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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2020 or fiscal plan year beginning <u>12/10/2020</u> and ending <u>12/09/2021</u> |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |

|                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                       | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                              |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>CARDONE INDUSTRIES, INC. UNION EMPLOYEES' PENSION PLAN</u>                                                                                                                                                                                                                                                                              | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>12/10/1982</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>002</u>                                                       | <b>1c</b> Effective date of plan<br><u>12/10/1982</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                             | <u>002</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>12/10/1982</u>                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>CARDONE INDUSTRIES, INC.</u><br><br><u>5501 WHITAKER AVENUE</u><br><u>PHILADELPHIA, PA 19124</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>23-3000982</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>215-912-3000</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>336300</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>23-3000982</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>215-912-3000</u> | <b>2d</b> Business code (see instructions)<br><u>336300</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>23-3000982</u>                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>215-912-3000</u>                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>336300</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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 09/27/2022 | DE ANNA CASTRO                                               |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2020)  
v. 200204

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>CARDONE INDUSTRIES, INC.<br><br>5501 WHITAKER AVENUE<br>PHILADELPHIA, PA 19124                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN<br>23-3000982                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>3c</b> Administrator's telephone number<br>215-912-3000                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name CARDONE INDUSTRIES, INC.<br><b>c</b> Plan Name CARDONE INDUSTRIES, INC. UNION EMPLOYEES' PENSION PLAN                                                                |  | <b>4b</b> EIN<br>23-1916269<br><br><b>4d</b> PN<br>002                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               |  | <b>5</b> 3699                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                                |  | <b>6a(1)</b> 624                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(2)</b> 564                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6b</b> 1532                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                    |  | <b>6c</b> 1447                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                           |  | <b>6d</b> 3543                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                            |  | <b>6e</b> 123                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                               |  | <b>6f</b> 3666                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                       |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                            |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                   |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1B                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                         |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <u>0</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</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 12/10/2020 and ending 12/09/2021                                         |                                                                                                                                                  |
| ▶ Round off amounts to nearest dollar.                                                                                             |                                                                                                                                                  |
| ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.            |                                                                                                                                                  |
| A Name of plan<br>CARDONE INDUSTRIES, INC. UNION EMPLOYEES' PENSION PLAN                                                           | B Three-digit plan number (PN) ▶ 002                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>CARDONE INDUSTRIES, INC.                                      | D Employer Identification Number (EIN)<br>23-3000982                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                         |                            |                           |                          |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                       |                            |                           |                          |
| 1      | Enter the valuation date: Month 12 Day 10 Year 2020                                                                                                                                                     |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                                 |                            |                           |                          |
|        | a Market value .....                                                                                                                                                                                    | 2a                         | 73704009                  |                          |
|        | b Actuarial value .....                                                                                                                                                                                 | 2b                         | 73704009                  |                          |
| 3      | Funding target/participant count breakdown                                                                                                                                                              | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
|        | a For retired participants and beneficiaries receiving payment.....                                                                                                                                     | 1549                       | 40804924                  | 40804924                 |
|        | b For terminated vested participants.....                                                                                                                                                               | 1526                       | 18168450                  | 18168450                 |
|        | c For active participants .....                                                                                                                                                                         | 624                        | 10213525                  | 11760470                 |
|        | d Total.....                                                                                                                                                                                            | 3699                       | 69186899                  | 70733844                 |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                            |                            |                           |                          |
|        | a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | 4a                         |                           |                          |
|        | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | 4b                         |                           |                          |
| 5      | Effective interest rate .....                                                                                                                                                                           | 5                          | 5.74 %                    |                          |
| 6      | Target normal cost.....                                                                                                                                                                                 | 6                          | 1060000                   |                          |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                                                             |  |                                        |            |  |
|-------------------------------------------------------------|--|----------------------------------------|------------|--|
| <div>SIGN<br/>HERE</div>                                    |  |                                        | 09/23/2022 |  |
| Signature of actuary                                        |  | Date                                   |            |  |
| MICHAEL J. BORN                                             |  | 20-06795                               |            |  |
| Type or print name of actuary                               |  | Most recent enrollment number          |            |  |
| HILDI INC., A DIVISION OF USI C.G.                          |  | 952-934-5554                           |            |  |
| Firm name                                                   |  | Telephone number (including area code) |            |  |
| 8000 NORMAN CENTER DRIVE SUITE 400<br>BLOOMINGTON, MN 55437 |  |                                        |            |  |
| Address of the firm                                         |  |                                        |            |  |

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of _____ % .....                                                                                       |                       |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 772882                 |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.57</u> % ..... |                       | 43050                  |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 815932                 |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 815932                 |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 815932                 |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 103.04 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 104.19 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 92.19 %  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                         |            |   |
|-------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 0 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
4.75 %2nd segment:  
5.50 %3rd segment:  
6.27 %☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

4

**22** Weighted average retirement age .....**22**

66

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. ....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years ..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) ..... **31a** 1060000**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 1060000**32** Amortization installments:**a** Net shortfall amortization installment ..... Outstanding Balance 0 Installment 0**b** Waiver amortization installment .....**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..... **34** 0

Carryover balance Prefunding balance Total balance

**35** Balances elected for use to offset funding requirement ..... **35** 0**36** Additional cash requirement (line 34 minus line 35) ..... **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) ..... **37** 0**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... **39** 0**40** Unpaid minimum required contributions for all years ..... **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ..... ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ..... ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2020 or fiscal plan year beginning 12/10/2020 and ending 12/09/2021 |                                                             |     |
| <b>A</b> Name of plan<br>CARDONE INDUSTRIES, INC. UNION EMPLOYEES' PENSION PLAN            | <b>B</b> Three-digit plan number (PN) ▶                     | 002 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>CARDONE INDUSTRIES, INC.  | <b>D</b> Employer Identification Number (EIN)<br>23-3000982 |     |

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

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

PENSION LIVE, LLC

26-2239692

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15                     | NONE                                                                                              | 146145                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CAPTRUST FINANCIAL ADVISORS

26-0058143

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | NONE                                                                                              | 68871                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BMO FINANCIAL SERVICES

39-6436442

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 12 13 15               | NONE                                                                                              | 45924                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

CARON & BLETZER, PLLC

04-3499945

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | NONE                                                                                              | 11800                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                       |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE D<br/>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> |  | <div>DFE/Participating Plan 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>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>       |  |
| For calendar plan year 2020 or fiscal plan year beginning 12/10/2020 and ending 12/09/2021                                                                                            |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| A Name of plan<br>CARDONE INDUSTRIES, INC. UNION EMPLOYEES' PENSION PLAN                                                                                                              |  |                                                                                                                                                                                                                                   |  | B Three-digit plan number (PN) ▶ 002                                                                  |  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>CARDONE INDUSTRIES, INC.                                                                                             |  |                                                                                                                                                                                                                                   |  | D Employer Identification Number (EIN)<br>23-3000982                                                  |  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)      |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: WILMINGTON TRUST CIT DB GROWTH PORT                                                                                                           |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| b Name of sponsor of entity listed in (a): WILMINGTON TRUST, N.A.                                                                                                                     |  |                                                                                                                                                                                                                                   |  |                                                                                                       |  |
| c EIN-PN 82-0737797-187                                                                                                                                                               |  | d Entity code C                                                                                                                                                                                                                   |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47274937 |  |
| 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)          |  |
| 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)          |  |
| 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                                                                    |  |

