

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	

A This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)

☒ a single-employer plan ☐ a DFE (specify) _____

B This return/report is: ☐ the first return/report ☐ the final return/report

☐ an amended return/report ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ☐

D Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program

☐ special extension (enter description) _____

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐

Part II	Basic Plan Information—enter all requested information	
1a Name of plan <u>SPECIAL-LITE, INC. RETIREMENT AND SAVINGS PLAN AND TRUST</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>SPECIAL-LITE, INC.</u> <u>P.O. BOX 6</u> <u>DECATUR, MI 49045</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
	1c Effective date of plan	<u>01/01/1979</u>
	2b Employer Identification Number (EIN)	<u>38-1951068</u>
	2c Plan Sponsor's telephone number	<u>269-423-7068</u>
	2d Business code (see instructions)	<u>332900</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.	<u>07/29/2022</u>	<u>CATHY ERICKSEN</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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v. 210624

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	262
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)	201
a(2) Total number of active participants at the end of the plan year		6a(2)	231
b Retired or separated participants receiving benefits.....		6b	36
c Other retired or separated participants entitled to future benefits		6c	58
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	325
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	2
f Total. Add lines 6d and 6e		6f	327
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	318
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	11
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 2S			
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) ☐ 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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) 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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan SPECIAL-LITE, INC. RETIREMENT AND SAVINGS PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SPECIAL-LITE, INC.	D Employer Identification Number (EIN) 38-1951068	

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
GREENLEAF TRUST
38-3416104

(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)

GREENLEAF TRUST

38-3416104

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 21 38 57 64 65	TRUSTEE	56895	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 ☐

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>SPECIAL-LITE, INC. RETIREMENT AND SAVINGS PLAN AND TRUST</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SPECIAL-LITE, INC.</u>	D Employer Identification Number (EIN) <u>38-1951068</u>	

Part I	Asset and Liability Statement
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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)	837161	953096
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	13960	13538
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1151192	738438
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	33835859	38715760
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	2263380	2434748

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	38101552 42855580
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	38101552 42855580

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1116219
	(B) Participants	2a(1)(B)	911544
	(C) Others (including rollovers).....	2a(1)(C)	98578
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	2126341
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	85
	(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)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	85
(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)	1869103
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1869103
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		3789908
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		7785437
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2974514	
(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)		2974514
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	56895	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		56895
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3031409
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		4754028
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: JANSSEN VALK THOMPSON REAHM PC

(2) EIN: 38-3186775

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 _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan SPECIAL-LITE, INC. RETIREMENT AND SAVINGS PLAN AND TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SPECIAL-LITE, INC.	D Employer Identification Number (EIN) 38-1951068

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

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

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

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

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

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

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

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 _____

**Special-Lite, Inc.
Retirement and Savings Plan and Trust**

**Financial Statements
and ERISA-Required Supplemental Schedule**

Years ended December 31, 2021 and 2020



JANSEN VALK THOMPSON REAHM PC

Certified Public Accountants and Consultants

Special-Lite, Inc. Retirement and Savings Plan and Trust

Years ended December 31, 2021 and 2020

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Kalamazoo Office
7171 Stadium Drive
Kalamazoo, MI 49009

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Independent Auditor's Report

Plan Administrator
Special-Lite, Inc. Retirement and Savings Plan and Trust

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the accompanying financial statements of Special-Lite, Inc. Retirement and Savings Plan and Trust (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). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2021 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 statements or information regarding assets so held are 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 and for the year ended December 31, 2021, stating that the certified investment information, as described in Note D to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section—

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

- The information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 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 2021 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 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the 2021 financial statements in accordance with U.S. GAAP, 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 for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; 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 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 financial statements section of our report, our objectives are to obtain reasonable assurance about whether the 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 2021 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 U.S. GAAP.

