

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

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>FORTEC MEDICAL, INC. 401(K) PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>	
	1c Effective date of plan	<u>01/01/1991</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>FORTEC MEDICAL, INC.</u> <u>6245 HUDSON CROSSING PARKWAY</u> <u>HUDSON, OH 44236</u>	2b Employer Identification Number (EIN) <u>34-1662721</u>	2c Plan Sponsor's telephone number <u>330-463-1265</u>	2d Business code (see instructions) <u>621399</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	JOANN VOSBURGH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2021	JOANN VOSBURGH
	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	591
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)	452
a(2) Total number of active participants at the end of the plan year		6a(2)	508
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	147
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	655
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	655
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	587
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	31
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
A Name of plan FORTEC MEDICAL, 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 FORTEC MEDICAL, INC.	D Employer Identification Number (EIN) 34-1662721

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
VOYA RETIREMENT INSURANCE AND ANNUITY 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
71-0294708	86509	ZH9841	655	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
0	0

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

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

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

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

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

(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	1875451
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	33912684

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 ▶ **GROUP PENSION FUNDING**

b	Balance at the end of the previous year	7b	1001308
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c	Additions: (1) Contributions deposited during the year	7c(1)	67552	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	13853	
	(4) Transferred from separate account.....	7c(4)	706031	
	(5) Other (specify below)	7c(5)	15680	

▶ **LOAN REPAYMENTS**

(6) Total additions	7c(6)	803116
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	1804424
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	36436	
	(2) Administration charge made by carrier.....	7e(2)	422	
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below)	7e(4)	13431	

▶ **NEW LOANS ISSUED CORRECTIVE DISTRIBUTIONS**

(5) Total deductions	7e(5)	50289
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1754135
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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)	
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)	
(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)	
(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 FORTEC MEDICAL, 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 FORTEC MEDICAL, INC.	D Employer Identification Number (EIN) 34-1662721	

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
VOYA RETIREMENT INSURANCE & ANNUITY
71-0294708

(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)

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 64	SERVICE PROVIDER	7203	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MORNINGSTAR INVESTMENT MANAGEMENT

36-4317381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 27	SERVICE PROVIDER	1903	Yes ☒ No ☐	Yes ☐ No ☒	5411	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MORNINGSTAR INVESTMENT MANAGEMENT	27	5411
(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.	
VOYA RETIREMENT INSURANCE & ANNUITY 71-0294708	INVESTMENT ADVISORY (PLAN)	
(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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>FORTEC MEDICAL, INC. 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FORTEC MEDICAL, INC.</u>	D Employer Identification Number (EIN) <u>34-1662721</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA LARGE CAP GROWTH FUND

b Name of sponsor of entity listed in (a): VOYA INVESTMENT TRUST COMPANY

c EIN-PN <u>06-1440627-011</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1813577</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: VARIABLE ANNUITY ACCOUNT D

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>32099108</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	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 FORTEC MEDICAL, 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 FORTEC MEDICAL, INC.	D Employer Identification Number (EIN) 34-1662721	

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)	
(2) Participant contributions.....		1b(2)	
(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)	466051
(9) Value of interest in common/collective trusts		1c(9)	1227010
(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)	26874931
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	1001308
(15) Other.....		1c(15)	
			508147
			1813577
			32099108
			1754135

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	29569300	36174967

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	29569300	36174967
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1117644	
(B) Participants	2a(1)(B)	1906175	
(C) Others (including rollovers).....	2a(1)(C)	8774	
(2) Noncash contributions	2a(2)		3032593
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	25360	
(F) Other	2b(1)(F)	13853	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		39213
(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)		430127
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		4473019
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		1937
d Total income. Add all income amounts in column (b) and enter total.....	2d		7976889

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1352134	
(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)		1352134
f Corrective distributions (see instructions)	2f		9982
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)	9106	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		9106
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1371222

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6605667
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BDO USA, LLP**

(2) EIN: **13-5381590**

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)

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

<div>A Name of plan FORTEC MEDICAL, INC. 401(K) PROFIT SHARING PLAN</div>	<div>B Three-digit plan number (PN) ▶ 001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 FORTEC MEDICAL, INC.</div>	<div>D Employer Identification Number (EIN) 34-1662721</div>

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

<div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>	<div>1</div>
<div>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): 71-0294708</div> <div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div>	
<div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year</div>	<div>3</div>

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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<div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?</div>	<div>☐ Yes ☐ No</div>
<div>11 a Does the ESOP hold any preferred stock?</div>	<div>☐ Yes ☐ No</div>
<div>b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)</div>	<div>☐ Yes ☐ No</div>
<div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market?</div>	<div>☐ Yes ☐ No</div>

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

Schedule R (Form 5500) 2020
v. 200204

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

ForTec Medical, Inc. 401(k) Profit Sharing

**Financial Statements
and Supplemental Schedule**
Years Ended December 31, 2020 and 2019

ForTec Medical, Inc. 401(k) Profit Sharing

Financial Statements and Supplemental Schedule
As of and for the Years Ended December 31, 2020 and 2019

ForTec Medical, Inc. 401(k) Profit Sharing

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Independent Auditor's Report

To the Plan Trustees
ForTec Medical, Inc. 401(k) Profit Sharing
Hudson, Ohio

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2020 Financial Statements

We have performed an audit of the financial statements of ForTec Medical, Inc. 401(k) Profit Sharing (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C), which comprise the statement of net assets available for benefits - modified cash basis as of December 31, 2020, and the related statement of changes in net assets available for benefits - modified cash basis for the year then ended, and the related notes to the 2020 financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2020 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of December 31, 2020, and for the year then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2020 Financial Statements

In our opinion, based on our audit and the procedures performed as described in the *Auditor's Responsibilities for the Audit of the 2020 Financial Statements* section of our report

- the amounts and disclosures in the accompanying 2020 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2; and
- the certified investment information in the accompanying 2020 financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2020 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the 2020 Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for administering the Plan and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the 2020 Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2020 Financial Statements* section of our report, our objectives are to obtain reasonable assurance about whether the 2020 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2020 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2020 financial statements as a whole are presented fairly, in all material respects, in accordance with the modified cash basis of accounting.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter – 2020 Supplemental Schedule Required by ERISA

The 2020 supplemental schedule (Schedule of Assets (Held at End of Year) as of December 31, 2020) is presented for purposes of additional analysis and is not a required part of the 2020 financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2020 financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2020 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2020 financial statements or to the 2020 financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the certified investment information in the supplemental schedule agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matter – Report on the 2019 Financial Statements