**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  
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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  
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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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2020 or fiscal plan year beginning <u>12/10/2020</u> and ending <u>12/09/2021</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>CARDONE INDUSTRIES, INC. UNION EMPLOYEES' PENSION PLAN</u>                                                                                                                                                                                   | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>002</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>CARDONE INDUSTRIES, INC.</u>                                                                                                                                                                         | <b>D</b> Employer Identification Number (EIN)<br><u>23-3000982</u>                                                                                                                                                                                                           |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>                     |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 478289                | 0               |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 81734                 | 165255          |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 1506469               | 0               |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  | 5711414               | 7838250         |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b>               | 8280637               | 22338093        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 0                     | 47274937        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 56526607              | 1275272         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 | 1445609               | 119813          |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year   |
|--------------------|------------------------------------------------------------------|-----------------------|-------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                   |
| (1)                | Employer securities.....                                         | <b>1d(1)</b>          |                   |
| (2)                | Employer real property.....                                      | <b>1d(2)</b>          |                   |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                   |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 74030759 79011620 |
| <b>Liabilities</b> |                                                                  |                       |                   |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                   |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                   |
| <b>i</b>           | Acquisition indebtedness.....                                    | <b>1i</b>             |                   |
| <b>j</b>           | Other liabilities.....                                           | <b>1j</b>             | 325509 151076     |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 325509 151076     |
| <b>Net Assets</b>  |                                                                  |                       |                   |
| <b>l</b>           | Net assets (subtract line 1k from line 1f).....                  | <b>1l</b>             | 73705250 78860544 |

**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 |
|---------------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>Income</b> |                                                                                                        |                 |           |
| <b>a</b>      | <b>Contributions:</b>                                                                                  |                 |           |
| (1)           | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 0         |
|               | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> |           |
|               | <b>(C)</b> Others (including rollovers).....                                                           | <b>2a(1)(C)</b> |           |
| (2)           | Noncash contributions .....                                                                            | <b>2a(2)</b>    |           |
| (3)           | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 0         |
| <b>b</b>      | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)           | Interest:                                                                                              |                 |           |
|               | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....    | <b>2b(1)(A)</b> |           |
|               | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> | 71896     |
|               | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> | 437197    |
|               | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|               | <b>(E)</b> Participant loans.....                                                                      | <b>2b(1)(E)</b> |           |
|               | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> | 5475      |
|               | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 514568    |
| (2)           | Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |           |
|               | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|               | <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                               | <b>2b(2)(C)</b> | 932256    |
|               | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 932256    |
| (3)           | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)           | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 78182446  |
|               | <b>(B)</b> Aggregate carrying amount (see instructions).....                                           | <b>2b(4)(B)</b> | 78018131  |
|               | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 164315    |
| (5)           | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|               | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> | -43333    |
|               | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | -43333    |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            | 953937    |
| (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) |            | 7518802   |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....                | 2d     |            | 10040545  |

**Expenses**

|                                                                                     |       |         |         |
|-------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                 |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 3641510 |         |
| (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) |         | 3641510 |
| 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) | 226817  |         |
| (2) Contract administrator fees .....                                               | 2i(2) | 48767   |         |
| (3) Investment advisory and management fees .....                                   | 2i(3) |         |         |
| (4) Other.....                                                                      | 2i(4) | 968157  |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                | 2i(5) |         | 1243741 |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |         | 4885251 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 5155294 |
| 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: **CARON & BLETZER, PLLC**

(2) EIN: **04-3499945**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes                 | No                 | Amount |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|--------|
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....                                                                                                    |                     |                    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                                                                                                                                |                     |                    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                                                                                                                     |                     |                    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                                                                                                                            | X                   |                    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                                                                                                                             |                     | X                  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                                                                                                                          |                     |                    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                                                                                                                |                     |                    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                                                                                                                      | X                   |                    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                                                                                                                           | X                   |                    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                                                                                                                        | X                   |                    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                                                                                                                           | X                   |                    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                                                                                                                                 |                     | X                  |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                                                                                                                                  |                     | X                  |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                                                                                                                        |                     |                    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                    |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                                                                                                                            |                     |                    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                    |        |
| <b>5a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.                                                                                                                                 |                     |                    |        |
| <b>5b</b> 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.)                                                                                                                                                                                                        |                     |                    |        |
| <b>5b(1)</b> Name of plan(s)                                                                                                                                                                                                                                                                                                                                                                                        | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                    |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                    |        |
| <b>5c</b> 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.) ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined<br>If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>432034</u> . |                     |                    |        |

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                       | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2020 or fiscal plan year beginning 12/10/2020 and ending 12/09/2021                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>CARDONE INDUSTRIES, INC. UNION EMPLOYEES' PENSION PLAN                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 002                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>CARDONE INDUSTRIES, INC.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>23-3000982                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                                | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 39-6436442                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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 19                                                                                            |
| Part II                                                                                                                                                                                                                                                                                                                                                               | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A<br>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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                              | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                                               | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2020 v. 200204                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

**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).....

**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).....

**14a****14b****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: 66.9 % Investment-Grade Debt: 26.5 % High-Yield Debt: 4.9 % Real Estate: \_\_\_\_\_ % Other: 1.7 %

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

**CARDONE INDUSTRIES, INC.  
UNION EMPLOYEES' PENSION PLAN**

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**FINANCIAL STATEMENTS**

December 9, 2021 and 2020 and  
For the Year Ended December 9, 2021



***CARON & BLETZER, PLLC***

*Certified Public Accountants and Business Consultants*

CARDONE INDUSTRIES, INC. UNION EMPLOYEES' PENSION PLAN  
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Certain supplemental schedules have been omitted because they are either not required or not applicable.



### Independent Auditor's Report

To the Plan Administrator of the Cardone Industries, Inc. Union Employees' Pension Plan:

#### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit**

We have performed an audit of the financial statements of the Cardone Industries, Inc. Union Employees' Pension Plan ("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) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 9, 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.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 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. 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, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained a certification from a qualified institution as of and for the year ended December 9, 2021, stating that the certified investment information, as described in Note G to the financial statements, is complete and accurate.

#### **Opinion**

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

- the amounts and disclosures in the accompanying 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 ("GAAP").
- the information in the accompanying 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***

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 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 audits. 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 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 within one year after the date that the financial statements are issued or 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 Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 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 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 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***

#### ***Supplemental Schedules Required by ERISA***

The supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 9, 2021 and the Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended December 9, 2021, are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, 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 schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are 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 schedules, other than the information in the supplemental schedules 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 certified information in the supplemental schedules 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 October 12, 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 audit 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.

*Caron & Blazer, PLLC*

Kingston, NH  
September 26, 2022

CARDONE INDUSTRIES, INC. UNION EMPLOYEES' PENSION PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
December 9, 2021 and 2020

|                                        | <u>2021</u>          | <u>2020</u>          |
|----------------------------------------|----------------------|----------------------|
| Investments, at fair value:            |                      |                      |
| Mutual funds                           | \$ 1,275,272         | \$ 58,033,076        |
| U.S. government and agency obligations | 7,958,063            | 5,834,830            |
| Corporate obligations                  | 19,593,324           | 8,280,637            |
| Foreign debt obligations               | 2,744,769            | 1,322,193            |
| Common collective trust                | <u>47,274,937</u>    | <u>-</u>             |
| Total investments                      | 78,846,365           | 73,470,736           |
| Receivables:                           |                      |                      |
| Employer contributions                 | -                    | 478,289              |
| Accrued income                         | <u>165,255</u>       | <u>81,734</u>        |
| Total receivables                      | <u>165,255</u>       | <u>560,023</u>       |
| Total assets                           | 79,011,620           | 74,030,759           |
| Liabilities:                           |                      |                      |
| Net pending trades                     | <u>151,076</u>       | <u>325,509</u>       |
| Net assets available for benefits      | <u>\$ 78,860,544</u> | <u>\$ 73,705,250</u> |