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

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 Matters

2021 Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2021, is presented for purposes of additional analysis and is not a required part of the 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 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 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the 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, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. 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 a qualified institution. In our report dated July 23, 2021, we 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 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Jansen Vale Thompson & Reahm PC

July 27, 2022

Special-Lite, Inc. Retirement and Savings Plan and Trust

Statements of Net Assets Available for Benefits

	December 31	
	2021	2020
Assets		
Investments, at fair value:		
Money market fund	\$ 738,438	\$ 1,151,192
Mutual funds	38,715,760	33,835,859
Segregated accounts	2,434,748	2,263,380
Total investments	41,888,946	37,250,431
Receivables:		
Employer contributions	953,096	837,161
Interest and dividends	13,538	13,960
Total receivables	966,634	851,121
Net assets available for benefits	\$ 42,855,580	\$ 38,101,552

See accompanying notes to financial statements.

Special-Lite, Inc. Retirement and Savings Plan and Trust

Statements of Changes in Net Assets Available for Benefits

	Year ended December 31	
	2021	2020
Additions		
Investment income:		
Net appreciation in fair value of investments	\$ 3,789,908	\$ 4,016,727
Interest and dividend income	1,869,188	1,247,474
Net investment income	5,659,096	5,264,201
Contributions:		
Participants	911,544	808,620
Employer, net of forfeitures	1,116,219	1,007,122
Rollovers	98,578	89,058
Total contributions	2,126,341	1,904,800
Total additions	7,785,437	7,169,001
Deductions		
Benefits paid to participants	2,974,514	1,541,390
Administrative expenses	56,895	21,069
Total deductions	3,031,409	1,562,459
Increase in net assets available for benefits	4,754,028	5,606,542
Net assets available for benefits:		
Beginning of year	38,101,552	32,495,010
End of year	<u>\$ 42,855,580</u>	<u>\$ 38,101,552</u>

See accompanying notes to financial statements.

Special-Lite, Inc. Retirement and Savings Plan and Trust

Notes to Financial Statements

Note A—Description of the Plan

The following description of the Special-Lite, Inc. Retirement and Savings Plan and Trust (the “Plan”) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution retirement plan available to qualifying employees of Special-Lite, Inc. (the “Company”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

Employees are eligible to participate in the Plan when they attain age 18 and complete one month of service, provided they are not a union employee, nonresident alien, or temporary employee. In order to be eligible for employer matching and nonelective contributions, an employee must complete one year of service, equal to 1,000 hours worked during the year, and be employed on the last day of the Plan year.

Contributions

Participants may contribute up to the maximum amount allowable by law. The Plan includes an auto enrollment feature of 3% of pre-tax eligible compensation. This feature may be waived by the participant. Participants may contribute amounts representing rollovers from other qualified plans and make Roth contributions on an after-tax basis. The Plan also allows for catch-up contributions for those age 50 and over during the Plan year, subject to certain limitations.

The Company may make matching contributions to the Plan as determined by management. In 2021 and 2020, the Company elected to match 30% of participant deferrals, up to 9% of eligible compensation. Matching contributions were \$187,232 for 2021 and \$165,205 for 2020. In addition, the Plan is a safe harbor plan and utilizes safe harbor provisions in its compliance testing. The Company provides a non-elective safe harbor contribution of 3% of annual eligible compensation. Safe harbor contributions were \$326,250 for 2021 and \$290,946 for 2020. The Plan also provides for discretionary profit-sharing contributions. The Company made discretionary profit-sharing contributions of 7% of annual eligible compensation for 2021 and 2020. Profit-sharing contributions were \$603,618 for 2021 and \$550,358 for 2020.

Special-Lite, Inc. Retirement and Savings Plan and Trust

Notes to Financial Statements (continued)

Note A—Description of the Plan (continued)

Participant Accounts

Each participant's account is credited with the participant's contribution, the Company's matching contribution, the Company's safe harbor contribution, allocation of the Company discretionary profit-sharing contribution (when made) and Plan earnings or losses. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Company contributions other than safe harbor contributions, plus actual earnings thereon, are subject to a six-year vesting schedule. Employer safe harbor contributions are 100% vested immediately.

Payment of Benefits

Participants are eligible for Plan distributions upon reaching the age of 65, termination of employment, retirement, total or permanent disability, or death. Participants may elect to receive a lump sum amount equal to the value of the participant's vested interest in their account, equal installments, or partial withdrawals, provided the minimum withdrawal is \$1,000. If a participant's account balance is less than \$1,000, the Plan reserves the right to immediately make a lump-sum distribution. Participants who have reached age 59½ may take in-service withdrawals. Hardship withdrawals are also available to participants with certain types of immediate and heavy financial need from the participant's elective deferral account.

