

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2020 This Form is Open to Public Inspection
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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.)
	☐ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report
	☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program
	☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>TRION SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2013</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2013</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2013</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>TRION SOLUTIONS, INC.</u> <u>340 E. BIG BEAVER RD., SUITE 160</u> <u>TROY, MI 48083</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>46-1334892</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>248-498-8400</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>812990</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>46-1334892</u>	2c Plan Sponsor's telephone number <u>248-498-8400</u>	2d Business code (see instructions) <u>812990</u>	
2b Employer Identification Number (EIN) <u>46-1334892</u>					
2c Plan Sponsor's telephone number <u>248-498-8400</u>					
2d Business code (see instructions) <u>812990</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	DAVID STONE
	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	
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	14955
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	13488
a(2) Total number of active participants at the end of the plan year		6a(2)	7210
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	1982
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	9192
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	9192
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	3606
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2J 2K 3D 2F 2G 2A			
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 _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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	B Three-digit plan number (PN)	001
TRION SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
TRION SOLUTIONS, INC.	46-1334892	

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
NATIONWIDE 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
31-4156830	66869	442-80146	3900	01/01/2020	12/31/2020

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
4896	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
AMERIPRISE FINANCIAL SERVICES
50082 AMERIPRISE FINANCIAL CTR
MINNEAPOLIS, MN 55474

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4896			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	

(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 ▶

b	Balance at the end of the previous year	7b	634622
c	Additions: (1) Contributions deposited during the year	7c(1)	
	(2) Dividends and credits.....	7c(2)	0
	(3) Interest credited during the year.....	7c(3)	
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	
	(6) Total additions	7c(6)	0
d	Total of balance and additions (add lines 7b and 7c(6))	7d	634622
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	(2) Administration charge made by carrier.....	7e(2)	
	(3) Transferred to separate account.....	7e(3)	
	(4) Other (specify below)	7e(4)	
	(5) Total deductions	7e(5)	0
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	634622

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 TRION SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRION SOLUTIONS, INC.	D Employer Identification Number (EIN) 46-1334892	

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
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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)

NATIONWIDE LIFE INSURANCE COMPANY

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4056830

(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	RECORDKEEPER	274881	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

AMERIPRISE FINANCIAL SERVICES

50082 AMERIPRISE FINANCIAL CENTER
MINNEAPOLIS, MN 55474

(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	BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	125716	Yes ☐ No ☒

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

FENNER MELSTROM AND DOOLING PLC

355 S OLD WOODWARD SUITE 200
BIRMINGHAM, MI 48009

(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?
27	BROKER	46540	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THE BENEFIT ADVANTAGE, INC.

3497 AUBURN ROAD
AUBURN HILLS, MI 48326

38-3254950

(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 28 59 60 62 63 67 68	TPA	28983	Yes ☒ No ☐	Yes ☒ No ☐	500	Yes ☐ No ☒

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

TD AMERITRADE

4211 S. 102ND ST.
OMAHA, NE 68127

(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	RECORDKEEPER	185	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>TRION SOLUTIONS, INC. 401(K) PROFIT SHARING 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>TRION SOLUTIONS, INC.</u>	D Employer Identification Number (EIN) <u>46-1334892</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)	48264	145120
(2) Participant contributions.....	1b(2)	53540	158700
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)	572982	462533
(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)	24229454	29344639
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	634622	1668629
(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	25538862 31779621
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	21329 84013
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	21329 84013
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	25517533 31695608

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1157882
	(B) Participants	2a(1)(B)	3372009
	(C) Others (including rollovers).....	2a(1)(C)	830278
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	5360169
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	15240
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	18581
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	33821
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	0
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(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)		3872565
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		9266555

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

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2227702	
(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)		2227702
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		59273
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	350477	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		350477
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2637452

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6629103
l Transfers of assets:			
(1) To this plan.....	2l(1)		1438092
(2) From this plan	2l(2)		1889120

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: FENNER, MELSTROM, & DOOLING, PLC

(2) EIN: 38-1402622

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b 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)
EMPOWER HR RETIREMENT SAVINGS PLAN	36-4115383	333
DECISIONHR - MEP	59-3405686	333
CMP GROUP INC. 401K	38-3089488	001
SERRANO PAINT & BODY SHOP CO INC. 401(K) PLAN	59-1219865	001

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 _____.

	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			
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			
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			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
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			
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			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
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			
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			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
CALKO MANAGEMENT ASSOCIATES LLC	46-2668356	001
MBA RETIREMENT SAVINGS PLAN	65-0739320	333

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
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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 TRION SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRION SOLUTIONS, INC.	D Employer Identification Number (EIN) 46-1334892

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 01-0233346		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes ☐ No ☐ N/A
If the plan is a defined benefit plan, go to line 8.	
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.	
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
b Enter the amount contributed by the employer to the plan for this plan year	6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c
If you completed line 6c, skip lines 8 and 9.	
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes ☐ No ☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes ☐ No ☐ N/A

Part III	Amendments
----------	------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes ☐ No

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 _____

**TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION**
Years Ended December 31, 2020 and 2019

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

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FMD

CPAs & Strategic Advisors

INDEPENDENT AUDITORS' REPORT

TO THE BOARD OF TRUSTEES
TRION SOLUTIONS, INC. 401(k) PROFIT SHARING PLAN
TROY, MICHIGAN

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Trion Solutions, Inc. 401(k) Profit Sharing 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.

