CO/THE	Corporate Debt Securities 19,000 Par Value, interest 3.200%, 11/01/2023 maturity	**	20,600
CVS HEALTH CORP	Corporate Debt Securities 17,000 Par Value, interest 2.625%, 08/15/2024 maturity	**	18,217
DUKE ENERGY CORP	Corporate Debt Securities 18,000 Par Value, interest 3.750%, 04/15/2024 maturity	**	19,817
ENTERPRISE PRODUCTS OPERATING	Corporate Debt Securities 1,000 Par Value, interest 3.750%, 02/15/2025 maturity	**	19,034
GENERAL DYNAMICS CORP	Corporate Debt Securities 20,000 Par Value, interest 3.375%, 05/15/2023 maturity	**	21,387
GENERAL ELECTRIC CO	Corporate Debt Securities 60,000 Par Value, interest 4.650%, 10/17/2021 maturity	**	6,191
GILEAD SCIENCES INC	Corporate Debt Securities 18,000 Par Value, interest 4.400%, 12/01/2021 maturity	**	18,493
GOLDMAN SACHS GROUP INC/THE	Corporate Debt Securities 17,000 Par Value, interest 3.500%, 04/01/2025 maturity	**	18,887
INTEL CORP	Corporate Debt Securities 20,000 Par Value, interest 1.700%, 05/19/2021 maturity	**	20,082
JPMORGAN CHASE & CO	Corporate Debt Securities 22,000 Par Value, interest 3.250%, 09/23/2022 maturity	**	23,138
KROGER CO/THE	Corporate Debt Securities 18,000 Par Value, interest 2.800%, 08/01/2022 maturity	**	18,647
MCDONALD'S CORP	Corporate Debt Securities 18,000 Par Value, interest 3.300%, 07/01/2025 maturity	**	20,044
MICROSOFT CORP	Corporate Debt Securities , Par Value, interest 4.000%, 02/08/2021 maturity	**	17,053
ORACLE CORP	Corporate Debt Securities 19,000 Par Value, interest 3.625%, 07/15/2023 maturity	**	20,595
PAYPAL HOLDINGS INC	Corporate Debt Securities 18,000 Par Value, interest 1.650%, 06/01/2025 maturity	**	18,806
PEPSICO INC	Corporate Debt Securities 18,000 Par Value, interest 2.750%, 03/05/2022 maturity	**	18,529
PFIZER INC	Corporate Debt Securities 16,000 Par Value, interest 3.000%, 06/15/2023 maturity	**	17,051
PNC FINANCIAL SERVICES GROUP	Corporate Debt Securities 19,000 Par Value, interest 3.500%, 01/23/2024 maturity	**	20,708
SHELL INTERNATIONAL FINANCE BV	Corporate Debt Securities 18,000 Par Value, interest 3.500%, 11/13/2023 maturity	**	19,602
STARBUCKS CORP	Corporate Debt Securities 17,000 Par Value, interest 3.100%, 03/01/2023 maturity	**	17,958
TARGET CORP	Corporate Debt Securities 60,000 Par Value, interest 2.900%, 01/15/2022 maturity	**	6,166
TORONTO-DOMINION BANK/THE	Corporate Debt Securities 20,000 Par Value, interest 2.125%, 04/07/2021 maturity	**	20,099

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SCHEDULE H, LINE 4i- SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2020

Identity of Issuer	Description of Investment	Cost	Current Value
TWDC ENTERPRISES 18 CORP	Corporate Debt Securities 16,000 Par Value, interest 2.750%, 08/16/2021 maturity	**	16,244
UNITEDHEALTH GROUP INC	Corporate Debt Securities 16,000 Par Value, interest 3.350%, 07/15/2022 maturity	**	16,771
US BANCORP	Corporate Debt Securities 18,000 Par Value, interest 2.400%, 07/30/2024 maturity	**	19,188
VERIZON COMMUNICATIONS INC	Corporate Debt Securities 19,000 Par Value, interest 2.450%, 11/01/2022 maturity	**	19,635
WELLS FARGO & CO	Corporate Debt Securities 20,000 Par Value, interest 4.600%, 04/01/2021 maturity	**	20,211
Total Corporate Debt Secutities			752,135
<u>Mutual Funds</u>			
BlackRock	iShares S&P 500 Index Fund Class K	**	398,320
Columbia	Columbia Balanced Fund Advisor Class	**	27,160
Columbia	Columbia Mid Cap Index Fund Institutional 2 Class	**	118,516
Columbia	Columbia Small Cap Index Fund Institutional 2 Class	**	135,025
Columbia	Columbia Strategic Income Fund Class A	**	101,792
Delaware Funds by Macquarie	Delaware Emerging Markets Fund Institutional Class	**	171,783
Dimmensional Fund Advisors	DFA Inflation-Protected Securities Portfolio Institutional Class	**	314,207
Dimmensional Fund Advisors	DFA International Core Equity Portfolio Institutional Class	**	427,469
Fidelity Investments	Fidelity Stock Selector Small Cap Fund	**	106,799
Janus Henderson	Janus Henderson Forty Fund Class I	**	859,833
Janus Henderson	Janus Henderson Growth And Income Fund Class I	**	350,170
Janus Henderson	Janus Henderson Triton Fund Class T	**	260,529
Legg Mason	Western Asset Core Plus Bond Fund Class I	**	1,293,868
Transamerica	MFS Value R3	**	
Lord Abbett	Lord Abbett High Yield Fund Class R4	**	115,786
PIMCO	PIMCO International Bond Fund (U.S. Dollar- Hedged) Institutional Class	**	155,405
Prinicpal Funds	Principal Equity Income Institutional Class	**	672,612
Vanguard	Vanguard GNMA Admiral Shares	**	305,777
Total Mutual Funds			5,815,051
<u>Insurance Company General Accounts</u>			
* Transamerica	Transamerica Stable Value Focus Account	**	1,369,160
* Transamerica	Transamerica Stable Value Core Account	**	662
Total Insurance Company General Accounts			1,369,822

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SCHEDULE H, LINE 4i- SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

DECEMBER 31, 2020

Identity of Issuer	Description of Investment	Cost	Current Value
<u>Money Market Funds</u>			
* Morgan Stanley	Morgan Stanley Private Bank NA Money Market Funds	**	154,614
Total Money Market Funds			154,614
<u>Notes Receivable from Participants</u>			
* Participant Loans	Notes bearing interest of 3.25% to 5.50% with various maturity dates through December 2029	-	139,536
			\$ 9,828,542

* Party-in-interest

** Not required for participant-directed investments