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

CARDONE INDUSTRIES, INC. UNION EMPLOYEES' PENSION PLAN  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
For the year ended December 9, 2021

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|                                               | <u>2021</u>              |
|-----------------------------------------------|--------------------------|
| Additions:                                    |                          |
| Investment Income:                            |                          |
| Net appreciation in fair value of investments | \$ 8,593,858             |
| Interest income                               | 431,066                  |
| Dividend income                               | <u>1,015,621</u>         |
| <br>Total additions                           | <br>10,040,545           |
| <br>Deductions:                               |                          |
| Benefits paid to participants                 | 3,641,510                |
| Administrative expenses                       | <u>1,243,741</u>         |
| <br>Total deductions                          | <br><u>4,885,251</u>     |
| <br>Net increase                              | <br>5,155,294            |
| <br>Net assets available for benefits:        |                          |
| Beginning of the year                         | <u>73,705,250</u>        |
| <br>End of year                               | <br><u>\$ 78,860,544</u> |

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

CARDONE INDUSTRIES, INC. UNION EMPLOYEES' PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS

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A. PLAN DESCRIPTION:

The following description of the Cardone Industries, Inc. Union Employees' Pension Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a non-contributory defined benefit plan covering substantially all employees of Cardone Industries, Inc. (the "Company") who are members of the Service Employees' International Union, Local 252 that were hired prior to 2014 and had completed 1,000 hours of service within a 12 month period. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Effective December 31, 2013, the Plan was amended to exclude all employees hired after that date. Additionally, effective December 31, 2013, the Plan was amended to freeze the accrual of benefits. A participant's credited service was determined as of the freeze date. Participant accrued benefits were based on provisions of the Plan in effect at the freeze date but calculated as if participants had terminated employment as of the freeze date.

Contributions and Funding Policy

The Company's funding policy is to contribute such amounts as are deemed necessary on an actuarial basis to fund the benefits expected to be paid by the Plan in accordance with the funding requirements of ERISA and the collective bargaining agreement. The company met the minimum funding requirements of ERISA as of December 9, 2021.

Benefits

Employees are entitled to monthly pension benefits beginning at normal retirement age (65) equal to \$13.50 multiplied by years of service, subject to the amount in which the participant is vested. If a participant elects early retirement, benefits may be actuarially reduced by a formula based on the number of years between the normal retirement age and a participant's age at early retirement. Plan participants may defer retirement beyond normal retirement age.

Participants who terminate with a vested benefit of less than \$5,000 receive an automatic lump-sum distribution as soon as administratively possible. If their vested benefit is greater than \$5,000, then participants have the option to receive their benefits in the form of a single life annuity, an actuarial life annuity with a years certain option, or a joint annuity with a survivorship option.

The normal form of payment to a retired participant of retirement benefits payable under the Plan is a monthly life annuity payable commencing on the participant's pension commencement date and terminating with the payment due immediately preceding death. If the participant is married the form of payment will be as an actuarially equivalent qualified joint and survivor annuity. Actuarially equivalent optional forms of annuities may be elected by participants in lieu of the normal form of payment.

CARDONE INDUSTRIES, INC. UNION EMPLOYEES' PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS

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If a participant dies prior to their benefit commencement date, a death benefit equal to the value of the employee's accumulated pension benefits, as defined by the Plan, is paid to the employee's beneficiary. Vested participants who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled.

Retirement Dates

Benefit payments generally begin at age 65, with an option for early retirement at age 55 for participants with a minimum credited service of 15 years.

Vesting

A participant becomes 20% vested after three years of credited service. Such vesting increases 20% each year thereafter until reaching 100% after seven years of credited service.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants on the measurement date. See Note C for discussion of fair value measurements.

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

CARDONE INDUSTRIES, INC. UNION EMPLOYEES' PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS

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Administrative Expenses

Certain recordkeeping and administrative expenses of the Plan are borne by the Company. Expenses that are paid directly by the Company are excluded from these financial statements. Third party administrator fees and custodian fees are paid by the Plan and are recorded as deductions in the accompanying statement of changes in net assets available for benefits. Various transaction charges include distribution and general administration of the Plan and represent substantially all of the Plan's administrative expenses. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Payment of Benefits

Benefits to participants are recorded when paid.

C. FAIR VALUE MEASUREMENTS:

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

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

*Level 2* - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

*Level 3* - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Following is a description of the valuation methodologies used by the Plan. There have been no changes in the methodologies used at December 9, 2021 and 2020.

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

CARDONE INDUSTRIES, INC. UNION EMPLOYEES' PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS

*U.S. government and agency obligations* - Valued using pricing models maximizing the use of observable inputs for similar securities.

*Corporate and foreign debt obligations* – Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

*Common collective trust* – Valued at the net asset value of units of a collective trust. The net asset value, as provided by the fund manager, 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. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 9:

| <u>Description</u>                            | 2021                 |                     |                      |                |
|-----------------------------------------------|----------------------|---------------------|----------------------|----------------|
|                                               | <u>Total</u>         | <u>Level 1</u>      | <u>Level 2</u>       | <u>Level 3</u> |
| Mutual funds                                  | \$ 1,275,272         | \$ 1,275,272        | \$ -                 | \$ -           |
| U.S. government and agency obligations        | 7,958,063            | -                   | 7,958,063            | -              |
| Corporate obligations                         | 19,593,324           | -                   | 19,593,324           | -              |
| Foreign debt obligations                      | <u>2,744,769</u>     | <u>-</u>            | <u>2,744,769</u>     | <u>-</u>       |
| Total investments in the fair value hierarchy | 31,571,428           | <u>\$ 1,275,272</u> | <u>\$ 30,296,156</u> | <u>\$ -</u>    |
| Investments measured at net asset value(1):   |                      |                     |                      |                |
| Common collective trust                       | <u>47,274,937</u>    |                     |                      |                |
| Total investments at fair value               | <u>\$ 78,846,365</u> |                     |                      |                |

| <u>Description</u>                            | 2020                 |                      |                      |                |
|-----------------------------------------------|----------------------|----------------------|----------------------|----------------|
|                                               | <u>Total</u>         | <u>Level 1</u>       | <u>Level 2</u>       | <u>Level 3</u> |
| Mutual funds                                  | \$ 58,033,076        | \$ 58,033,076        | \$ -                 | \$ -           |
| U.S. government and agency obligations        | 5,834,830            | -                    | 5,834,830            | -              |
| Corporate obligations                         | 8,280,637            | -                    | 8,280,637            | -              |
| Foreign debt obligations                      | <u>1,322,193</u>     | <u>-</u>             | <u>1,322,193</u>     | <u>-</u>       |
| Total investments in the fair value hierarchy | <u>\$ 73,470,736</u> | <u>\$ 58,033,076</u> | <u>\$ 15,437,660</u> | <u>\$ -</u>    |

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

Redemptions of the common collective trust held by the Plan may be subject to a five-day redemption notice period. There are no unfunded commitments.