Auditors' 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 4, which was certified by Nationwide Financial Services, Inc. ("Nationwide"), the investment custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the investment custodian holds the Plan's investment assets and notes receivable from participants and executes investment transactions. The plan administrator has obtained a certification from the investment custodian as of and for the years ended December 31, 2020 and 2019, that the information provided to the plan administrator by the investment custodian is complete and accurate.

Disclaimer of Opinion

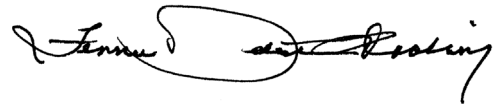
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets (held at end of year) as of or for the year ended December 31, 2020, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the investment custodian, 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.

A handwritten signature in black ink, appearing to read "Fenner Melstrom & Dooling", written in a cursive style.

FENNER, MELSTROM & DOOLING, PLC

OCTOBER 15, 2021

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2020 and 2019

	<u>2 0 2 0</u>	<u>2 0 1 9</u>
ASSETS		
INVESTMENTS AT FAIR VALUE	\$29,344,639	\$24,229,454
INVESTMENTS AT CONTRACT VALUE.....	<u>1,668,629</u>	<u>634,622</u>
TOTAL INVESTMENTS.....	<u>31,013,268</u>	<u>24,864,076</u>
RECEIVABLES		
PARTICIPANT CONTRIBUTIONS	158,700	53,540
EMPLOYER CONTRIBUTIONS.....	145,120	48,264
NOTES RECEIVABLE FROM PARTICIPANTS	<u>462,533</u>	<u>572,982</u>
TOTAL RECEIVABLES	<u>766,353</u>	<u>674,786</u>
TOTAL ASSETS	<u>31,779,621</u>	<u>25,538,862</u>
LIABILITIES		
EXCESS CONTRIBUTIONS PAYABLE	<u>84,013</u>	<u>21,329</u>
TOTAL LIABILITIES	<u>84,013</u>	<u>21,329</u>
NET ASSETS AVAILABLE FOR BENEFITS.....	<u><u>\$31,695,608</u></u>	<u><u>\$25,517,533</u></u>

SEE ACCOMPANYING NOTES

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN
NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2020 and 2019

	<u>2 0 2 0</u>	<u>2 0 1 9</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
INVESTMENT INCOME		
NET APPRECIATION		
IN FAIR VALUE OF INVESTMENTS	\$ 3,872,565	\$ 4,965,273
INTEREST	<u>15,240</u>	<u>11,518</u>
TOTAL INVESTMENT INCOME	<u>3,887,805</u>	<u>4,976,791</u>
INTEREST INCOME ON NOTES		
RECEIVABLE FROM PARTICIPANTS.....	<u>18,581</u>	<u>26,951</u>
CONTRIBUTIONS		
PARTICIPANTS	3,372,009	3,260,472
EMPLOYER.....	1,157,882	1,139,108
ROLLOVER AND OTHER	<u>830,278</u>	<u>2,314,409</u>
TOTAL CONTRIBUTIONS.....	<u>5,360,169</u>	<u>6,713,989</u>
TOTAL ADDITIONS	<u>9,266,555</u>	<u>11,717,731</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
BENEFITS PAID TO PARTICIPANTS	2,227,702	1,831,047
ADMINISTRATION EXPENSES.....	350,477	327,219
DEEMED DISTRIBUTIONS	<u>59,273</u>	<u>86,952</u>
TOTAL DEDUCTIONS.....	<u>2,637,452</u>	<u>2,245,218</u>
NET INCREASE.....	6,629,103	9,472,513
TRANSFER OF ASSETS TO PLAN	1,438,092	2,547,370
TRANSFER OF ASSETS FROM PLAN	(1,889,120)	(7,593,121)
NET ASSETS AVAILABLE		
FOR BENEFITS, BEGINNING OF YEAR.....	<u>25,517,533</u>	<u>21,090,771</u>
NET ASSETS AVAILABLE		
FOR BENEFITS, END OF YEAR	<u>\$31,695,608</u>	<u>\$25,517,533</u>

SEE ACCOMPANYING NOTES

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

1. DESCRIPTION OF PLAN

The following description of Trion Solutions, Inc. ("Company") 401(k) Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