We were engaged to audit the statement of net assets available for benefits - modified cash basis of the Plan as of December 31, 2019 and the statement of changes in net assets available for benefits - modified cash basis for the year then ended. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by the qualified institution. Our audit report, dated October 6, 2020 indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an opinion and accordingly, we did not express an opinion on the 2019 financial statements, and (b) the form and content of the information included in the 2019 financial statements other than that derived from the information certified by the qualified institution were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

BDO USA, LLP

Cleveland, OH
October 15, 2021

Financial Statements

ForTec Medical, Inc. 401(k) Profit Sharing

Statements of Net Assets Available for Benefits - Modified Cash Basis

<i>December 31,</i>	2020	2019
Assets		
Investments, at fair value		
Pooled separate accounts	\$ 32,099,108	\$ 26,874,931
Common collective trusts	1,813,577	1,227,010
Investments, at contract value		
Guaranteed investment contract	1,754,135	1,001,308
Total Investments	35,666,820	29,103,249
Receivables		
Notes receivable from participants	508,147	466,051
Net Assets Available for Benefits	\$ 36,174,967	\$ 29,569,300

See accompanying notes to financial statements.

ForTec Medical, Inc. 401(k) Profit Sharing

Statements of Changes in Net Assets Available for Benefits - Modified Cash Basis

<i>Years Ended December 31,</i>	2020	2019
Additions in Net Assets Attributed to:		
Investment Income:		
Net appreciation in fair value of investments	\$ 4,903,146	\$ 5,444,346
Dividends and interest	13,853	6,388
Other income	1,937	454
Total Investment Income	4,918,936	5,451,188
Interest Income on Notes Receivable from Participants	25,360	25,501
Contributions:		
Participants	1,906,175	1,531,804
Employer	1,117,644	1,030,877
Rollover	8,774	538,139
Total Contributions	3,032,593	3,100,820
Total Additions to Net Assets	7,976,889	8,577,509
Deductions from Net Assets Attributed to:		
Benefits paid to participants	1,352,134	1,000,347
Corrective distributions	9,982	12,946
Administrative expenses	9,106	9,928
Total Deductions from Net Assets	1,371,222	1,023,221
Net Increase	6,605,667	7,554,288
Net Assets Available for Benefits, beginning of year	29,569,300	22,015,012
Net Assets Available for Benefits, end of year	\$ 36,174,967	\$ 29,569,300

See accompanying notes to financial statements.

ForTec Medical, Inc. 401(k) Profit Sharing

Notes to Financial Statements

1. Description of the Plan

The following description of the ForTec Medical, Inc. 401(k) Profit Sharing (the Plan) provides only general information. Therefore, participants should refer to the Plan agreement or Summary Plan Description (SPD) for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of ForTec Medical, Inc., ForTec Fibers, Inc., ForTec Litho, LLC, ForTec Litho Akron, LLC, ForTec Litho Premier 1, LLC, ForTec Litho Emerald Coast, LLC, ForTec Litho Central, LLC, ForTec Litho NY, LLC, ForTec Litho Western NY, LLC, ForTec Litho Tri-State, LLC, ForTec Litho Florida, LLC and ForTec Litho Central Texas, LLC (the Company). The Plan is designed to comply with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), and the Internal Revenue Code (IRC).

Eligibility

All employees of the Company who have completed at least 1 year of service and attained the age of 21 or older are eligible to participate in the Plan. Employees are allowed to commence participation in the Plan after achieving eligibility on either the first day of each calendar year or the first day of the seventh month of the calendar year. Participants are automatically enrolled into the Plan at a 6% deferral upon meeting eligibility requirements.

Participant Contributions

Participants may contribute up to 100% of their annual compensation, not to exceed Internal Revenue Service (IRS) limitations. Participants may also elect to contribute Roth deferrals (post-tax contributions) to the Plan, which are separately accounted for as are the gains and losses attributed to those deferrals. Contributions are subject to limitations on annual additions and other limitations imposed by the IRC as defined in the Plan document. Eligible participants may make a rollover contribution to the Plan of a distribution from a prior employer's qualified Plan.

Participants who are eligible to make salary deferral contributions under the Plan and have attained age 50 before the close of the Plan year may make catch-up contributions in accordance with, and subject to the limitations imposed by, the IRC.

Employer Contributions

The Company may elect to make discretionary matching and discretionary profit-sharing contributions. During the years ended December 31, 2020 and 2019, the Company matched employee contributions at an amount equal to forty percent of the first six percent of the participant's gross earnings deferred. Additionally, the Company made discretionary profit-sharing contributions of \$675,250 and 600,000 for the years ended December 31, 2020 and 2019, respectively.

Participant Accounts

Each participant's account is credited with the participant's contribution, and an allocation of the Company's discretionary matching and discretionary profit-sharing contribution and earnings and

ForTec Medical, Inc. 401(k) Profit Sharing

Notes to Financial Statements

losses, if any, and may be charged with certain administrative expenses. Plan earnings or losses are applied to a participant's account balance based on the investment experience of the funds held and the number of shares owned in each fund by the participant. 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. The vesting schedule for Company discretionary matching and discretionary profit-sharing contributions and actual earnings thereon is based on years of credited service. The vesting schedule is as follows:

Years of Credited Service	Vesting Percentage
<2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Forfeitures

Plan forfeitures are allocated to each participant's account based upon the relation of the participant's compensation to total compensation for the Plan year. Any forfeitures attributable to Employer matching or profit-sharing contributions will be used to reduce any future matching contributions. The balances of the forfeiture accounts at December 31, 2020 and 2019 were \$48,384 and \$51,900 respectively. There were \$72,583 and \$49,538 forfeitures applied in the reduction of Employer matching or profit-sharing contributions for the year ended December 31, 2020 and 2019.

Payment of Benefits

The benefit to which a participant is entitled equals the value of the participant's vested interest in his or her account. Upon termination of service due to death, disability, severance, or retirement, a participant may elect to receive a partial withdrawal or a lump-sum payment equal to the vested portion of his or her account. Upon termination of employment, vested account balances of less than \$5,000 may be distributed in a lump sum or rolled over to another qualified plan or an Individual Retirement Account or Annuity for the benefit of the participant.

Investment Options

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers a menu of pooled separate accounts, common collective trusts, and guaranteed investment contract fund options for investment.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at a rate set by the plan administrator, ranging from 4.25% and 6.50%. Any loan must be repaid within five years unless otherwise approved. Principal and interest are paid

ForTec Medical, Inc. 401(k) Profit Sharing

Notes to Financial Statements

ratably through payroll deductions. Participant loans receivable are stated at the unpaid principal balance, plus accrued interest. No allowance is recorded as the loans are secured by the participant's account balance.