CARDONE INDUSTRIES, INC. UNION EMPLOYEES' PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS

D. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, which are attributable, under the Plan's provisions, to the services rendered by the employees to the valuation date. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) beneficiaries of participants who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits payable to participants of the Plan as of December 9 is as follows:

|                                                            | <u>2021</u>          | <u>2020</u>          |
|------------------------------------------------------------|----------------------|----------------------|
| Actuarial present value of accumulated Plan benefits:      |                      |                      |
| Vested benefits:                                           |                      |                      |
| Active employees                                           | \$ 15,981,013        | \$ 14,354,641        |
| Deferred vested participants                               | 29,164,176           | 25,692,684           |
| Participants currently receiving payments                  | <u>51,433,720</u>    | <u>45,505,818</u>    |
| Total vested benefits                                      | 96,578,909           | 85,553,143           |
| Nonvested benefits                                         | <u>1,771,735</u>     | <u>1,610,344</u>     |
| Total actuarial present value of accumulated Plan benefits | <u>\$ 98,350,644</u> | <u>\$ 87,163,487</u> |

The change in the actuarial present value of accumulated plan benefits for the year ended December 9, 2021 is as follows:

|                                                                            |                      |
|----------------------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated Plan benefits,<br>beginning of year | \$ 87,163,487        |
| Increase (decrease) during the year attributable to:                       |                      |
| Benefits accumulated                                                       | 395,051              |
| Benefits paid                                                              | (3,641,510)          |
| Increase due to passage of time                                            | 3,115,605            |
| Change in assumptions                                                      | <u>11,318,011</u>    |
| Net decrease                                                               | <u>11,187,157</u>    |
| Actuarial present value of accumulated Plan benefits,<br>end of year       | <u>\$ 98,350,644</u> |

CARDONE INDUSTRIES, INC. UNION EMPLOYEES' PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS

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The significant actuarial assumptions used in determining accumulated Plan benefits as stated in the actuarial valuation reports as of December 9, 2021 and 2020 are as follows:

|                  |                                                                                                                                                                                                                                |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Discount Rate:   | <b>2021:</b> 2.71%<br><b>2020:</b> 3.65%                                                                                                                                                                                       |
| Mortality Table: | <b>2021:</b> PRI-2012 Mortality Table with Blue Collar adjustment and MP-2021 generational improvement scale.<br><b>2020:</b> PRI-2012 Mortality Table with Blue Collar adjustment and MP-2020 generational improvement scale. |
| Retirement:      | Retirement at age 65                                                                                                                                                                                                           |

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The computation of the actuarial present value of accumulated plan benefits was made as of December 10, 2021. Had the valuation been performed as of December 9, there would be no material difference.

**E. TAX STATUS:**

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated October 28, 2003 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the 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.

**F. PARTIES-IN-INTEREST:**

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan or an employer whose employees are covered by the Plan. Accordingly, the management of investments held by the trustee are considered party-in-interest transactions.

CARDONE INDUSTRIES, INC. UNION EMPLOYEES' PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS

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G. CERTIFIED INVESTMENTS:

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 9, 2021 and 2020, and net appreciation in fair value of investments and interest and dividends for the year ended December 9, 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by BMO Harris Bank N.A., the trustee of the Plan.

H. PLAN TERMINATION:

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Benefits attributable to employee contributions, if any, taking into account those paid out before termination.
- b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan.
- c. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations (discussed below).
- d. All other vested benefits (that is, vested benefits not insured by the PBGC).
- e. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

CARDONE INDUSTRIES, INC. UNION EMPLOYEES' PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS

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I. 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. Market risks include global events which could impact the value of investment securities. 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 amounts reported in the statement of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

J. SUBSEQUENT EVENTS:

The Company has evaluated subsequent events through September 26, 2022, the date these financial statements were available for issuance.