Forfeitures

Forfeitures that resulted from the nonvested portions of accounts of participants who terminate employment prior to being fully vested may be used to reduce the Company's future contributions, except safe harbor contributions. Forfeited nonvested account balances totaled \$8,537 and \$6,532 at December 31, 2021 and 2020, respectively. Forfeitures used to reduce employer contributions and/or plan administrative expenses were \$31,349 and \$0 during the plan years ended December 31, 2021 and 2020, respectively.

Special-Lite, Inc. Retirement and Savings Plan and Trust

Notes to Financial Statements (continued)

Note A—Description of the Plan (continued)

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. The Company paid expenses totaling \$94,793 in 2021 and \$101,020 in 2020 on behalf of the Plan. Fees related to the administration of the Plan, including distribution fees that are charged directly to participants accounts, are included in administrative expenses. Total administrative expenses paid by the Plan for the years ended December 31, 2021 and 2020 were \$56,895 and \$21,069, respectively. Investment-related expenses are included in net appreciation (depreciation) of fair value of investments.

Note B—Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset (an exit price) or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

Payment of Benefits

Benefits are recorded when paid.

Special-Lite, Inc. Retirement and Savings Plan and Trust

Notes to Financial Statements (continued)

Note B—Summary of Accounting Policies (continued)

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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

Subsequent Events

Subsequent events have been evaluated by management through July 27, 2022, which is the date the financial statements were available to be issued.

Note C—Fair Value Measurements

Inputs to valuation techniques refer to the assumptions that market participants would use in pricing the asset. The Plan utilizes a fair value hierarchy for valuation inputs that gives the highest priority to quoted prices in active markets for identical assets (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The three levels of the fair value hierarchy are described as follows:

Level 1—Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets.

Level 2—Inputs to the valuation methodology include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, other inputs that are observable, or can be corroborated by observable market data.

Level 3—Inputs to the valuation methodology are both significant to the fair value measurement and unobservable.

The following valuation methodologies were used to measure the fair value of the Plan's investments:

Money Market Fund: Valued at the net asset value (NAV) of shares held by the Plan at year-end and determined based on the value of the underlying investments of the fund. The money market fund seeks to maintain a \$1.00 NAV.

Special-Lite, Inc. Retirement and Savings Plan and Trust

Notes to Financial Statements (continued)

Note C—Fair Value Measurements (continued)

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

Segregated Accounts: Underlying investments consisting of mutual funds, money market funds, corporate bonds and government securities; see the valuation methodology for money market and mutual funds above. Corporate bonds and government securities are valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing values on yields currently available on comparable securities of issuers with similar credit ratings.

Plan investment assets at fair value set forth by level within the fair value hierarchy are as follows:

	Level 1	Level 2	Level 3	Total
December 31, 2021				
Money market fund	\$ 738,438	\$ —	\$ —	\$ 738,438
Mutual funds	38,715,760	—	—	38,715,760
Segregated accounts	2,199,631	235,117	—	2,434,748
Total investments, at fair value	<u>\$ 41,653,829</u>	<u>\$ 235,117</u>	<u>\$ —</u>	<u>\$ 41,888,946</u>

	Level 1	Level 2	Level 3	Total
December 31, 2020				
Money market fund	\$ 1,151,192	\$ —	\$ —	\$ 1,151,192
Mutual funds	33,835,859	—	—	33,835,859
Segregated accounts	1,858,874	404,506	—	2,263,380
Total investments, at fair value	<u>\$ 36,845,925</u>	<u>\$ 404,506</u>	<u>\$ —</u>	<u>\$ 37,250,431</u>

Special-Lite, Inc. Retirement and Savings Plan and Trust

Notes to Financial Statements (continued)

Note D—Information Certified by the Trustee

The Plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(c), pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee, Greenleaf Trust, has certified that the following data included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- Investments, as shown in the accompanying statements of net assets available for benefits as of December 31, 2021 and 2020.
- Investment income, as shown in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2021 and 2020.
- Investment information included in Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2021.

At the request of the Plan administrator, the Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and ERISA-required supplemental schedule.