Plan Expenses

Substantially all Plan expenses are paid by the Company.

2. Summary of significant accounting policies

Basis of Accounting

The accompanying financial statements have been prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Investments are reported at fair value, except for fully benefit-responsive investment contracts which are reported at contract value. All other transactions, including contributions and corrective distributions, are reported on a cash basis.

Use of Estimates

The preparation of financial statements on the modified cash basis of accounting requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Risks and Uncertainties

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

COVID-19 and CARES Act

On January 30, 2020, the World Health Organization (WHO) announced a global health emergency because of a new strain of coronavirus originating in Wuhan, China (the COVID-19 outbreak) and the risks to the international community as the virus spread globally beyond its point of origin. In March 2020, the WHO classified the COVID-19 outbreak as a pandemic, based on the rapid increase in exposure globally.

The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. This pandemic has adversely affected global economic activity and contributed to volatility in financial markets. However, because the values of the Plan's investments have and will fluctuate in response

ForTec Medical, Inc. 401(k) Profit Sharing

Notes to Financial Statements

to changing market conditions, the amount of gains and losses that will be recognized in subsequent periods, if any, cannot be determined at this time.

On March 27, 2020, former President Trump signed into law the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The CARES Act, among other things, includes several relief provisions available to tax-qualified retirement plans and their participants. Plan management did not implement provisions of the CARES Act to the Plan, as such, determined there is no impact on the Plan's financial statements.

Investment Valuation and Income Recognition

Investments are held in trust by Voya Retirement Insurance and Annuity Company (Voya), the custodian, and such investments and changes therein have been reported to the Plan through current market values. Investments are reported at fair value, except for fully benefit-responsive investment contracts. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The fair value of participation units in the pooled separate accounts and common collective trusts are based upon net asset values of such accounts. The net asset value, as provided by the custodian, is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities.

The guaranteed investment contract is valued at contract value. Contract value is the relevant measurement attribute 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 would receive if they were to initiate permitted transactions under the terms of the Plan. Refer to Note 7 for further information.

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

Payment of Benefits

Benefits paid to participants are recorded as a reduction of net assets available for benefits when paid.

Recently Adopted Accounting Pronouncements

In August 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standard Update (ASU) 2018-13, *Fair Value Measurement (Topic 820), Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement* ("ASU 2018-13"). ASU 2018-13 eliminates certain disclosures including the disclosure related to transfers between Level 1 and 2 investments, the valuation policies for Level 3 measurements and, for nonpublic entities, the change in the Level 3 investments' unrealized gains and losses included in earnings. This ASU also amends certain disclosures including disclosing purchases, sales, and transfers for Level 3 investments instead of the Level 3 roll-forward. ASU 2018-13 is effective for periods beginning after December 15, 2019. Effective January 1, 2020, management adopted the ASU which had no material impact on the financial statements.

ForTec Medical, Inc. 401(k) Profit Sharing

Notes to Financial Statements

Evaluation of Subsequent Events

The Plan has evaluated subsequent events through the date of the Independent Auditor's Report and has determined that there were no subsequent events that have occurred through that date that have not already been reflected in the financial statements and/or disclosed in the notes.

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 measurements) and the lowest priority to unobserved inputs (Level 3 measurements). The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

- Quoted prices for 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; and
- 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 measurements.

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

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

Common collective trusts: The fair value of participation units held in collective trusts are based on the net asset values (NAV) reported by the fund managers as of the financial statement dates and recent transaction prices. The investment objective of the collective trust is to provide preservation of capital and provide relatively stable returns consistent with a low risk profile. The collective trust provides for daily redemptions by the Plan at reported net asset values per share, with no advance notice requirement. The fair value of common collective trusts was \$1,813,577 and \$1,227,010 as of December 31, 2020 and 2019, respectively.

Pooled separate accounts: The fair value of participation units held in pooled separate accounts are

ForTec Medical, Inc. 401(k) Profit Sharing

Notes to Financial Statements

based on NAV reported by the fund managers as of the financial statement dates and recent transaction prices. The funds invest in underlying domestic and foreign equity, real asset and alternative investments, and fixed-income funds according to an asset allocation determined by the fund's manager. The pooled separate accounts provide for daily redemptions by the Plan at the reported net asset values per share, with no advance notice requirement. The fair value of pooled separate accounts was \$32,099,108 and \$26,874,931 as of December 31, 2020 and 2019, respectively.

Fair Value of Investments in Entities that Use NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2020 and 2019, respectively.

	Fair Value at December 31, 2020	Fair Value at December 31, 2019	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled separate accounts:					
Retirement fund (a)	\$ 10,965,681	\$ 8,992,845	N/A	Daily	None
Balanced fund (b)	673,788	456,268	N/A	Daily	None
Equity fund (c)	17,952,903	15,223,338	N/A	Daily	None
Fixed income fund (d)	1,956,520	1,842,393	N/A	Daily	None
Money market fund (e)	48,384	51,900	N/A	Daily	None
Real estate fund (f)	501,832	378,187	N/A	Daily	None
	\$ 32,099,108	\$ 26,874,931			
Common collective trusts:					
Equity fund (c)	\$ 1,813,577	\$ 1,227,010	N/A	Daily	None
Total investments measured at NAV as practical expedient					
	\$ 33,912,685	\$ 28,101,941			

- (a) Retirement fund, as categorized by the Plan's custodian, invest in share of other services of investment company funds in proportions that are balanced to achieve current income and capital appreciation appropriate for the asset allocation associated with its approximate year of retirement which is included in each funds' name (target retirement date) or current income and preserve the value of the investment of retired individuals (retirement income fund).
- (b) Balanced funds, as categorized by the Plan's custodian, invest a portion of its assets in equity securities, fixed income securities and money market securities in an attempt to provide a complete investment fund in a single product. The funds' investment percentage in each type of security range from 10% - 60%.
- (c) Equity funds, as categorized by the Plan's custodian, invest in equity securities of U.S. companies with long-term capital appreciation based upon a risk-based approach. These securities normally include commons stock, such as growth and value stocks, and when deemed necessary,

ForTec Medical, Inc. 401(k) Profit Sharing

Notes to Financial Statements

securities of domestic and foreign companies. Typically, at least 80% of the funds' total assets will be invested in equity securities.