GENERAL

The Company is a "Professional Employer Organization" ("PEO"). As a PEO, the Company assumes the role of employer for other companies that wish to lease their workers (the "Participating Companies"). Therefore, the Plan includes multiple Participating Companies and is considered a multiple employer plan according to the Internal Revenue Code ("IRC"). The IRC requires that Plan discrimination testing be performed separately for each Participating Company as if its workers were not leased. The IRC thus also allows each Participating Company to have differing requirements for eligibility, matching contributions, and vesting. The Company determines the aggregate matching contribution, safe harbor contribution, and profit sharing contribution (if applicable) for all participants based on each Participating Company's matching provisions and remits such amount to the Plan's investment custodian. Participants should refer to their applicable participation agreement with the Plan for specific details on eligibility, plan contributions, vesting, and other Plan provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan fiduciaries oversee the governance of the Plan and determine the appropriateness of the Plan's investment offerings and monitor investment performance.

PARTICIPANT CONTRIBUTIONS

Each year, participants may contribute up to 100% of annual compensation on a pre-tax or after-tax (Roth) basis, as defined in the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers several mutual funds, participant directed brokerage accounts, and a guaranteed investment contract as investment options for participants. Contributions are subject to certain Internal Revenue Service limitations.

(continued on next page)

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

1. DESCRIPTION OF PLAN (continued)

PARTICIPATING COMPANY CONTRIBUTIONS

Aggregate Participating Company contributions (which vary by Participating Company as previously described) of \$1,157,882 and \$1,139,108 were made for the years ended December 31, 2020 and 2019, respectively. Participants direct the investment of such contributions as described above. Contributions are subject to certain limitations.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution and Company safe harbor matching contributions, as well as allocations of the Company's additional matching and profit sharing contributions and Plan earnings. Participant accounts are charged with an allocation of any administrative expenses paid by the plan. 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 contributions plus actual earnings thereon. Contributions made by the Participating Companies, if any, vest at varying rates as noted above. Generally, Participating Company contributions vest under either "safe harbor" provisions of the Internal Revenue Code whereby such contributions are immediately vested to the participant or under a vesting schedule whereby the participant is 100% vested after five or six years of eligible service.

NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow from their vested accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their account balance, whichever is less. Loan terms range from one to five years or longer for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates. No more than one loan may be outstanding at any time for any participant. Interest rates ranged from 3.25% to 6.75% per annum. Principal and interest are paid ratably through payroll deductions.

(continued on next page)

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

1. DESCRIPTION OF PLAN (continued)

PAYMENT OF BENEFITS

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. The Plan also permits withdrawals of active participants' elective contributions only in amounts necessary to satisfy financial hardship as defined by the plan agreement.

FORFEITED ACCOUNTS

At December 31, 2020 and 2019, forfeited nonvested accounts totaled \$11,115 and \$42,878, respectively. Forfeited nonvested accounts are used to reduce administrative expenses. Any remaining forfeited nonvested accounts can be used to reduce employer contributions or be allocated to participants in accordance with the provisions of the Plan.

RISKS AND UNCERTAINTIES

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements are presented 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 that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the plan.

(continued on next page)

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(continued)**

USE OF ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians, and insurance company. See Note 3 for discussion of fair value measurements.

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

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded at December 31, 2020 and 2019. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded.

EXCESS CONTRIBUTIONS PAYABLE

Amounts payable to participants for contributions in excess of amounts allowed by the provisions of the Plan are recorded as a liability with a corresponding reduction to participant contributions.

(continued on next page)

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(continued)**

PAYMENT OF BENEFITS

Benefits are recorded when paid.

EXPENSES

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Certain investment related expenses are included in net appreciation/(depreciation) of fair value of investments

DATE OF MANAGEMENT'S REVIEW

The Plan has evaluated subsequent events through October 15, 2021, the date the financial statements were available to be issued. The Company had no subsequent event to disclose.

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

3. FAIR VALUE MEASUREMENTS

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

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

(continued on next page)

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

3. FAIR VALUE MEASUREMENTS (continued)

MUTUAL FUNDS

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

BROKERAGE ACCOUNTS

Valued at the NAV of the securities underlying the accounts held by the Plan at year end.

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

	<u>LEVEL 1</u>	<u>TOTAL FAIR VALUE</u>
MUTUAL FUNDS.....	\$29,237,143	\$29,237,143
BROKERAGE ACCOUNTS	<u>107,496</u>	<u>107,496</u>
 TOTAL INVESTMENTS AT FAIR VALUE	 <u><u>\$29,344,639</u></u>	 <u><u>\$29,344,639</u></u>

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

	<u>LEVEL 1</u>	<u>TOTAL FAIR VALUE</u>
MUTUAL FUNDS.....	\$24,211,976	\$24,211,976
BROKERAGE ACCOUNTS	<u>17,478</u>	<u>17,478</u>
 TOTAL INVESTMENTS AT FAIR VALUE	 <u><u>\$24,229,454</u></u>	 <u><u>\$24,229,454</u></u>

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

**4. INFORMATION PREPARED AND CERTIFIED BY
INVESTMENT CUSTODIAN**

The investment and notes receivable from participants information included in the accompanying financial statements and supplementary schedule was obtained from data that has been prepared and certified to as complete and accurate by Nationwide in accordance with Section 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.