**CARDONE INDUSTRIES, INC. UNION EMPLOYEES' PENSION PLAN**

EIN: 23-3000982

Plan Number: 002

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

**December 9, 2021**

| (a)                                                                   | (b)                                                                                                          | (c)          | (d)              | (e) |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------|------------------|-----|
| Identity of issue, borrower, lessor<br>or similar party               | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | Cost         | Current<br>value |     |
| BMO Government Money Market Premier Fund                              | Mutual fund                                                                                                  | \$ 1,275,272 | \$ 1,275,272     |     |
| U.S. Treasury Note 1.25% Due 8/15/2031                                | Government obligation                                                                                        | 317,929      | 318,451          |     |
| U.S. Treasury Note 1.375% Due 11/15/2031                              | "                                                                                                            | 860,856      | 870,725          |     |
| U.S. Treasury Bond 2.00% Due 8/15/2051                                | "                                                                                                            | 149,145      | 154,349          |     |
| U.S. Treasury Bond 1.75% Due 8/15/2041                                | "                                                                                                            | 1,039,965    | 1,058,325        |     |
| U.S. Treasury SEC Stripped Interest Payment Tints Due 11/15/2043      | "                                                                                                            | 479,933      | 501,508          |     |
| U.S. Treasury SEC Stripped Interest Payment Tints Due 11/15/2044      | "                                                                                                            | 439,205      | 460,354          |     |
| U.S. Treasury SEC Stripped Interest Payment Tints Due 11/15/2045      | "                                                                                                            | 403,107      | 426,403          |     |
| U.S. Treasury SEC Stripped Interest Payment Tints Due 11/15/2046      | "                                                                                                            | 507,366      | 537,605          |     |
| U.S. Treasury SEC Stripped Interest Payment Tints Due 11/15/2047      | "                                                                                                            | 470,932      | 502,614          |     |
| U.S. Treasury SEC Stripped Interest Payment Tints Due 11/15/2048      | "                                                                                                            | 435,288      | 466,347          |     |
| U.S. Treasury SEC Stripped Interest Payment Tints Due 11/15/2049      | "                                                                                                            | 263,751      | 287,699          |     |
| U.S. Treasury SEC Stripped Interest Payment Tints Due 11/15/2050      | "                                                                                                            | 2,095,868    | 2,253,870        |     |
| California St Government Obligation Bonds Taxable 7.30% Due 10/1/2039 | "                                                                                                            | 103,163      | 119,813          |     |
| Total government obligations                                          |                                                                                                              | 7,566,508    | 7,958,063        |     |
| Ameriprise Finl Inc Sr Gbl NT 2.875% Due 9/15/2026                    | Corporate obligation                                                                                         | 107,833      | 105,450          |     |
| Aviation Cap Group LLC 3.875% Due 5/1/2023                            | "                                                                                                            | 65,219       | 67,066           |     |
| Bank Amer Corp Fr Var Rate Due 1/23/2026                              | "                                                                                                            | 260,301      | 259,533          |     |
| BP Cap Mkts Amer Inc Sr Gbl NT 3.119% Due 5/4/2026                    | "                                                                                                            | 108,592      | 105,611          |     |
| CVS Health Corp Sr NT 3.00% Due 8/15/2026                             | "                                                                                                            | 168,011      | 163,007          |     |
| Capital One Finl Corp 3.90% Due 1/29/2024                             | "                                                                                                            | 160,517      | 163,145          |     |
| Dowdupont Inc Sr NT 4.493% Due 11/15/2025                             | "                                                                                                            | 121,519      | 132,197          |     |
| Duke Energy Carolinas LLC 1mtg Ref Bd 2.95% Due 12/1/2026             | "                                                                                                            | 133,245      | 132,176          |     |
| Energy Transfer Operating LP Sr NT 2.90% Due 5/15/2025                | "                                                                                                            | 47,073       | 46,337           |     |
| General Mtrs Finl Co Inc Sr NT 1.20% Due 10/15/2024                   | "                                                                                                            | 79,536       | 79,127           |     |
| Hyundai Cap Amer Sr 144a NT 1.00% Due 9/17/2024                       | "                                                                                                            | 139,406      | 137,346          |     |
| JPMorgan Chase & Co NT 3.90% Due 7/15/2025                            | "                                                                                                            | 343,356      | 333,647          |     |
| Kimco Rlty Corp Sr Gbl 2.80% Due 10/1/2026                            | "                                                                                                            | 113,686      | 119,510          |     |
| Kinder Morgan Energy Partners Sr Gbl NT 4.25% Due 9/1/2024            | "                                                                                                            | 170,381      | 165,597          |     |
| Loews Corp Sr Gbl NT 3.75% Due 4/1/2026                               | "                                                                                                            | 230,334      | 227,548          |     |
| Penske Truck Leasing Co L P Sr 144a 1.70% Due 6/15/2026               | "                                                                                                            | 69,859       | 69,215           |     |
| Spectra Energy Partners LP Sr NT 4.75% Due 3/15/2024                  | "                                                                                                            | 119,730      | 117,374          |     |
| Sunoco Logistics Partners Sr NT 3.90% Due 7/15/2026                   | "                                                                                                            | 207,764      | 203,993          |     |
| Valero Energy Corp Sr NT 2.85% Due 4/15/2025                          | "                                                                                                            | 140,625      | 140,092          |     |
| Valley Netl Bancorp Sub Deb 5.125% Due 9/27/2023                      | "                                                                                                            | 79,969       | 79,841           |     |
| Vmware Inc CR Sen Sr Gbl Step Cpn Due 5/15/2025                       | "                                                                                                            | 100,114      | 98,080           |     |
| Wellpoint Inc NT 3.30% Due 1/15/2023                                  | "                                                                                                            | 114,722      | 112,886          |     |
| Wells Fargo Co MTN Fr 3.45% Due 2/13/2023                             | "                                                                                                            | 167,557      | 164,854          |     |
| Welltower Inc 3.625% Due 3/15/2024                                    | "                                                                                                            | 159,140      | 162,893          |     |
| AFLAC Inc Sr Gbl 3.60% Due 4/1/2030                                   | "                                                                                                            | 77,706       | 77,480           |     |
| AT&T Inc 4.35% Due 3/1/2029                                           | "                                                                                                            | 35,092       | 33,746           |     |
| AT&T Inc Gbl NT 1.65% Due 2/1/2028                                    | "                                                                                                            | 55,305       | 53,597           |     |
| Abbvie Inc Sr Gbl 3.20% Due 11/21/2029                                | "                                                                                                            | 108,245      | 106,811          |     |
| American Intl Group Inc Sr Gbl 3.40% Due 6/30/2030                    | "                                                                                                            | 86,189       | 91,750           |     |
| American Tower Corp New Sr NT 2.75% Due 1/15/2027                     | "                                                                                                            | 135,046      | 138,928          |     |
| Anheuser Busch Inbev Wldw Inc 4.75% Due 1/23/2029                     | "                                                                                                            | 213,923      | 209,727          |     |
| Anthem Inc NT 3.65% Due 12/1/2027                                     | "                                                                                                            | 168,012      | 163,033          |     |
| Apple Inc Sr Gbl NT 3.35% Due 2/9/2027                                | "                                                                                                            | 166,451      | 161,941          |     |
| Avalonbay Cmnty Inc MTN Fr 2.30% Due 3/1/2030                         | "                                                                                                            | 137,561      | 136,477          |     |
| Bk of America Corp Fr Var Rate Due 6/14/2029                          | "                                                                                                            | 226,658      | 222,178          |     |
| BB&T Brh Bkg & Tr Co Global Bk Sub Gbl NT 2.636% Due 9/17/2029        | "                                                                                                            | 119,596      | 123,535          |     |
| Belrose Fdg Tr Pfd Tr 144a 2.33% Due 8/15/2030                        | "                                                                                                            | 65,142       | 63,618           |     |
| Boston Gas Co Sr 144a NT 3.001% Due 8/1/2029                          | "                                                                                                            | 169,110      | 163,782          |     |
| Broadcom Inc Sr Gbl NT 4.11% Due 9/15/2028                            | "                                                                                                            | 45,351       | 43,753           |     |
| Cigna Corp New Sr NT 2.40% Due 3/15/2030                              | "                                                                                                            | 113,887      | 110,492          |     |
| CVS Health Corp Sr NT 1.75% Due 8/21/2030                             | "                                                                                                            | 58,626       | 57,065           |     |