- (d) Fixed income funds, as categorized by the Plan's custodian, invest primarily in publicly traded, investment-grade debt securities. At least 80% of each funds' total assets are invested in investment-grade securities issued by U.S. corporations or by the U.S. Government or its agencies, such as bonds, notes, debentures, zero coupon securities and mortgage-backed securities.
- (e) The money market fund, as categorized by the Plan's custodian, invests in money market instruments that meet certain retirements. The dollar weighted average maturity of the instruments the fund holds will be short-term, 60 days or less.
- (f) The real estate fund, as categorized by the Plan's custodian, employs an indexing investment approach by investing in stocks of large, mid-size, and small U.S. companies within the real estate sector.

4. Information Certified by the Custodian

The plan administrator has elected the method of annual reporting permitted by Regulation 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Voya Financial Company (the Custodian), except for comparing such information certified by the Custodian to information included in the Plan's financial statements and ERISA-required supplemental schedule.

The Custodian has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

<i>December 31,</i>	2020	2019
Investments, at fair value	\$ 33,912,685	\$ 28,101,941
Investments, at contract value	1,754,135	1,001,308
Notes receivable from participants	508,147	466,051
Total investments	\$ 36,174,967	\$ 29,569,300
<i>Year ended December 31,</i>	2020	2019
Investment income		
Net appreciation in fair value of investments	\$ 4,903,146	\$ 5,444,346
Interest and dividends	13,853	6,388
Other income (expense)	-	454
Total investment income	\$ 4,916,999	\$ 5,451,188
Interest income on participant loans receivable	\$ 25,360	\$ 25,501
	\$ 4,942,359	\$ 5,476,689

ForTec Medical, Inc. 401(k) Profit Sharing

Notes to Financial Statements

5. 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 terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in their accounts.

6. Parties-in-interest

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, any party rendering services to the Plan, the Employer, and certain others. As such, transactions conducted by Voya, the Custodian Company, and its affiliates qualify as party-in-interest transactions.

7. Guaranteed investment contract

The Plan has entered into a guaranteed investment contract with Voya. Voya maintains the contributions in a pooled account. The account is credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses charged by Voya. The contract is included in the financial statements at contract value as reported to the Plan by Voya. Contract value represents contributions made under the contract, plus earnings, less withdrawals and administrative expenses, because it is fully benefit responsive. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract, issuer, or otherwise. The average yield and crediting interest rate was 1.00% at December 31, 2020 and 2019. Renewal rates are declared on an annual basis. There are no restrictions on withdrawals.

8. Income tax status

The Company adopted a prototype plan document sponsored by Voya Financial Company. Voya received an opinion letter from the IRS dated March 31, 2008, which states that the prototype document satisfies the applicable provisions of the IRC, that the Plan is qualified under Section 401(a) of the Internal Revenue Code and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan sponsor is responsible for reviewing the annual Required Amendments List ("RAL") issued by the IRS for individually designed plans to retain qualified tax status. The plan administrator believes that the Plan is designed and operated in compliance with the applicable requirements of the IRC and therefore, believe the Plan, as amended, is qualified and the related trust is tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The modified cash basis of accounting requires plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

ERISA-Required Supplemental Schedule

ForTec Medical, Inc. 401(k) Profit Sharing

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 34-1662721
Plan Number: 001

December 31, 2020

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment (including maturity dates, rates of interest, collateral, par, or maturity value)	(d) Cost	(e) Current Value
	American Funds Growth Fnd R6	Pooled Separate Accounts	**	\$ 3,015,849
	Vanguard Trgt Retire 2045 Fnd Inv	Pooled Separate Accounts	**	3,011,913
	American Funds Wash Mtual R6	Pooled Separate Accounts	**	2,731,823
	Inv Global Fd R6	Pooled Separate Accounts	**	2,400,374
	Vanguard Trgt Retire 2035 Fnd Inv	Pooled Separate Accounts	**	2,356,251
*	Voya Large Cap Growth Fund 8	Common Collective Trusts	**	1,813,577
*	Voya Fixed Account	Guaranteed Investment Contract	**	1,754,135
	Vanguard 500 Index Fund Adm	Pooled Separate Accounts	**	1,673,894
	American Funds Fdmntl Inv R6	Pooled Separate Accounts	**	1,657,869
	Vanguard Trgt Retire 2025 Fnd Inv	Pooled Separate Accounts	**	1,562,491
	Vanguard Trgt Retire 2055 Fnd Inv	Pooled Separate Accounts	**	1,441,500
*	Voya Intermediate Bond Fund R6	Pooled Separate Accounts	**	1,168,426
	Amer Cent Mid Cap Value Fund R6	Pooled Separate Accounts	**	1,163,630
	Neuberger Berman Md Cp Grw Fnd R6	Pooled Separate Accounts	**	1,113,868
	Vanguard Small-Cap Index fund Adm	Pooled Separate Accounts	**	952,355
	Vanguard Trgt Retire 2050 Fnd Inv	Pooled Separate Accounts	**	930,118
	Vanguard Trgt Retire 2040 Fnd Inv	Pooled Separate Accounts	**	725,063
	Vanguard Mid-Cap Index Fund Adm	Pooled Separate Accounts	**	693,426
	American Funds Am Balancd R6	Pooled Separate Accounts	**	673,788
	DFA U.S. Targeted Value Port Inst	Pooled Separate Accounts	**	545,247
	DFA Real Estate Securities Port Inst	Pooled Separate Accounts	**	501,832
	DFA Intl core Equity Port Inst	Pooled Separate Accounts	**	494,085
	Vanguard Trgt Retire 2030 Fnd Inv	Pooled Separate Accounts	**	487,214
	American Funds EuroPacific R6	Pooled Separate Accounts	**	462,658
	Legg Msn BW Gbl Opp Bond Fd IS	Pooled Separate Accounts	**	443,186
	Pioneer Equity Income Fund K	Pooled Separate Accounts	**	405,269
	American Funds New World R6	Pooled Separate Accounts	**	403,959
	Vanguard Trgt Retire 2060 Fnd Inv	Pooled Separate Accounts	**	290,743
	Loomis Sayles Bond Fund N	Pooled Separate Accounts	**	205,270
	PIMCO Real Return Fund Inst	Pooled Separate Accounts	**	139,638
	ClearBridge Small Cap Growth Fund	Pooled Separate Accounts	**	136,376
	Vanguard Trgt Retire income Fnd Inv	Pooled Separate Accounts	**	56,900
	Vanguard Trgt Retire 2015 Fnd Inv	Pooled Separate Accounts	**	52,987
	PGIM High Yield Fund R6	Pooled Separate Accounts	**	51,461
	VY T. Rowe Price Capital Appreciation Portfolio	Pooled Separate Accounts	**	50,760
*	Voya Money Mkt fnd A (Holding Acct)	Pooled Separate Accounts	**	48,384
	Vanguard Trgt Retire 2020 Fnd Inv	Pooled Separate Accounts	**	44,323
	Vanguard Trgt Retire 2065 Fnd Inv	Pooled Separate Accounts	**	6,178
Total Investments				35,666,820
Interest rates of 4.25%-6.50% with maturity dates through 2025				
*	Participant loans		-0-	508,147
Total				\$ 36,174,967

* Identified as a party-in-interest.