Note E—Related Party and Party in Interest Transactions

Greenleaf Trust is the trustee as defined by the Plan and, therefore, fees paid to Greenleaf Trust qualify as party in interest transactions. Fees incurred by the Plan for investment management services are included in net appreciation (depreciation) in fair value of the investments. The Plan made direct payments to the trustee of \$56,895 and \$21,069 for the years ended December 31, 2021 and 2020, respectively. The Company pays directly any other fees related to the Plan's operations. A member of the Board of Directors of Special-Lite, Inc. is the Chairman of the Board of Greenleaf Trust, trustee of the Plan. In addition, another member of the Board of Directors of Special-Lite, Inc. is also a member of the Board of Directors of Greenleaf Trust.

Note F—Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in employer matching and discretionary profit-sharing contributions, plus actual earnings thereon.

Special-Lite, Inc. Retirement and Savings Plan and Trust

Notes to Financial Statements (continued)

Note G—Income Tax Status

The Internal Revenue Service has determined and informed Greenleaf Trust, the trustee of the Plan, by an opinion dated June 30, 2020, that the Prototype Standardized Profit-Sharing Plan with a cash or deferred arrangement (the prototype plan upon which the Plan is based) is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and tax-exempt.

ERISA-Required Supplemental Schedule

Special-Lite, Inc. Retirement and Savings Plan and Trust

Schedule H, line 4i—Schedule of Assets (Held at End of Year)

EIN: 38-1951068 Plan Number: 001

December 31, 2021

(a)	(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Money market fund				
	Northern Funds	Treasury Portfolio	**	\$ 738,438
Mutual funds				
	Blackrock	Equity Dividend Fund	**	1,507,096
	Delaware	Emerging Market Fund	**	206,586
	Delaware	Small Cap Value Fund	**	408,641
	Hartford	International Opportunities Fund	**	903,284
	Matthews	Pacific Tiger Fund	**	143,851
	T Rowe Price	Mid Cap Growth Fund	**	2,377,849
	T Rowe Price	Mid Cap Value Fund	**	666,562
	T Rowe Price	Retirement Balanced I Fund	**	1,649
	T Rowe Price	Retirement 2015 Fund	**	15,633
	T Rowe Price	Retirement 2020 Fund	**	3,544,603
	T Rowe Price	Retirement 2030 Fund	**	5,838,815
	T Rowe Price	Retirement 2040 Fund	**	2,144,319
	T Rowe Price	Retirement 2045 Fund	**	883,138
	T Rowe Price	Retirement 2050 Fund	**	1,518,637
	T Rowe Price	Retirement 2060 Fund	**	345,474
	T Rowe Price	Spectrum Conservative Allocation Fund	**	681,790
	Vanguard	500 Index Fund	**	4,760,443
	Vanguard	Intermediate Term Treasury Fund	**	115,740
	Vanguard	Mid Cap Index Fund	**	2,084,980
	Vanguard	Short-Term Investment Grade Fund	**	1,387,016
	Vanguard	Small Cap Index Fund	**	903,385
	Vanguard	Total Bond Market Fund	**	2,558,270
	Vanguard	Total International Stock Index Fund	**	854,654
	Wasatch	Core Growth Institutional Fund	**	1,993,419
	William Blair	Large Cap Growth Fund	**	2,869,926
Total mutual funds				38,715,760
Segregated accounts				2,434,748
Total				\$ 41,888,946