**5. INVESTMENT CONTRACT WITH INSURANCE
COMPANY**

The Plan has an investment option in a fully benefit-responsive traditional guaranteed investment contract with Nationwide. Nationwide maintains the contributions in a general account which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for the fully benefit-responsive investment contract because this is the amount received by participants if they were to initiate permitted transactions under the terms of the contract. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

The crediting rate is based on a formula established by the contract issuer but may not be less than 0%. The crediting rate is reviewed on a quarterly basis for resetting. The crediting rate was 1.69% for the first quarter, 1.57% for the next two quarters and 1.5% for the last quarter of 2020.

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

(continued on next page)

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

**5. INVESTMENT CONTRACT WITH INSURANCE
COMPANY (continued)**

Certain events limit the Plan's ability to transact at contract value with Nationwide. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with Plan participants, is probable.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following: (a) An uncured violation of the Plan's investment guidelines, (b) a breach of material obligation under the contract, (c) a material misrepresentation, (d) a material amendment to the agreements without the consent of the issuer.

6. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Nationwide. Nationwide is the investment custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Direct fees paid by the Plan for recordkeeping and administrative services amounted to \$274,770 and \$271,568 for 2020 and 2019, respectively. In addition, fees paid by the Plan for investment management services are included in net appreciation/(depreciation) in fair value of investments.

Processing and administration fees were paid to The Benefit Advantage, Inc. (TBA). TBA is the third-party administrator and, therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for these services amounted to \$28,982 and \$26,557 for the years ended December 31, 2020 and 2019, respectively.

(continued on next page)

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2020 and 2019

6. PARTY-IN-INTEREST TRANSACTIONS (continued)

Professional services were provided to the Plan by Fenner, Melstrom & Dooling, PLC ("FMD"). FMD is the Plan's auditor, and therefore qualifies as party-in-interest. Fees paid by the Plan for services amounted to \$46,540 and \$15,000 for the years ended December 31, 2020 and 2019, respectively.

Additional recordkeeping services for the self-directed brokerage accounts were provided to the Plan by TD Ameritrade and qualify as party-in-interest. Fees paid by the Plan for services amounted to \$185 and \$4,166 for the years ended December 31, 2020 and 2019, respectively.

All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

7. PLAN TERMINATION

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

8. TAX STATUS

The Company has adopted a prototype plan that relies on the opinion letter of the prototype document. Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

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

SUPPLEMENTARY INFORMATION

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

EIN #46-1334892 - PLAN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i))
December 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	MUTUAL FUNDS			
	Aberdeen	Global Equity	*	\$ 1,354
	American Century	Short Duration Inflation Protection Bond Fund	*	163
	Blackrock	Mid Cap Growth Equity Inst	*	275,525
	JP Morgan	Core Plus Bond Fund	*	626
	JP Morgan	Small Cap Value	*	310
	MFS	Value Fund R4	*	246
	American Beacon	International Equity Institutional	*	1,291
	Oakmark	Fund Investor Class	*	4,219
	Prudential	Global Real Estate Fund	*	971
	T Rowe Price	Media and Telecommunications Fund	*	93,371
	Fidelity	New Insights	*	35,388
	Lord Abbett	High Yield Fund	*	195,934
	Lord Abbett	Total Return Fund	*	141,239
	Oakmark	Equity and Income Fund	*	1,987
	T Rowe Price	Blue Chip Growth Fund	*	74,303
	Blackrock	Hi Yield Bond Portfolio	*	373,038
	Blackrock	Total Return Fund	*	161,107
	T Rowe Price	Science Tech Fund	*	2,783
	DFA	Emerging Markets Core Equity Portfolio	*	477,557
	DFA	Global Real Estate Securities Portfolio	*	361,395
	JP Morgan	Equity Income Fund Select	*	876
	Vanguard	Target Retirement 2060 Fund	*	226,327
	DFA	Inflation-Protections Securities	*	60
	Templeton	Global Bond Fund	*	221
*	Nationwide	Geneva Small Cap Growth Fund	*	8,917
	Nuveen	Symphony Credit Opportunities Fund	*	19

(continued on next page)