** Cost is not required to be disclosed for participant-directed investments

Attachment to 2020 Form 5500
Schedule H, line 4i - Schedule of Assets
(Held at End of Year)
Fortec Medical, Inc. 401(k) Profit Sharing Plan
EIN 34-1662721
Plan 001
As of December 31, 2020

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d) Cost	(e) Current Value
AmCen Mid Cap Value Fund R6	Registered Investment Company		\$1,163,630
American Funds Am Balanced R6	Registered Investment Company		\$673,788
American Funds EuroPacific R6	Registered Investment Company		\$462,659
American Funds Fdmntl Inv R6	Registered Investment Company		\$1,657,869
American Funds Growth Fnd R6	Registered Investment Company		\$3,015,849
American Funds New World R6	Registered Investment Company		\$403,959
American Funds Wash Mtual R6	Registered Investment Company		\$2,731,823
BrandywineGLOBAL Glb Opp Bd IS	Registered Investment Company		\$443,186
ClrBrg SmCp Grw Fd IS	Registered Investment Company		\$136,376
DFA Intl Core Equity Port Ins	Registered Investment Company		\$494,085
DFA Real Estate Secs Port Ins	Registered Investment Company		\$501,832
DFA US Targeted VI Port Ins	Registered Investment Company		\$545,247
Inv Global Fd R6	Registered Investment Company		\$2,400,374
Loomis Sayles Bond Fund N	Registered Investment Company		\$205,270
Neuberg Berm MdCp Grw Fnd R6	Registered Investment Company		\$1,113,868
PGIM High Yield Fund R6	Registered Investment Company		\$51,461
PIMCO Real Return Fund Ins	Registered Investment Company		\$139,638
Pioneer Equity Income Fund K	Registered Investment Company		\$405,269
Vangrd 500 Index Fund Adm	Registered Investment Company		\$1,673,894
Vangrd Mid-Cap Index Fund Adm	Registered Investment Company		\$693,426
Vangrd Small-Cap Index Fnd Adm	Registered Investment Company		\$952,355
Vangrd Trgt Retire 2015 Fd Inv	Registered Investment Company		\$52,987
Vangrd Trgt Retire 2020 Fd Inv	Registered Investment Company		\$44,323
Vangrd Trgt Retire 2025 Fd Inv	Registered Investment Company		\$1,562,491
Vangrd Trgt Retire 2030 Fd Inv	Registered Investment Company		\$487,214
Vangrd Trgt Retire 2035 Fd Inv	Registered Investment Company		\$2,356,251
Vangrd Trgt Retire 2040 Fd Inv	Registered Investment Company		\$725,063
Vangrd Trgt Retire 2045 Fd Inv	Registered Investment Company		\$3,011,913
Vangrd Trgt Retire 2050 Fd Inv	Registered Investment Company		\$930,118
Vangrd Trgt Retire 2055 Fd Inv	Registered Investment Company		\$1,441,500
Vangrd Trgt Retire 2060 Fd Inv	Registered Investment Company		\$290,743
Vangrd Trgt Retire 2065 Fd Inv	Registered Investment Company		\$6,179
Vangrd Trgt Retire Inc Fd Inv	Registered Investment Company		\$56,900
* Voya Fixed Account (4062)	Insurance Company General Account		\$1,754,135
* Voya Gv Mny Mkt F A (Hld Acct)	Registered Investment Company		\$48,384
* Voya Intermediate Bond Fund R6	Registered Investment Company		\$1,168,426
* Voya Large Cap Growth Fund 8	Common Collective Trust		\$1,813,577
* VY TRwPr Cap Apprec Port R6	Registered Investment Company		\$50,760
Loan Fund	Participant Loans - Rates 4.25% to 6.50%		\$508,147
TOTAL			\$36,174,967

* denotes party-in-interest

Column (d) is not required as the Plan's investments are totally participant directed.

ForTec Medical, Inc. 401(k) Profit Sharing

**Financial Statements
and Supplemental Schedule**
Years Ended December 31, 2020 and 2019

ForTec Medical, Inc. 401(k) Profit Sharing

Financial Statements and Supplemental Schedule
As of and for the Years Ended December 31, 2020 and 2019

ForTec Medical, Inc. 401(k) Profit Sharing

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Cleveland, OH 44114

Independent Auditor's Report

To the Plan Trustees
ForTec Medical, Inc. 401(k) Profit Sharing
Hudson, Ohio

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2020 Financial Statements

We have performed an audit of the financial statements of ForTec Medical, Inc. 401(k) Profit Sharing (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C), which comprise the statement of net assets available for benefits - modified cash basis as of December 31, 2020, and the related statement of changes in net assets available for benefits - modified cash basis for the year then ended, and the related notes to the 2020 financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2020 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of December 31, 2020, and for the year then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2020 Financial Statements

In our opinion, based on our audit and the procedures performed as described in the *Auditor's Responsibilities for the Audit of the 2020 Financial Statements* section of our report

- the amounts and disclosures in the accompanying 2020 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2; and
- the certified investment information in the accompanying 2020 financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2020 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the 2020 Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting, and for 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for administering the Plan and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the 2020 Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2020 Financial Statements* section of our report, our objectives are to obtain reasonable assurance about whether the 2020 financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2020 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2020 financial statements as a whole are presented fairly, in all material respects, in accordance with the modified cash basis of accounting.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter – 2020 Supplemental Schedule Required by ERISA

The 2020 supplemental schedule (Schedule of Assets (Held at End of Year) as of December 31, 2020) is presented for purposes of additional analysis and is not a required part of the 2020 financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2020 financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2020 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the 2020 financial statements or to the 2020 financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the certified investment information in the supplemental schedule agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matter – Report on the 2019 Financial Statements

We were engaged to audit the statement of net assets available for benefits - modified cash basis of the Plan as of December 31, 2019 and the statement of changes in net assets available for benefits - modified cash basis for the year then ended. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by the qualified institution. Our audit report, dated October 6, 2020 indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an opinion and accordingly, we did not express an opinion on the 2019 financial statements, and (b) the form and content of the information included in the 2019 financial statements other than that derived from the information certified by the qualified institution were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

BDO USA, LLP

Cleveland, OH
October 15, 2021

Financial Statements

ForTec Medical, Inc. 401(k) Profit Sharing

Statements of Net Assets Available for Benefits - Modified Cash Basis

<i>December 31,</i>	2020	2019
Assets		
Investments, at fair value		
Pooled separate accounts	\$ 32,099,108	\$ 26,874,931
Common collective trusts	1,813,577	1,227,010
Investments, at contract value		
Guaranteed investment contract	1,754,135	1,001,308
Total Investments	35,666,820	29,103,249
Receivables		
Notes receivable from participants	508,147	466,051
Net Assets Available for Benefits	\$ 36,174,967	\$ 29,569,300

See accompanying notes to financial statements.