** The cost of participant-directed investments is not required to be disclosed.

01/01/2021-12/31/2021

Consolidation: Special Lite Retirement/Savings Plan

Schedule - 3.1

List Of Assets

			<i>Prior Period Ending Market Value (Aggregate Market Value)</i>	<i>Current Market Unit Price</i>	<i>Current Market Value</i>	<i>Unrealized Gain/(Loss)</i>
Cash			0.00		0.00	
Short Term						
Northern Institutional Treasury Portfolio			135,567.11	1.00	135,567.11	0.00
135567.11 Par Value						
18100139						
Northern Institutional Treasury Portfolio			738,437.89	1.00	738,437.89	0.00
738437.89 Par Value						
18100039						
Total Short Term			874,005.00		874,005.00	0.00
Investments						
U S Government						
United States Treas Nts	1.375%	10/31/2028	49,972.66	0.996875	49,843.75	-128.91
50000 Par Value						
18100139						
United States Treas Nts	2.250%	11/15/2025	27,300.78	1.041992	26,049.80	-1,250.98
25000 Par Value						
18100139						
United States Treas Nts	0.250%	06/30/2025	59,847.66	0.971875	58,312.50	-1,535.16
60000 Par Value						
18100139						
United States Treas Nts	1.625%	08/15/2029	50,966.80	1.01543	50,771.50	-195.30
50000 Par Value						
18100139						
United States Treas Nts	2.375%	08/15/2024	26,944.33	1.038555	25,963.88	-980.45
25000 Par Value						
18100139						

01/01/2021-12/31/2021

Consolidation: Special Lite Retirement/Savings Plan

Schedule - 3.1

List Of Assets

			<i>Prior Period</i> <i>Ending Market Value</i> <i>(Aggregate Market Value)</i>	<i>Current</i> <i>Market Unit</i> <i>Price</i>	<i>Current</i> <i>Market Value</i>	<i>Unrealized</i> <i>Gain/(Loss)</i>
United States Treas Nts	1.125%	02/28/2025	25,881.83	1.003828	25,095.70	-786.13
25000 Par Value						
18100139						
United States Treas Nts	2.250%	08/15/2027	27,720.70	1.049766	26,244.15	-1,476.55
25000 Par Value						
18100139						
United States Treas Nts	2.250%	11/15/2027	138,798.88	1.050703	131,337.88	-7,461.00
125000 Par Value						
18100139						
United States Treas Nts	1.500%	02/15/2030	100,914.06	1.006133	100,613.30	-300.76
100000 Par Value						
18100139						
Total U S Government			508,347.70		494,232.46	-14,115.24
Corporate Debt & Equity						
Abbvie Inc	3.750%	11/14/2023	27,259.90	1.047064	26,176.61	-1,083.29
25000 Par Value						
18100139						
ASG Managed Futures Strategy Fund N			125,460.82	10.06	120,050.65	-5,410.17
11933.464 Shares						
18100139						
Blackrock Equity Divid Fd K			1,437,435.67	21.66	1,507,096.30	69,660.63
69579.7 Shares						
18100039						
Delaware Emerging Markets R6			217,545.47	24.39	206,585.57	-10,959.90
8470.093 Shares						
18100039						

01/01/2021-12/31/2021

Consolidation: Special Lite Retirement/Savings Plan

Schedule - 3.1

List Of Assets

			<i>Prior Period</i>	<i>Current</i>	<i>Current</i>	<i>Unrealized</i>
			<i>Ending Market Value</i>	<i>Market Unit</i>	<i>Market Value</i>	<i>Gain/(Loss)</i>
			<i>(Aggregate Market Value)</i>	<i>Price</i>		
Delaware Emerging Markets R6			67,761.51	24.39	64,546.11	-3,215.40
2646.417 Shares						
18100139						
Delaware Small Cap Value R6			333,625.93	81.56	408,640.72	75,014.79
5010.308 Shares						
18100039						
Disney Walt Co Mtns Be	2.450%	03/04/2022	25,647.60	1.003524	25,088.10	-559.50
25000 Par Value						
18100139						
Dte Energy Co	2.850%	10/01/2026	27,444.64	1.042912	26,072.80	-1,371.84
25000 Par Value						
18100139						
Duke Energy Corp New	3.050%	08/15/2022	25,897.47	1.009217	25,230.43	-667.04
25000 Par Value						
18100139						
Goldman Sachs Group Inc	3.500%	11/16/2026	28,066.08	1.066208	26,655.21	-1,410.87
25000 Par Value						
18100139						
Hartford Dividend and Growth Fund F			43,085.85	33.80	52,613.72	9,527.87
1556.619 Shares						
18100139						
Hartford International Opportunity R6			929,622.33	20.15	903,283.82	-26,338.51
44827.981 Shares						
18100039						
IQ Merger Arbitrage ETF			76,941.12	32.25	75,432.75	-1,508.37
2339 Shares						
18100139						