SEE ACCOMPANYING NOTES

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

EIN #46-1334892 - PLAN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i)) (continued)
December 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Blackrock	Strategic Income Opportunities Portfolio	* \$	116
	Guggenheim	Floating Rate Strats Inst	*	15
	Aberdeen	Global Bond Fund	*	284,539
	Columbia	Select Large Cap Growth Fund	*	453,618
	Diamond Hill	Mid Cap Fund	*	269,771
	Fidelity	Mega Cap Stock Fund	*	128
	Vanguard	500 Index Fund	*	2,902,522
	Vanguard	Balanced Index Fund	*	517,353
	Vanguard	Emerging Markets Stock Index Fund	*	430,242
	Vanguard	Mid-Cap Index Fund	*	178,278
	Vanguard	Small-Cap Index Fund	*	338,149
	Vanguard	Total Bond Market Index Fund	*	274,613
	Vanguard	Total International Stock Index Fund	*	350,557
	Vanguard	Total Stock Market Index Fund	*	914,978
	Vanguard	Explorer Fund	*	179,394
	Vanguard	Health Care Fund	*	48,431
	Vanguard	Inflation-Protected Securities Fund	*	55,523
	Vanguard	Long-Term Investment Grade Fund	*	445,794
	Vanguard	Mid-Cap Growth Index Fund	*	718,819
	Vanguard	Mid-Cap Value Index Fund	*	246,865
	Vanguard	Small-Cap Value Index Fund	*	300,833
	Vanguard	Small-Cap Growth Index Fund	*	446,280
	Fidelity	Advisor Biotechnology Fund	*	17,991
	Vanguard	Total International Bond Index Fund	*	27,154
	DFA	U.S. Large Cap Value Portfolio	*	583,327
	DFA	U.S. Targeted Value Portfolio	*	176,948

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TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

EIN #46-1334892 - PLAN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i)) (continued)
December 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	DFA	Five-Year Global Fixed Income Portfolio	*	\$ 142,026
	DodgeCox	International Stock Fund	*	589,893
	MFS	Value Fund R6	*	1,164
	Federated	Govt Obligations Fund	*	26,528
	T Rowe Price	Large Cap Growth Fund	*	6,606
	Prudential	Total Return Bond Fund Z	*	166
	Janus Henderson	Global Technology Fund	*	43,774
	Prudential	Total Return Bond Fund Q	*	575,671
	Franklin Templeton	Global Bond Fund	*	16
	Blackrock	Ishares MSCI EAFE International Index Fund	*	35,140
	Ivy Pictet	Emerging Markets Local Currency Debt Fund	*	37
	JPMorgan	Equity Income Fund	*	499,227
*	Nationwide	All Cap Growth Fund	*	491,420
	Vanguard	Target Retirement 2065 Fund	*	14,977
	Blackrock	Low Duration Bond Portfolio	*	6,588
	Vanguard	Tax Managed Small Cap Fund	*	93,522
	Fidelity	500 Index Fund	*	975,606
	Fidelity	International Index Fund	*	483,499
	Fidelity	US Bond Index Fund	*	431,271
	American Beacon	International Equity Fund	*	196
*	Nationwide	Investor Destinations Aggressive Fund	*	856,353
*	Nationwide	Investor Destinations Conservative Fund	*	260,204
*	Nationwide	Investor Destinations Moderately Conservative Fund	*	329,502
*	Nationwide	Investor Destinations Moderately Aggressive Fund	*	615,234

(continued on next page)

SEE ACCOMPANYING NOTES

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

EIN #46-1334892 - PLAN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i)) (continued)
December 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
*	Nationwide	Investor Destinations Moderate Fund	*	\$ 67,644
	Harbor	International Growth Fund	*	594,385
	MFS	Research Fund	*	1,088
	MFS	Utilities Fund	*	22,422
	Oppenheimer	International Growth Fund	*	14,486
	Prudential	High Yield Fund	*	12,350
	Pimco	Real Return Fund	*	354,667
	American Funds	AMCAP Fund	*	62,725
	American Funds	Europacific Growth Fund	*	16,299
	American Funds	2045 Target Date Retirement Fund	*	7,354
	American Funds	2050 Target Date Retirement Fund	*	5,284
	American Funds	Growth Fund of America	*	77,226
	American Funds	American Mutual Fund	*	24,715
	American Funds	The New Economy Fund	*	35,217
	American Funds	New World Fund	*	8,386
	American Funds	Capital World Growth and Income Fund	*	53,879
	American Funds	Washington Mutual Investors Fund	*	114
	Vanguard	Target Retirement 2050 Fund	*	705,645
	Vanguard	Target Retirement 2040 Fund	*	1,644,770
	Vanguard	Global Equity Fund	*	621,719
	Vanguard	Target Retirement 2035 Fund	*	1,465,448
	Vanguard	Target Retirement 2030 Fund	*	948,074
	Vanguard	Target Retirement 2045 Fund	*	639,358
	Vanguard	Target Retirement Income Fund	*	10,683
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(continued on next page)

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

EIN #46-1334892 - PLAN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i)) (continued)
December 31, 2020