ForTec Medical, Inc. 401(k) Profit Sharing

Statements of Changes in Net Assets Available for Benefits - Modified Cash Basis

<i>Years Ended December 31,</i>	2020	2019
Additions in Net Assets Attributed to:		
Investment Income:		
Net appreciation in fair value of investments	\$ 4,903,146	\$ 5,444,346
Dividends and interest	13,853	6,388
Other income	1,937	454
Total Investment Income	4,918,936	5,451,188
Interest Income on Notes Receivable from Participants	25,360	25,501
Contributions:		
Participants	1,906,175	1,531,804
Employer	1,117,644	1,030,877
Rollover	8,774	538,139
Total Contributions	3,032,593	3,100,820
Total Additions to Net Assets	7,976,889	8,577,509
Deductions from Net Assets Attributed to:		
Benefits paid to participants	1,352,134	1,000,347
Corrective distributions	9,982	12,946
Administrative expenses	9,106	9,928
Total Deductions from Net Assets	1,371,222	1,023,221
Net Increase	6,605,667	7,554,288
Net Assets Available for Benefits, beginning of year	29,569,300	22,015,012
Net Assets Available for Benefits, end of year	\$ 36,174,967	\$ 29,569,300

See accompanying notes to financial statements.

ForTec Medical, Inc. 401(k) Profit Sharing

Notes to Financial Statements

1. Description of the Plan

The following description of the ForTec Medical, Inc. 401(k) Profit Sharing (the Plan) provides only general information. Therefore, participants should refer to the Plan agreement or Summary Plan Description (SPD) for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of ForTec Medical, Inc., ForTec Fibers, Inc., ForTec Litho, LLC, ForTec Litho Akron, LLC, ForTec Litho Premier 1, LLC, ForTec Litho Emerald Coast, LLC, ForTec Litho Central, LLC, ForTec Litho NY, LLC, ForTec Litho Western NY, LLC, ForTec Litho Tri-State, LLC, ForTec Litho Florida, LLC and ForTec Litho Central Texas, LLC (the Company). The Plan is designed to comply with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), and the Internal Revenue Code (IRC).

Eligibility

All employees of the Company who have completed at least 1 year of service and attained the age of 21 or older are eligible to participate in the Plan. Employees are allowed to commence participation in the Plan after achieving eligibility on either the first day of each calendar year or the first day of the seventh month of the calendar year. Participants are automatically enrolled into the Plan at a 6% deferral upon meeting eligibility requirements.

Participant Contributions

Participants may contribute up to 100% of their annual compensation, not to exceed Internal Revenue Service (IRS) limitations. Participants may also elect to contribute Roth deferrals (post-tax contributions) to the Plan, which are separately accounted for as are the gains and losses attributed to those deferrals. Contributions are subject to limitations on annual additions and other limitations imposed by the IRC as defined in the Plan document. Eligible participants may make a rollover contribution to the Plan of a distribution from a prior employer's qualified Plan.

Participants who are eligible to make salary deferral contributions under the Plan and have attained age 50 before the close of the Plan year may make catch-up contributions in accordance with, and subject to the limitations imposed by, the IRC.

Employer Contributions

The Company may elect to make discretionary matching and discretionary profit-sharing contributions. During the years ended December 31, 2020 and 2019, the Company matched employee contributions at an amount equal to forty percent of the first six percent of the participant's gross earnings deferred. Additionally, the Company made discretionary profit-sharing contributions of \$675,250 and 600,000 for the years ended December 31, 2020 and 2019, respectively.

Participant Accounts

Each participant's account is credited with the participant's contribution, and an allocation of the Company's discretionary matching and discretionary profit-sharing contribution and earnings and

ForTec Medical, Inc. 401(k) Profit Sharing

Notes to Financial Statements

losses, if any, and may be charged with certain administrative expenses. Plan earnings or losses are applied to a participant's account balance based on the investment experience of the funds held and the number of shares owned in each fund by the participant. 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. The vesting schedule for Company discretionary matching and discretionary profit-sharing contributions and actual earnings thereon is based on years of credited service. The vesting schedule is as follows:

Years of Credited Service	Vesting Percentage
<2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Forfeitures

Plan forfeitures are allocated to each participant's account based upon the relation of the participant's compensation to total compensation for the Plan year. Any forfeitures attributable to Employer matching or profit-sharing contributions will be used to reduce any future matching contributions. The balances of the forfeiture accounts at December 31, 2020 and 2019 were \$48,384 and \$51,900 respectively. There were \$72,583 and \$49,538 forfeitures applied in the reduction of Employer matching or profit-sharing contributions for the year ended December 31, 2020 and 2019.

Payment of Benefits

The benefit to which a participant is entitled equals the value of the participant's vested interest in his or her account. Upon termination of service due to death, disability, severance, or retirement, a participant may elect to receive a partial withdrawal or a lump-sum payment equal to the vested portion of his or her account. Upon termination of employment, vested account balances of less than \$5,000 may be distributed in a lump sum or rolled over to another qualified plan or an Individual Retirement Account or Annuity for the benefit of the participant.

Investment Options

Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers a menu of pooled separate accounts, common collective trusts, and guaranteed investment contract fund options for investment.

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of \$1,000 up to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at a rate set by the plan administrator, ranging from 4.25% and 6.50%. Any loan must be repaid within five years unless otherwise approved. Principal and interest are paid

ForTec Medical, Inc. 401(k) Profit Sharing

Notes to Financial Statements

ratably through payroll deductions. Participant loans receivable are stated at the unpaid principal balance, plus accrued interest. No allowance is recorded as the loans are secured by the participant's account balance.

Plan Expenses

Substantially all Plan expenses are paid by the Company.