**CARDONE INDUSTRIES, INC. UNION EMPLOYEES' PENSION PLAN**

EIN: 23-3000982

Plan Number: 002

**SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
December 9, 2021

| (a)                                                                     | (b)                                                                                                          | (c)     | (d)              | (e) |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------|------------------|-----|
| Identity of issue, borrower, lessor<br>or similar party                 | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | Cost    | Current<br>value |     |
| Cameron Lng LLC Sr SEC 144a NT 2.902% Due 7/15/2031                     | "                                                                                                            | 60,138  | 62,495           |     |
| Centerpoint Energy Res Corp Sr NT 1.75% Due 10/1/2030                   | "                                                                                                            | 28,133  | 28,523           |     |
| Citigroup Inc Sr NT Var Rate Due 1/29/2031                              | "                                                                                                            | 126,943 | 127,371          |     |
| Comcast Corp New NT 2.35% Due 1/15/2027                                 | "                                                                                                            | 116,206 | 113,373          |     |
| Conagra Brands Inc Sr Gbl NT 1.375% Due 11/1/2027                       | "                                                                                                            | 112,879 | 109,790          |     |
| Conoco Inc Sr NT 6.95% Due 4/15/2029                                    | "                                                                                                            | 123,051 | 118,248          |     |
| Corporate Office Pptys L P Sr Gbl NT 2.00% Due 1/15/2029                | "                                                                                                            | 74,245  | 72,621           |     |
| Deere & Co Sr NT 3.10% Due 4/15/2030                                    | "                                                                                                            | 229,431 | 225,784          |     |
| Disney Walt Co Sr NT 2.00% Due 9/1/2029                                 | "                                                                                                            | 150,925 | 149,069          |     |
| Exxon Mobil Corp Sr Gbl NT 2.44% Due 8/16/2029                          | "                                                                                                            | 139,704 | 138,483          |     |
| Franklin Resources Inc Sr Gbl 1.60% Due 10/30/2030                      | "                                                                                                            | 169,033 | 165,783          |     |
| JPMorgan Chase & Co Sr SB 3.625% Due 12/1/2027                          | "                                                                                                            | 77,336  | 75,004           |     |
| Lowe's Cos Inc Sr NT 4.50% Due 4/15/2030                                | "                                                                                                            | 131,776 | 121,744          |     |
| Manufacturer and Traders SB Gbl 3.40% Due 8/17/2027                     | "                                                                                                            | 166,745 | 160,643          |     |
| National Rural Utils Coop Fin Sr SEC Gbl Bd 3.70% Due 3/15/2029         | "                                                                                                            | 272,915 | 270,147          |     |
| Nevada Power Co Sr SEC CC NT 3.70% Due 5/1/2029                         | "                                                                                                            | 302,291 | 298,093          |     |
| O'Reilly Automotive Inc Sr NT 1.75% Due 3/15/2031                       | "                                                                                                            | 85,696  | 85,677           |     |
| Omnicom Group Inc Sr NT 2.60% Due 8/1/2031                              | "                                                                                                            | 65,387  | 65,375           |     |
| Oracle Corp Sr NT 2.875% Due 3/25/2031                                  | "                                                                                                            | 4,992   | 5,115            |     |
| PNC Bk N A Pittsburgh PA Gbl NT 4.05% Due 7/26/2028                     | "                                                                                                            | 168,386 | 162,968          |     |
| Prologis L P Sr NT 1.25% Due 10/15/2030                                 | "                                                                                                            | 65,328  | 64,970           |     |
| Public Svc Elec Gas Co MTN Fr 3.20% Due 5/15/2029                       | "                                                                                                            | 111,490 | 107,807          |     |
| Qualcomm Inc Fr 3.25% Due 5/20/2027                                     | "                                                                                                            | 144,175 | 139,658          |     |
| Simon Ppty Group LP Sr Gbl NT 3.375% Due 6/15/2027                      | "                                                                                                            | 131,347 | 139,227          |     |
| Union Elec Co Sr Gbl NT 2.95% Due 6/15/2027                             | "                                                                                                            | 148,133 | 147,234          |     |
| Verizon Communications Inc Sr Gbl NT 4.016% Due 12/3/2029               | "                                                                                                            | 164,523 | 167,772          |     |
| Verizon Communications Inc NT 2.10% Due 3/22/2028                       | "                                                                                                            | 9,996   | 9,996            |     |
| Wells Fargo & Co New Medium Term Sr Nts 4.30% Due 7/22/2027             | "                                                                                                            | 204,278 | 222,536          |     |
| Alabama Pwr Co Sr Gbl 2016a 4.30% Due 1/2/2046                          | "                                                                                                            | 138,364 | 132,553          |     |
| Allstate Corp Sr NT 4.20% Due 12/15/2046                                | "                                                                                                            | 168,171 | 163,818          |     |
| Amazon Com Inc Sr NT 2.50% Due 6/3/2050                                 | "                                                                                                            | 234,759 | 229,877          |     |
| Ameren Ill Co 1st Mtg 3.70% Due 12/1/2047                               | "                                                                                                            | 218,714 | 218,420          |     |
| Amgen Inc Sr NT 3.375% Due 2/21/2050                                    | "                                                                                                            | 27,123  | 26,131           |     |
| Apple Inc Sr 4.375% Due 5/13/2045                                       | "                                                                                                            | 341,154 | 336,484          |     |
| Apple Inc NT 2.40% Due 8/20/2050                                        | "                                                                                                            | 34,149  | 32,806           |     |
| Apple Inc Sr Gbl NT 2.65% Due 2/8/2051                                  | "                                                                                                            | 14,901  | 14,719           |     |
| Bank Amer Corp Sr N Var Rate Due 6/19/2041                              | "                                                                                                            | 72,001  | 72,441           |     |
| Berkshire Hathaway Fin Corp Sr NT 4.30% Due 5/15/2043                   | "                                                                                                            | 167,900 | 162,886          |     |
| BP Cap Mkts Amer Inc Sr NT 2.939% Due 6/4/2051                          | "                                                                                                            | 68,172  | 67,842           |     |
| Burlington Northn Santa Fe CP Sr Deb 5.15% Due 9/1/2043                 | "                                                                                                            | 173,354 | 168,534          |     |
| Cbam LTD Ser 2019 11r Cl C Fltg Rate Due 1/22/2035                      | "                                                                                                            | 100,000 | 99,998           |     |
| Comm Mtg Tr Ser 2015 CCRE24 Cl D Fltg Rate Due 8/12/2048                | "                                                                                                            | 22,103  | 23,153           |     |
| Csmc Tr 2014-USA Coml Mtg Pass Thru CTF Cl D 144a 4.3733% Due 9/15/2037 | "                                                                                                            | 77,484  | 74,843           |     |
| Centerpoint Energy Houston Ele 1m AF 3.35% Due 4/1/2051                 | "                                                                                                            | 24,901  | 27,563           |     |
| Cisco Sys Inc 5.50% Due 1/15/2050                                       | "                                                                                                            | 140,145 | 140,452          |     |
| Coca Cola Co Sr NT 2.60% Due 6/1/2050                                   | "                                                                                                            | 111,172 | 113,571          |     |
| Comcast Corp New NT 3.40% Due 7/15/2046                                 | "                                                                                                            | 139,290 | 138,338          |     |
| Commonwealth Edison Co 1mtg Bd 3.80% Due 10/1/2042                      | "                                                                                                            | 41,770  | 45,552           |     |
| Commonwealth Edison Co 1mtg Bd 3.70% Due 3/1/2045                       | "                                                                                                            | 246,121 | 244,090          |     |
| Consolidated Edison Co N Y Inc 2014a 4.45% Due 3/15/2044                | "                                                                                                            | 168,169 | 165,817          |     |
| Consumers Energy Co 1mtg Bd 3.25% Due 8/15/2046                         | "                                                                                                            | 225,156 | 226,760          |     |
| Consumers Energy Co 1mtg Bd 3.10% Due 8/15/2050                         | "                                                                                                            | 110,639 | 110,439          |     |
| DB Master Finance LLC Ser 2021 1 Cl A 2 I 2.045% Due 11/20/2051         | "                                                                                                            | 100,000 | 98,360           |     |
| Dte Elec Co 1m B Bd 2.95% Due 3/1/2050                                  | "                                                                                                            | 206,426 | 205,290          |     |
| Duke Energy Ind LLC 1m Xxx 3.75% Due 5/15/2046                          | "                                                                                                            | 229,647 | 225,420          |     |
| Fremf Mtg Tr Ser 2016 K53 Cl C Fltg Rate Due 3/25/2049                  | "                                                                                                            | 86,755  | 94,569           |     |
| Florida Pwr & LT Co 1st Mtg Bd 4.05% Due 10/1/2044                      | "                                                                                                            | 109,832 | 107,828          |     |
| Florida Pwr & LT Co 1m Bd 2.875% Due 12/4/2051                          | "                                                                                                            | 144,941 | 148,534          |     |
| Ford Cr Auto Own Ser 2021 REV1 Cl D 2.31% Due 10/15/2033                | "                                                                                                            | 39,995  | 39,612           |     |