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	Identity of issue borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Vanguard	Target Retirement 2015 Fund	*	\$ 59,047
	Vanguard	US Value Fund	*	450,232
	Vanguard	Target Retirement 2055 Fund	*	<u>345,925</u>
	TOTAL MUTUAL FUNDS			29,237,143
*	Nationwide	Fixed Select		
		Investment Contract	*	1,668,629
*	Nationwide	Participant Directed		
		Brokerage Accounts	*	107,496
*	Participant Loans	Interest rate 3.25% to 6.75%, maturity dates through May 2034; participant account balances	- 0 -	<u>462,533</u>
				<u><u>\$31,475,801</u></u>

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(d) An asterisk in this column indicates cost omitted for participant directed investments

SEE ACCOMPANYING NOTES

Multiple-Employer Plan Participating Employer Information

Trion Solutions, Inc. 401(k) Profit Sharing Plan - EIN: 46-1334892 - PN 001

(a) Name of participating	(b) EIN	(c) Percent of Total Contributions
3D Industries DBA Certapro Of South Denver	26-1614911	0.21%
544 Studio, LLC	83-3338293	0.51%
A OK Cooling & Heating, Corp	38-1735333	0.22%
Advanced Entertainment Center	52-2069529	0.10%
Advantage Lending Corp.	26-0590018	1.10%
All Aboard Daycare, Inc.	65-0372459	0.59%
American Renewable Power	81-5022540	0.35%
Apartment Property Management Services, LLC	27-3062323	0.26%
ARP-Loyalton Cogen LLC	82-2943541	0.00%
Arsenal Powersports	84-2798977	0.26%
Auto Konnect, LLC	35-2200928	0.04%
AWS Building & Equipment	20-4445379	0.00%
Axsium Group	26-0385325	6.75%
Blarney Stone Broadcasting	38-0324950	0.04%
Boyer, St. Pierre & Aull, PLLC	27-5142300	1.47%
Brines Refrigeration	38-3026193	2.89%
C & J Parking Lot Sweeping, Inc.	38-2637634	0.18%
C&T Mgmt Svcs LLC Dba H&R Block Of Kingsl	26-2950773	2.72%
Capital 4 Growth Llc	81-0909367	0.14%
Carswell Landscaping	65-0123493	0.82%
CCS Services, PLLC dba Silver Tax Group	45-4026790	0.67%
Center for Wealth Planning, Inc.	20-3494420	4.14%
Clinton Creek, Inc.	81-4354027	0.00%
Community Eco Power	83-3105513	11.27%
Construction Contractor Services, Inc.	65-1125623	1.18%
Contego Services Group, Llc	45-1830330	0.37%
Conteyor Us Inc	47-1360531	1.90%
Corepay, Inc.	14-1794218	0.00%
D&G Industries Dba Certapro Of Albuquerque	81-3044322	0.00%
Data Tech Café, Inc.	36-4695240	0.20%
DJC Investments (Conant Inv)	45-0536938	0.01%
Epic Personnel Partners, LLC	46-3456667	0.18%
F.I.T. Financial, Inc. *(Flynn Ingham & Turner)	84-2575254	1.65%
Faith Manor (part of Wedgewood)	00-0000000	0.00%
Families Against Narcotics, Inc.	26-2302028	1.31%
Global Office Solutions, LLC	38-3435808	2.21%
Hillcrest Capital Partners	81-5029833	0.09%
HireRising, Inc.	82-4187495	0.00%
Imperial Staffing & Associates	46-4182946	0.00%
IQ Personnel, Inc.	86-1072873	0.00%
iWorker Innovations, Llc	82-4252451	0.13%
Jost Corp	52-2069529	0.00%
Keith Tilden Roofing Co	36-3370850	0.00%
L & J Enterprise-East Wayne LLC	82-1827141	2.09%