01/01/2021-12/31/2021

Consolidation: Special Lite Retirement/Savings Plan

Schedule - 3.1

List Of Assets

			<i>Prior Period</i>	<i>Current</i>	<i>Current</i>	<i>Unrealized</i>
			<i>Ending Market Value</i>	<i>Market Unit</i>	<i>Market Value</i>	<i>Gain/(Loss)</i>
			<i>(Aggregate Market Value)</i>	<i>Price</i>		
iShares Core MSCI EAFE ETF			66,326.40	74.64	71,654.40	5,328.00
960 Shares						
18100139						
iShares Core S&P 500 Index			385,900.92	476.99	490,345.72	104,444.80
1028 Shares						
18100139						
iShares Core S&P Midcap 400 Index			57,227.67	283.08	70,486.92	13,259.25
249 Shares						
18100139						
iShares Core S&P Smallcap 600 Index			36,760.00	114.51	45,804.00	9,044.00
400 Shares						
18100139						
JPMorgan Chase & Co	3.300%	04/01/2026	27,980.48	1.066418	26,660.45	-1,320.03
25000 Par Value						
18100139						
Matthews Pacific Tiger Fund CI I			176,478.61	27.50	143,851.15	-32,627.46
5230.951 Shares						
18100039						
Matthews Pacific Tiger Fund CI I			77,395.23	27.50	63,492.17	-13,903.06
2308.806 Shares						
18100139						
MFS Emerging Markets Debt Fund R6			58,280.58	14.41	54,742.61	-3,537.97
3798.932 Shares						
18100139						
Oracle Corp	2.400%	09/15/2023	26,287.45	1.019885	25,497.12	-790.33
25000 Par Value						
18100139						

01/01/2021-12/31/2021

Consolidation: Special Lite Retirement/Savings Plan

Schedule - 3.1

List Of Assets

	<i>Prior Period</i> <i>Ending Market Value</i> <i>(Aggregate Market Value)</i>	<i>Current</i> <i>Market Unit</i> <i>Price</i>	<i>Current</i> <i>Market Value</i>	<i>Unrealized</i> <i>Gain/(Loss)</i>
Pear Tree Polaris Foreign Value Fund R6 4457.951 Shares 18100139	51,049.20	12.10	53,941.21	2,892.01
Sterling Capital Equity Income Fund CI I 1819.982 Shares 18100139	42,285.99	28.67	52,178.88	9,892.89
T Rowe Price Institutional Floating Rate Fund 10317.867 Shares 18100139	100,649.21	9.75	100,599.20	-50.01
T Rowe Price Mid Cap Growth 20252.523 Shares 18100039	2,297,786.03	117.41	2,377,848.73	80,062.70
T. Rowe Price Mid-Cap Value Fund I Class 19832.251 Shares 18100039	598,301.24	33.61	666,561.96	68,260.72
T. Rowe Price Retirement Balanced I Fund 127.038 Shares 18100039	1,705.55	12.98	1,648.95	-56.60
T. Rowe Price Retirement I 2015 Fund 1107.167 Shares 18100039	14,929.08	14.12	15,633.20	704.12
T. Rowe Price Retirement I 2020 Fund 238693.832 Shares 18100039	3,462,685.48	14.85	3,544,603.41	81,917.93
T. Rowe Price Retirement I 2030 Fund 349002.722 Shares 18100039	5,540,267.10	16.73	5,838,815.54	298,548.44