**CARDONE INDUSTRIES, INC. UNION EMPLOYEES' PENSION PLAN**

EIN: 23-3000982

Plan Number: 002

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

December 9, 2021

| (a) | (b)                                                                   | (c)                                                                                                          | (d)        | (e)              |
|-----|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|------------------|
|     | Identity of issue, borrower, lessor<br>or similar party               | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | Cost       | Current<br>value |
|     | GS Mtg Secs Tr Ser 2017 GS8 Cl D 2.70% Due 11/11/2050                 | "                                                                                                            | 66,753     | 69,290           |
|     | General Dynamics Corp Sr Gbl NT 4.25% Due 4/1/2040                    | "                                                                                                            | 117,046    | 110,426          |
|     | Georgia Pwr Co Sr NT 12a 4.30% Due 3/15/2042                          | "                                                                                                            | 107,773    | 102,852          |
|     | Gilead Sciences Inc Sr Gbl NT 4.00% Due 9/1/2036                      | "                                                                                                            | 146,198    | 143,540          |
|     | Goldman Sachs Group Inc Sr Gbl NT Var Rate Due 1/27/2032              | "                                                                                                            | 200,930    | 201,138          |
|     | Home Depot Inc Sr Gbl 4.50% Due 12/6/2048                             | "                                                                                                            | 226,025    | 227,404          |
|     | Intel Corp Sr Gbl NT 3.734% Due 12/8/2047                             | "                                                                                                            | 309,937    | 308,804          |
|     | Intercontinental Exchange Inc Sr NT 2.65% Due 9/15/2040               | "                                                                                                            | 114,355    | 110,248          |
|     | Jpmbb Coml Mtg Sec Tr Ser 2014 C26 Cl D Fltg Rate Due 1/17/2048       | "                                                                                                            | 29,272     | 28,765           |
|     | Jpmbb Coml Mtg Sec Tr Ser 2015 C28 Cl C Fltg Rate Due 10/19/2048      | "                                                                                                            | 65,607     | 66,796           |
|     | JP Morgan Chase Bank NA NT 3.882% Due 7/24/2038                       | "                                                                                                            | 224,135    | 222,142          |
|     | JPMorgan Chase & Co Sr NT 3.328% Due 4/22/2052                        | "                                                                                                            | 14,991     | 16,279           |
|     | Johnson & Johnson Sr NT 4.375% Due 12/5/2033                          | "                                                                                                            | 140,811    | 140,531          |
|     | Johnson & Johnson Sr NT 3.50% Due 1/15/2048                           | "                                                                                                            | 112,442    | 109,791          |
|     | Kkr Clo LTD Ser 2021 39 Cl C Fltg Rate Due 10/16/2034                 | "                                                                                                            | 100,000    | 99,234           |
|     | Kimberly Clark Corp Sr NT 3.90% Due 5/3/2047                          | "                                                                                                            | 111,158    | 108,489          |
|     | Lilly Eli & Co SR NT 2.25% Due 5/15/2050                              | "                                                                                                            | 67,768     | 69,951           |
|     | Lockheed Martin Corp Sr NT 3.80% Due 3/1/2045                         | "                                                                                                            | 81,883     | 80,813           |
|     | Mars Inc Del Sr Gbl 144a 1.625% Due 7/16/2032                         | "                                                                                                            | 79,922     | 75,943           |
|     | Mastercard Inc Sr NT 3.65% Due 6/1/2049                               | "                                                                                                            | 226,138    | 225,636          |
|     | Medtronic Inc Sr Gbl NT 4.375% Due 3/15/2035                          | "                                                                                                            | 228,261    | 228,075          |
|     | Merck & Inc Sr NT 2.45% Due 6/24/2050                                 | "                                                                                                            | 52,721     | 51,541           |
|     | Merck & Co Inc Sr NT 2.75% Due 12/10/2051                             | "                                                                                                            | 129,683    | 130,016          |
|     | Microsoft Corp Sr Gbl NT 2.921% Due 3/17/2052                         | "                                                                                                            | 419,967    | 422,336          |
|     | Midamerican Energy Co 1mtg Bd 4.80% Due 9/15/2043                     | "                                                                                                            | 113,221    | 108,686          |
|     | New Economy Assets Phase 1 Issuer LLC 144a Reg S 2.41% Due 10/20/2061 | "                                                                                                            | 149,065    | 150,126          |
|     | New Res Mtg Ln Tr Ser 2021 Npm2r Cl M 1 Fltg Rate Due 10/25/2058      | "                                                                                                            | 40,000     | 39,619           |
|     | New York Life Ins Co 144a NT 3.75% Due 5/15/2050                      | "                                                                                                            | 123,323    | 126,751          |
|     | Oncor Elec Delivery Co LLC Sr SEC Gbl NT 3.80% Due 6/1/2049           | "                                                                                                            | 170,214    | 164,564          |
|     | Oracle Corp 6.50% Due 4/15/2038                                       | "                                                                                                            | 138,996    | 139,863          |
|     | Oracle Corp Sr NT 3.60% Due 4/1/2040                                  | "                                                                                                            | 45,233     | 41,548           |
|     | PPL Elec Utils Corp 1mtg Bd 4.75% Due 7/15/2043                       | "                                                                                                            | 154,042    | 154,328          |
|     | PPL Cap Fdg Inc Sr NT 4.70% Due 6/1/2043                              | "                                                                                                            | 59,126     | 56,421           |
|     | Pacificorp 6.25% Due 10/15/2037                                       | "                                                                                                            | 114,065    | 111,450          |
|     | Palisades Ctr Tr Ser 2016 Plsd Cl A 2.712% Due 4/14/2033              | "                                                                                                            | 87,897     | 92,546           |
|     | Paypal Hldgs Inc Sr NT 3.25% Due 6/1/2050                             | "                                                                                                            | 43,675     | 42,810           |
|     | Pepsico Inc Sr NT 2.75% Due 10/21/2051                                | "                                                                                                            | 217,144    | 226,470          |
|     | Pfizer Inc Sr NT 4.00% Due 3/15/2049                                  | "                                                                                                            | 225,289    | 228,862          |
|     | Prudential Finl Inc Mtns Book Fr 3.00% Due 3/10/2040                  | "                                                                                                            | 141,216    | 138,275          |
|     | Raytheon Technologies Corp Gbl NT 4.70% Due 12/15/2041                | "                                                                                                            | 147,748    | 148,648          |
|     | Southern Calif Edison Co 1m Bd 2013d 4.65% Due 10/1/2043              | "                                                                                                            | 122,199    | 123,096          |
|     | Southwestern Pub Svc Co 1stm Bd 4.50% Due 8/15/2041                   | "                                                                                                            | 123,289    | 121,882          |
|     | Southwestern Pub Svc Co 1st Mtg 4.40% Due 11/15/2048                  | "                                                                                                            | 112,833    | 112,815          |
|     | Travelers Companies Inc Sr Gbl 4.10% Due 3/4/2049                     | "                                                                                                            | 73,346     | 73,958           |
|     | Union Pac Corp Sr NT 3.20% Due 5/20/2041                              | "                                                                                                            | 20,074     | 21,282           |
|     | United Parcel Service Inc Sr NT 3.75% Due 11/15/2047                  | "                                                                                                            | 202,528    | 203,740          |
|     | Unitedhealth Group Inc NT 4.625% Due 7/15/2035                        | "                                                                                                            | 227,875    | 224,185          |
|     | Verizon Communications Inc Sr NT 4.40% Due 11/1/2034                  | "                                                                                                            | 156,884    | 151,896          |
|     | Verizon Communications Inc Sr NT 2.65% Due 11/20/2040                 | "                                                                                                            | 19,978     | 19,027           |
|     | Verizon Communications Inc NT 3.55% Due 3/22/2051                     | "                                                                                                            | 9,911      | 10,838           |
|     | Verizon Communications Inc NT 3.40% Due 3/22/2041                     | "                                                                                                            | 19,988     | 21,258           |
|     | Walmart Inc 4.05% Due 6/29/2048                                       | "                                                                                                            | 115,206    | 115,009          |
|     | Walmart Inc Sr NT 2.95% Due 9/24/2049                                 | "                                                                                                            | 111,733    | 113,124          |
|     | Walmart Inc NT 2.50% Due 9/22/2041                                    | "                                                                                                            | 55,000     | 55,521           |
|     | Wells Fargo Coml Tr Ser 2015 C28 Cl D Fltg Rate Due 5/15/2048         | "                                                                                                            | 48,103     | 48,042           |
|     | Total corporate obligations                                           |                                                                                                              | 19,722,156 | 19,593,324       |