Multiple-Employer Plan Participating Employer Information

Trion Solutions, Inc. 401(k) Profit Sharing Plan - EIN: 46-1334892 - PN 001

(a) Name of participating	(b) EIN	(c) Percent of Total Contributions
Labor Connections	46-2653265	0.00%
Landmark Systems, Inc	38-3235038	0.25%
Lapeer Lodge	27-2550650	0.00%
Law Offices of Jourmana Kayrouz	51-0527199	0.54%
LocalLive Networks	82-2519037	0.41%
Mt Clemens Housing Commission	45-5272001	1.51%
Munson Services, Inc.	38-3144382	1.19%
New Haven Lodge/ Lansing Lodge	47-1600658	0.04%
P MONTEREY LP	26-1357666	0.00%
PACIFICA AUGUSTINE ROAD LLC	81-3191653	0.54%
PACIFICA BAKERSFIELD LP	26-1533880	0.41%
PACIFICA BELLEAIR LLC	81-4759772	1.51%
PACIFICA CALAROGA TERRACE LLC	81-4246240	1.19%
PACIFICA COAST LP	26-4373983	0.04%
PACIFICA COTTAGES LLC	46-1479316	0.22%
PACIFICA DALY LLC	47-1203763	0.00%
PACIFICA EAST LAKE LLC	47-3670752	0.07%
PACIFICA FORT MYERS LLC	81-4294976	0.02%
PACIFICA HERITAGE CIRCLE LLC	81-4059720	0.04%
Pacifica L 24 LLC	27-3739135	0.01%
Pacifica Laguna Hills LLC	84-4637982	0.53%
Pacifica North County SL LP	46-2914881	0.10%
PACIFICA OAKLAND LLC	46-3847979	0.28%
PACIFICA ORANGE COUNTY LLC	81-3901080	0.00%
PACIFICA REGENCY PALMS LLC	46-1491789	0.12%
PACIFICA RIVERSIDE SL LP	81-4673092	0.01%
PACIFICA ROCKWOOD LLC	46-4329221	0.05%
PACIFICA ROSEMONT LLC	46-1407896	0.00%
PACIFICA SAKURA GARDENS ICF	84-3672191	0.01%
PACIFICA SAN BERNARDINO LLC	84-4638471	0.05%
Pacifica Senior Living Milton LLC	46-4365768	0.12%
PACIFICA SENIOR LIVING VACAVIL	47-3845462	0.07%
PACIFICA SFO LLC	81-3726674	0.25%
Pacifica Skylyn SNF LLC	83-3016559	0.07%
Pacifica SL Hemet LLC	81-1312543	0.01%
PACIFICA SL LANTANA LLC	84-3794787	0.20%
PACIFICA SL PEORIA LLC	46-4333425	0.08%
PACIFICA SL SCOTTSDALE LLC	82-3038714	0.16%
PACIFICA SL SNOHOMISH LLC	81-1622717	0.01%
PACIFICA SL SUNRISE LLC	83-3561475	0.10%
PACIFICA SLO LLC	81-3726674	0.00%
PACIFICA SOMERFIELD LLC	84-4637858	0.06%
PACIFICA ST ANDREWS LLC	46-4514445	0.00%
PACIFICA SUN CITY LP	26-0226328	0.36%

Multiple-Employer Plan Participating Employer Information

Trion Solutions, Inc. 401(k) Profit Sharing Plan - EIN: 46-1334892 - PN 001

(a) Name of participating	(b) EIN	(c) Percent of Total Contributions
PACIFICA TUCSON LLC	81-4286212	0.09%
Pacifica Union City LLC	46-3826351	0.17%
PACIFICA VICTORIA LP	26-2898867	0.03%
PACIFICA WALTON BEACH LLC	46-3839699	0.04%
Panhandle Concrete Cutting, Inc.	51-0503920	0.44%
Perbro, Inc.	52-2069529	0.00%
Persis Consulting Co	38-3463910	1.09%
Pro Staff Services	82-3700205	0.15%
Professional Graphic Network, Inc.	38-2729847	0.08%
PSLM Payroll	84-3287166	0.15%
QMI Group	38-2193292	1.27%
Red E Parts	20-3891119	2.93%
Sanders Management Group LTD	38-3631686	1.23%
Selective Industries, Inc.	38-3216581	0.84%
Sort of Stephanie, LLC	83-3913850	0.01%
SR Partners dba National Technology Managenr	20-8371359	1.66%
Staffworks Group	46-1541910	0.55%
StickleMe, LLC dba Sticker Genius	27-0859226	0.37%
TCC Wireless, LLC	20-2444069	7.21%
Team 84 Staffing LLC	84-3472388	0.01%
Third Coast Produce	85-3093422	0.00%
Traverse Connect	47-2891252	1.84%
Trion Solutions Inc	46-1334892	24.27%
Two Men And A Truck	38-3139381	0.00%
Urban Homes (Part of Wedgewood)	00-0000000	0.00%
Veterans Alliance, LLC	84-3592682	1.21%
Warrior Freight Solutions, LLC	83-1091657	0.40%
Warrior Freight Systems, LLC	83-1091252	0.00%
Wedgewood Property Management	20-0040610	0.09%
WEST LYONS LP	26-2864389	0.40%
WFQ	46-2575897	0.13%
Yaldo Eve Center	27-1734550	0.00%
Zooling Imports Llc Dbz Zied Lighting	52-2069529	0.00%