01/01/2021-12/31/2021

Consolidation: Special Lite Retirement/Savings Plan

Schedule - 3.1

List Of Assets

	<i>Prior Period</i>	<i>Current</i>	<i>Current</i>	<i>Unrealized</i>
	<i>Ending Market Value</i>	<i>Market Unit</i>	<i>Market Value</i>	<i>Gain/(Loss)</i>
	<i>(Aggregate Market Value)</i>	<i>Price</i>		
T. Rowe Price Retirement I 2040 Fund	1,931,674.31	18.04	2,144,319.24	212,644.93
118864.703 Shares				
18100039				
T. Rowe Price Retirement I 2045 Fund	790,160.08	18.52	883,137.53	92,977.45
47685.612 Shares				
18100039				
T. Rowe Price Retirement I 2050 Fund	1,360,011.30	18.48	1,518,637.04	158,625.74
82177.329 Shares				
18100039				
T. Rowe Price Retirement I 2060 Fund	311,818.85	18.84	345,473.92	33,655.07
18337.257 Shares				
18100039				
T. Rowe Spectrum Conserv Alloc Fund - I Class	686,503.71	21.34	681,789.91	-4,713.80
31948.918 Shares				
18100039				
Touchstone Sands Capital Select Gr Instl	48,355.20	19.16	45,654.18	-2,701.02
2382.786 Shares				
18100139				
Union Pac Corp	2.750% 03/01/2026	1.048105	26,202.62	-1,135.34
25000 Par Value				
18100139				
Vanguard 500 Index Admiral Share	3,820,155.76	439.83	4,760,443.27	940,287.51
10823.371 Shares				
18100039				
Vanguard Intermediate Term Treasury Admiral	119,661.02	11.31	115,740.46	-3,920.56
10233.462 Shares				
18100039				

01/01/2021-12/31/2021

Consolidation: Special Lite Retirement/Savings Plan

Schedule - 3.1

List Of Assets

	<i>Prior Period</i> <i>Ending Market Value</i> <i>(Aggregate Market Value)</i>	<i>Current</i> <i>Market Unit</i> <i>Price</i>	<i>Current</i> <i>Market Value</i>	<i>Unrealized</i> <i>Gain/(Loss)</i>
Vanguard Mid Cap Index Admiral Shares 6609.333 Shares 18100039	1,723,738.67	315.46	2,084,980.19	361,241.52
Vanguard S/T Inflation Protected Sec Admiral 3863.472 Shares 18100139	99,002.41	25.74	99,445.77	443.36
Vanguard Short-Term Investment Grade Fund Adm 128785.107 Shares 18100039	1,416,974.56	10.77	1,387,015.60	-29,958.96
Vanguard Small Cap Index Admiral Shares 8336.116 Shares 18100039	799,840.26	108.37	903,384.89	103,544.63
Vanguard Total Bond Market Admiral Shares 228621.064 Shares 18100039	2,638,575.02	11.19	2,558,269.71	-80,305.31
Vanguard Total Intl Stock Index Admiral 24989.878 Shares 18100039	825,109.71	34.20	854,653.83	29,544.12
Wasatch Core Growth Institutional 20825.519 Shares 18100039	1,931,969.24	95.72	1,993,418.68	61,449.44
WCM Focused International Growth Fund 2017.311 Shares 18100139	50,171.58	27.68	55,839.17	5,667.59
William Blair Large Cap Gr-R6 109706.65 Shares 18100039	2,375,364.98	26.16	2,869,925.96	494,560.98

01/01/2021-12/31/2021

Consolidation: Special Lite Retirement/Savings Plan

Schedule - 3.1

List Of Assets

			<i>Prior Period</i>	<i>Current</i>	<i>Current</i>	<i>Unrealized</i>
			<i>Ending Market Value</i>	<i>Market Unit</i>	<i>Market Value</i>	<i>Gain/(Loss)</i>
			<i>(Aggregate Market Value)</i>	<i>Price</i>		
William Blair Large Cap Gr-R6			43,455.69	26.16	53,004.48	9,548.79
2026.165 Shares						
18100139						
Zoetis Inc	4.500%	11/13/2025	29,181.95	1.10133	27,533.25	-1,648.70
25000 Par Value						
18100139						
Total Corporate Debt & Equity			37,417,152.87		40,520,708.11	3,103,555.24
TOTAL INVESTMENTS MARKET VALUE			38,799,505.57		41,888,945.57	3,089,440.00
TOTAL ACCRUED INCOME			13,537.55		13,537.55	
NET ASSETS			38,813,043.12		41,902,483.12	3,089,440.00

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210-0110
1210-0089**2021****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ☐
- D** Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan Special-Lite, Inc. Retirement and Savings Plan and Trust	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1979
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, and ZIP or foreign postal code (if foreign, see instructions) Special-Lite, Inc. P.O. Box 6 Decatur MI 49045	2b Employer Identification Number (EIN) 38-1951068
	2c Plan Sponsor's telephone number (269) 423-7068
	2d Business code (see instructions) 332900

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		<u>7/29/22</u>	Cathy Erickson
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624