2. Summary of significant accounting policies

Basis of Accounting

The accompanying financial statements have been prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Investments are reported at fair value, except for fully benefit-responsive investment contracts which are reported at contract value. All other transactions, including contributions and corrective distributions, are reported on a cash basis.

Use of Estimates

The preparation of financial statements on the modified cash basis of accounting requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Risks and Uncertainties

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

COVID-19 and CARES Act

On January 30, 2020, the World Health Organization (WHO) announced a global health emergency because of a new strain of coronavirus originating in Wuhan, China (the COVID-19 outbreak) and the risks to the international community as the virus spread globally beyond its point of origin. In March 2020, the WHO classified the COVID-19 outbreak as a pandemic, based on the rapid increase in exposure globally.

The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. This pandemic has adversely affected global economic activity and contributed to volatility in financial markets. However, because the values of the Plan's investments have and will fluctuate in response

ForTec Medical, Inc. 401(k) Profit Sharing

Notes to Financial Statements

to changing market conditions, the amount of gains and losses that will be recognized in subsequent periods, if any, cannot be determined at this time.

On March 27, 2020, former President Trump signed into law the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The CARES Act, among other things, includes several relief provisions available to tax-qualified retirement plans and their participants. Plan management did not implement provisions of the CARES Act to the Plan, as such, determined there is no impact on the Plan's financial statements.

Investment Valuation and Income Recognition

Investments are held in trust by Voya Retirement Insurance and Annuity Company (Voya), the custodian, and such investments and changes therein have been reported to the Plan through current market values. Investments are reported at fair value, except for fully benefit-responsive investment contracts. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The fair value of participation units in the pooled separate accounts and common collective trusts are based upon net asset values of such accounts. The net asset value, as provided by the custodian, is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities.

The guaranteed investment contract is valued at contract value. Contract value is the relevant measurement attribute 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 would receive if they were to initiate permitted transactions under the terms of the Plan. Refer to Note 7 for further information.

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

Payment of Benefits

Benefits paid to participants are recorded as a reduction of net assets available for benefits when paid.

Recently Adopted Accounting Pronouncements

In August 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standard Update (ASU) 2018-13, *Fair Value Measurement (Topic 820), Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement* ("ASU 2018-13"). ASU 2018-13 eliminates certain disclosures including the disclosure related to transfers between Level 1 and 2 investments, the valuation policies for Level 3 measurements and, for nonpublic entities, the change in the Level 3 investments' unrealized gains and losses included in earnings. This ASU also amends certain disclosures including disclosing purchases, sales, and transfers for Level 3 investments instead of the Level 3 roll-forward. ASU 2018-13 is effective for periods beginning after December 15, 2019. Effective January 1, 2020, management adopted the ASU which had no material impact on the financial statements.

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Evaluation of Subsequent Events

The Plan has evaluated subsequent events through the date of the Independent Auditor's Report and has determined that there were no subsequent events that have occurred through that date that have not already been reflected in the financial statements and/or disclosed in the notes.

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 measurements) and the lowest priority to unobserved inputs (Level 3 measurements). The three levels of the fair value hierarchy under Financial Accounting Standards Board Accounting Standards Codification 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

- Quoted prices for 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; and
- 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 measurements.

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

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

Common collective trusts: The fair value of participation units held in collective trusts are based on the net asset values (NAV) reported by the fund managers as of the financial statement dates and recent transaction prices. The investment objective of the collective trust is to provide preservation of capital and provide relatively stable returns consistent with a low risk profile. The collective trust provides for daily redemptions by the Plan at reported net asset values per share, with no advance notice requirement. The fair value of common collective trusts was \$1,813,577 and \$1,227,010 as of December 31, 2020 and 2019, respectively.

Pooled separate accounts: The fair value of participation units held in pooled separate accounts are

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based on NAV reported by the fund managers as of the financial statement dates and recent transaction prices. The funds invest in underlying domestic and foreign equity, real asset and alternative investments, and fixed-income funds according to an asset allocation determined by the fund's manager. The pooled separate accounts provide for daily redemptions by the Plan at the reported net asset values per share, with no advance notice requirement. The fair value of pooled separate accounts was \$32,099,108 and \$26,874,931 as of December 31, 2020 and 2019, respectively.

Fair Value of Investments in Entities that Use NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2020 and 2019, respectively.

	Fair Value at December 31, 2020	Fair Value at December 31, 2019	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Pooled separate accounts:					
Retirement fund (a)	\$ 10,965,681	\$ 8,992,845	N/A	Daily	None
Balanced fund (b)	673,788	456,268	N/A	Daily	None
Equity fund (c)	17,952,903	15,223,338	N/A	Daily	None
Fixed income fund (d)	1,956,520	1,842,393	N/A	Daily	None
Money market fund (e)	48,384	51,900	N/A	Daily	None
Real estate fund (f)	501,832	378,187	N/A	Daily	None
	\$ 32,099,108	\$ 26,874,931			
Common collective trusts:					
Equity fund (c)	\$ 1,813,577	\$ 1,227,010	N/A	Daily	None
Total investments measured at NAV as practical expedient					
	\$ 33,912,685	\$ 28,101,941			

- (a) Retirement fund, as categorized by the Plan's custodian, invest in share of other services of investment company funds in proportions that are balanced to achieve current income and capital appreciation appropriate for the asset allocation associated with its approximate year of retirement which is included in each funds' name (target retirement date) or current income and preserve the value of the investment of retired individuals (retirement income fund).
- (b) Balanced funds, as categorized by the Plan's custodian, invest a portion of its assets in equity securities, fixed income securities and money market securities in an attempt to provide a complete investment fund in a single product. The funds' investment percentage in each type of security range from 10% - 60%.
- (c) Equity funds, as categorized by the Plan's custodian, invest in equity securities of U.S. companies with long-term capital appreciation based upon a risk-based approach. These securities normally include commons stock, such as growth and value stocks, and when deemed necessary,

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securities of domestic and foreign companies. Typically, at least 80% of the funds' total assets will be invested in equity securities.

- (d) Fixed income funds, as categorized by the Plan's custodian, invest primarily in publicly traded, investment-grade debt securities. At least 80% of each funds' total assets are invested in investment-grade securities issued by U.S. corporations or by the U.S. Government or its agencies, such as bonds, notes, debentures, zero coupon securities and mortgage-backed securities.
- (e) The money market fund, as categorized by the Plan's custodian, invests in money market instruments that meet certain retirements. The dollar weighted average maturity of the instruments the fund holds will be short-term, 60 days or less.
- (f) The real estate fund, as categorized by the Plan's custodian, employs an indexing investment approach by investing in stocks of large, mid-size, and small U.S. companies within the real estate sector.