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

EIN #46-1334892 - PLAN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i))
December 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	MUTUAL FUNDS			
	Aberdeen	Global Equity	*	\$ 1,354
	American Century	Short Duration Inflation Protection Bond Fund	*	163
	Blackrock	Mid Cap Growth Equity Inst	*	275,525
	JP Morgan	Core Plus Bond Fund	*	626
	JP Morgan	Small Cap Value	*	310
	MFS	Value Fund R4	*	246
	American Beacon	International Equity Institutional	*	1,291
	Oakmark	Fund Investor Class	*	4,219
	Prudential	Global Real Estate Fund	*	971
	T Rowe Price	Media and Telecommunications Fund	*	93,371
	Fidelity	New Insights	*	35,388
	Lord Abbett	High Yield Fund	*	195,934
	Lord Abbett	Total Return Fund	*	141,239
	Oakmark	Equity and Income Fund	*	1,987
	T Rowe Price	Blue Chip Growth Fund	*	74,303
	Blackrock	Hi Yield Bond Portfolio	*	373,038
	Blackrock	Total Return Fund	*	161,107
	T Rowe Price	Science Tech Fund	*	2,783
	DFA	Emerging Markets Core Equity Portfolio	*	477,557
	DFA	Global Real Estate Securities Portfolio	*	361,395
	JP Morgan	Equity Income Fund Select	*	876
	Vanguard	Target Retirement 2060 Fund	*	226,327
	DFA	Inflation-Protections Securities	*	60
	Templeton	Global Bond Fund	*	221
*	Nationwide	Geneva Small Cap Growth Fund	*	8,917
	Nuveen	Symphony Credit Opportunities Fund	*	19

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SEE ACCOMPANYING NOTES

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

EIN #46-1334892 - PLAN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i)) (continued)
December 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Blackrock	Strategic Income Opportunities Portfolio	*	\$ 116
	Guggenheim	Floating Rate Strats Inst	*	15
	Aberdeen	Global Bond Fund	*	284,539
	Columbia	Select Large Cap Growth Fund	*	453,618
	Diamond Hill	Mid Cap Fund	*	269,771
	Fidelity	Mega Cap Stock Fund	*	128
	Vanguard	500 Index Fund	*	2,902,522
	Vanguard	Balanced Index Fund	*	517,353
	Vanguard	Emerging Markets Stock Index Fund	*	430,242
	Vanguard	Mid-Cap Index Fund	*	178,278
	Vanguard	Small-Cap Index Fund	*	338,149
	Vanguard	Total Bond Market Index Fund	*	274,613
	Vanguard	Total International Stock Index Fund	*	350,557
	Vanguard	Total Stock Market Index Fund	*	914,978
	Vanguard	Explorer Fund	*	179,394
	Vanguard	Health Care Fund	*	48,431
	Vanguard	Inflation-Protected Securities Fund	*	55,523
	Vanguard	Long-Term Investment Grade Fund	*	445,794
	Vanguard	Mid-Cap Growth Index Fund	*	718,819
	Vanguard	Mid-Cap Value Index Fund	*	246,865
	Vanguard	Small-Cap Value Index Fund	*	300,833
	Vanguard	Small-Cap Growth Index Fund	*	446,280
	Fidelity	Advisor Biotechnology Fund	*	17,991
	Vanguard	Total International Bond Index Fund	*	27,154
	DFA	U.S. Large Cap Value Portfolio	*	583,327
	DFA	U.S. Targeted Value Portfolio	*	176,948

(continued on next page)

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

EIN #46-1334892 - PLAN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i)) (continued)
December 31, 2020

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	DFA	Five-Year Global Fixed Income Portfolio	*	\$ 142,026
	DodgeCox	International Stock Fund	*	589,893
	MFS	Value Fund R6	*	1,164
	Federated	Govt Obligations Fund	*	26,528
	T Rowe Price	Large Cap Growth Fund	*	6,606
	Prudential	Total Return Bond Fund Z	*	166
	Janus Henderson	Global Technology Fund	*	43,774
	Prudential	Total Return Bond Fund Q	*	575,671
	Franklin Templeton	Global Bond Fund	*	16
	Blackrock	Ishares MSCI EAFE International Index Fund	*	35,140
	Ivy Pictet	Emerging Markets Local Currency Debt Fund	*	37
	JPMorgan	Equity Income Fund	*	499,227
*	Nationwide	All Cap Growth Fund	*	491,420
	Vanguard	Target Retirement 2065 Fund	*	14,977
	Blackrock	Low Duration Bond Portfolio	*	6,588
	Vanguard	Tax Managed Small Cap Fund	*	93,522
	Fidelity	500 Index Fund	*	975,606
	Fidelity	International Index Fund	*	483,499
	Fidelity	US Bond Index Fund	*	431,271
	American Beacon	International Equity Fund	*	196
*	Nationwide	Investor Destinations Aggressive Fund	*	856,353
*	Nationwide	Investor Destinations Conservative Fund	*	260,204
*	Nationwide	Investor Destinations Moderately Conservative Fund	*	329,502
*	Nationwide	Investor Destinations Moderately Aggressive Fund	*	615,234

(continued on next page)

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TRION SOLUTIONS, INC.
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*	Nationwide	Investor Destinations Moderate Fund	*	\$ 67,644
	Harbor	International Growth Fund	*	594,385
	MFS	Research Fund	*	1,088
	MFS	Utilities Fund	*	22,422
	Oppenheimer	International Growth Fund	*	14,486
	Prudential	High Yield Fund	*	12,350
	Pimco	Real Return Fund	*	354,667
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401(k) PROFIT SHARING PLAN

EIN #46-1334892 - PLAN#001
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