4. Information Certified by the Custodian

The plan administrator has elected the method of annual reporting permitted by Regulation 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Voya Financial Company (the Custodian), except for comparing such information certified by the Custodian to information included in the Plan's financial statements and ERISA-required supplemental schedule.

The Custodian has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

<i>December 31,</i>	2020	2019
Investments, at fair value	\$ 33,912,685	\$ 28,101,941
Investments, at contract value	1,754,135	1,001,308
Notes receivable from participants	508,147	466,051
Total investments	\$ 36,174,967	\$ 29,569,300
<i>Year ended December 31,</i>	2020	2019
Investment income		
Net appreciation in fair value of investments	\$ 4,903,146	\$ 5,444,346
Interest and dividends	13,853	6,388
Other income (expense)	-	454
Total investment income	\$ 4,916,999	\$ 5,451,188
Interest income on participant loans receivable	\$ 25,360	\$ 25,501
	\$ 4,942,359	\$ 5,476,689

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Notes to Financial Statements

5. 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 terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in their accounts.

6. Parties-in-interest

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, any party rendering services to the Plan, the Employer, and certain others. As such, transactions conducted by Voya, the Custodian Company, and its affiliates qualify as party-in-interest transactions.

7. Guaranteed investment contract

The Plan has entered into a guaranteed investment contract with Voya. Voya maintains the contributions in a pooled account. The account is credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses charged by Voya. The contract is included in the financial statements at contract value as reported to the Plan by Voya. Contract value represents contributions made under the contract, plus earnings, less withdrawals and administrative expenses, because it is fully benefit responsive. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract, issuer, or otherwise. The average yield and crediting interest rate was 1.00% at December 31, 2020 and 2019. Renewal rates are declared on an annual basis. There are no restrictions on withdrawals.

8. Income tax status

The Company adopted a prototype plan document sponsored by Voya Financial Company. Voya received an opinion letter from the IRS dated March 31, 2008, which states that the prototype document satisfies the applicable provisions of the IRC, that the Plan is qualified under Section 401(a) of the Internal Revenue Code and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan sponsor is responsible for reviewing the annual Required Amendments List ("RAL") issued by the IRS for individually designed plans to retain qualified tax status. The plan administrator believes that the Plan is designed and operated in compliance with the applicable requirements of the IRC and therefore, believe the Plan, as amended, is qualified and the related trust is tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The modified cash basis of accounting requires plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

ERISA-Required Supplemental Schedule

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Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 34-1662721
Plan Number: 001

December 31, 2020

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment (including maturity dates, rates of interest, collateral, par, or maturity value)	(d) Cost	(e) Current Value
	American Funds Growth Fnd R6	Pooled Separate Accounts	**	\$ 3,015,849
	Vanguard Trgt Retire 2045 Fnd Inv	Pooled Separate Accounts	**	3,011,913
	American Funds Wash Mtual R6	Pooled Separate Accounts	**	2,731,823
	Inv Global Fd R6	Pooled Separate Accounts	**	2,400,374
	Vanguard Trgt Retire 2035 Fnd Inv	Pooled Separate Accounts	**	2,356,251
*	Voya Large Cap Growth Fund 8	Common Collective Trusts	**	1,813,577
*	Voya Fixed Account	Guaranteed Investment Contract	**	1,754,135
	Vanguard 500 Index Fund Adm	Pooled Separate Accounts	**	1,673,894
	American Funds Fdmntl Inv R6	Pooled Separate Accounts	**	1,657,869
	Vanguard Trgt Retire 2025 Fnd Inv	Pooled Separate Accounts	**	1,562,491
	Vanguard Trgt Retire 2055 Fnd Inv	Pooled Separate Accounts	**	1,441,500
*	Voya Intermediate Bond Fund R6	Pooled Separate Accounts	**	1,168,426
	Amer Cent Mid Cap Value Fund R6	Pooled Separate Accounts	**	1,163,630
	Neuberger Berman Md Cp Grw Fnd R6	Pooled Separate Accounts	**	1,113,868
	Vanguard Small-Cap Index fund Adm	Pooled Separate Accounts	**	952,355
	Vanguard Trgt Retire 2050 Fnd Inv	Pooled Separate Accounts	**	930,118
	Vanguard Trgt Retire 2040 Fnd Inv	Pooled Separate Accounts	**	725,063
	Vanguard Mid-Cap Index Fund Adm	Pooled Separate Accounts	**	693,426
	American Funds Am Balancd R6	Pooled Separate Accounts	**	673,788
	DFA U.S. Targeted Value Port Inst	Pooled Separate Accounts	**	545,247
	DFA Real Estate Securities Port Inst	Pooled Separate Accounts	**	501,832
	DFA Intl core Equity Port Inst	Pooled Separate Accounts	**	494,085
	Vanguard Trgt Retire 2030 Fnd Inv	Pooled Separate Accounts	**	487,214
	American Funds EuroPacific R6	Pooled Separate Accounts	**	462,658
	Legg Msn BW Gbl Opp Bond Fd IS	Pooled Separate Accounts	**	443,186
	Pioneer Equity Income Fund K	Pooled Separate Accounts	**	405,269
	American Funds New World R6	Pooled Separate Accounts	**	403,959
	Vanguard Trgt Retire 2060 Fnd Inv	Pooled Separate Accounts	**	290,743
	Loomis Sayles Bond Fund N	Pooled Separate Accounts	**	205,270
	PIMCO Real Return Fund Inst	Pooled Separate Accounts	**	139,638
	ClearBridge Small Cap Growth Fund	Pooled Separate Accounts	**	136,376
	Vanguard Trgt Retire income Fnd Inv	Pooled Separate Accounts	**	56,900
	Vanguard Trgt Retire 2015 Fnd Inv	Pooled Separate Accounts	**	52,987
	PGIM High Yield Fund R6	Pooled Separate Accounts	**	51,461
	VY T. Rowe Price Capital Appreciation Portfolio	Pooled Separate Accounts	**	50,760
*	Voya Money Mkt fnd A (Holding Acct)	Pooled Separate Accounts	**	48,384
	Vanguard Trgt Retire 2020 Fnd Inv	Pooled Separate Accounts	**	44,323
	Vanguard Trgt Retire 2065 Fnd Inv	Pooled Separate Accounts	**	6,178
Total Investments				35,666,820
Interest rates of 4.25%-6.50% with maturity dates through 2025				
*	Participant loans		-0-	508,147
Total				\$ 36,174,967

* Identified as a party-in-interest.

** Cost is not required to be disclosed for participant-directed investments