CARDONE INDUSTRIES, INC. UNION EMPLOYEES' PENSION PLAN

EIN: 23-3000982

Plan Number: 002

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

December 9, 2021

| (a) | (b)                                                            | (c)                                                                                                          | (d)                  | (e)                  |
|-----|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
|     | Identity of issue, borrower, lessor<br>or similar party        | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | Cost                 | Current<br>value     |
|     | Aercap Ireland Capital Limited Sr NT 1.65% Due 10/29/2024      | Foreign debt obligation                                                                                      | 120,362              | 119,513              |
|     | Alibaba Group Hldg LTD Sr Gbl 3.60% Due 11/28/2024             | "                                                                                                            | 129,973              | 131,731              |
|     | America Movil Sab De Cv Sr NT 3.125% Due 7/16/2022             | "                                                                                                            | 208,906              | 202,226              |
|     | Banco Santander Sa 3.848% Due 4/12/2023                        | "                                                                                                            | 115,772              | 119,064              |
|     | Barclays PLC Sr Gbl Coco Var Rate Due 12/10/2024               | "                                                                                                            | 140,274              | 138,828              |
|     | HSBC Hldgs PLC Sub Gbl NT 4.375% Due 11/23/2026                | "                                                                                                            | 168,691              | 163,464              |
|     | Lloyds Banking Group PLC Sr Gbl Coco 4.05% Due 8/16/2023       | "                                                                                                            | 97,702               | 94,458               |
|     | Mitsubishi Ufj Finl Group Inc Sr NT 2.193% Due 2/25/2025       | "                                                                                                            | 210,472              | 204,234              |
|     | Royal Bk Scotland Group PLC Coco Var Rate Due 3/22/2025        | "                                                                                                            | 65,294               | 63,634               |
|     | Bnp Paribas Sr Non Pfd 144a Med Term NT Var Rate Due 1/13/2031 | "                                                                                                            | 133,484              | 134,347              |
|     | Enel Fin Intl Sr 144a 3.50% Due 4/6/2028                       | "                                                                                                            | 135,759              | 134,428              |
|     | Fairfax Finl Hldgs LTD Sr Gbl NT 4.85% Due 4/17/2028           | "                                                                                                            | 22,377               | 22,342               |
|     | Macquarie Group Limited Fr Var Rate Due 1/12/2027              | "                                                                                                            | 15,041               | 14,608               |
|     | Natwest Group PLC Coco Var Rate Due 6/14/2021                  | "                                                                                                            | 69,270               | 68,652               |
|     | Siemens Fin NV Sr Gbl 144a 3.40% Due 3/16/2027                 | "                                                                                                            | 221,590              | 215,476              |
|     | Telefonica Emisiones S A U Sr Gbl NT 4.103% Due 3/8/2027       | "                                                                                                            | 140,321              | 137,323              |
|     | Total Capital Sr Gbl NT 2.829% Due 1/10/2030                   | "                                                                                                            | 113,681              | 110,571              |
|     | America Movil Sab De Cv Sr NT 4.375% Due 4/22/2049             | "                                                                                                            | 43,822               | 43,014               |
|     | Canadian Natl Ry Co Sr NT 2.45% Due 5/1/2050                   | "                                                                                                            | 143,883              | 139,893              |
|     | Edf S A Sr 144a NT 4.95% Due 10/13/2045                        | "                                                                                                            | 69,693               | 83,318               |
|     | Manulife Finl Corp SB NT Var Rate Due 2/24/2032                | "                                                                                                            | 136,151              | 134,228              |
|     | Statoil Asa NT 3.95% Due 5/15/2043                             | "                                                                                                            | 265,087              | 269,417              |
|     | Total foreign debt obligations                                 |                                                                                                              | 2,767,605            | 2,744,769            |
|     | Wilmington Trust DB Growth Portfolio Fund                      | Common collective trust                                                                                      | 46,417,990           | 47,274,937           |
|     | Total investments                                              |                                                                                                              | <u>\$ 77,749,531</u> | <u>\$ 78,846,365</u> |

\* Denotes party-in-interest to the Plan.

CARDONE INDUSTRIES, INC. UNION EMPLOYEES' PENSION PLAN  
 EIN: 23-3000982  
 Plan Number: 002

SCHEDULE H, LINE 4(j)-SCHEDULE OF REPORTABLE TRANSACTIONS  
 For the year ended December 9, 2021

| (a)                                                         | (b)                                                               | (c)               | (d)              | (g)           | (h)                                              | (i)                |
|-------------------------------------------------------------|-------------------------------------------------------------------|-------------------|------------------|---------------|--------------------------------------------------|--------------------|
| Identity of party involved                                  | Description of asset<br>(Including Interest Rate<br>and Maturity) | Purchase<br>Price | Selling<br>Price | Cost of Asset | Current Value<br>of Asset on<br>Transaction Date | Net gain<br>(loss) |
| <u>Single Transactions:</u>                                 |                                                                   |                   |                  |               |                                                  |                    |
| Fidelity 500 Index Fund                                     | Mutual fund                                                       | \$ -              | \$ 23,429,633    | \$ 17,892,564 | \$ 23,429,633                                    | \$ 5,537,069       |
| MainStay MacKay High Yield Corporate Bond R6 Fund           | "                                                                 | -                 | 4,016,482        | 3,846,236     | 4,016,482                                        | 170,246            |
| PGIM Total Return Bond R6 Fund                              | "                                                                 | -                 | 5,368,931        | 5,393,381     | 5,368,931                                        | (24,450)           |
| Vanguard Total International Stock Index Institutional Fund | "                                                                 | -                 | 11,653,379       | 9,420,554     | 11,653,379                                       | 2,232,825          |
| Vanguard Small-Cap Index Admiral Fund                       | "                                                                 | -                 | 4,844,520        | 3,555,843     | 4,844,520                                        | 1,288,677          |
| Vanguard Mid-Cap Index Institutional Fund                   | "                                                                 | -                 | 8,259,389        | 5,975,427     | 8,259,389                                        | 2,283,962          |
| Vanguard Growth Index Institutional Fund                    | "                                                                 | -                 | 7,417,448        | 6,657,672     | 7,417,448                                        | 759,776            |
| Wilmington Trust DB Growth Portfolio                        | Common collective trust                                           | 50,000,000        | -                | 50,000,000    | 50,000,000                                       | -                  |
| US Treasury Note 1.875% Due 02/15/2051                      | Government obligation                                             | 3,791,250         | -                | 3,791,250     | 3,791,250                                        | -                  |
| <u>Series Transactions:</u>                                 |                                                                   |                   |                  |               |                                                  |                    |
| Fidelity 500 Index Fund                                     | Mutual fund                                                       | 2,025,285         | 24,629,633       | 20,860,729    | 26,654,918                                       | 5,794,189          |
| Fidelity Emerging Markets Index Fund                        | "                                                                 | 2,300,000         | 2,212,813        | 4,600,000     | 4,512,813                                        | (87,187)           |
| Fidelity Large Cap Value Index Fund                         | "                                                                 | 2,258,413         | 2,414,408        | 4,516,826     | 4,672,821                                        | 155,995            |
| MainStay MacKay High Yield Corporate Bond R6 Fund           | "                                                                 | 358,150           | 4,016,482        | 4,204,386     | 4,374,632                                        | 170,246            |
| PGIM Total Return Bond R6 Fund                              | "                                                                 | 1,462,299         | 5,368,931        | 6,855,680     | 6,831,230                                        | (24,450)           |
| Vanguard Total International Stock Index Institutional Fund | "                                                                 | 313,651           | 14,648,379       | 12,189,092    | 14,962,030                                       | 2,772,938          |
| Vanguard Small Cap Index Fund                               | "                                                                 | 951,478           | 4,844,520        | 4,507,321     | 5,795,998                                        | 1,288,677          |
| Vanguard Mid-Cap Index Institutional Fund                   | "                                                                 | 237,996           | 8,559,389        | 6,436,250     | 8,797,385                                        | 2,361,135          |
| Vanguard Growth Index Institutional Fund                    | "                                                                 | 13,527            | 7,417,448        | 6,671,199     | 7,430,975                                        | 759,776            |
| Wilmington Trust DB Growth Portfolio                        | "                                                                 | 50,000,000        | 3,679,000        | 53,582,010    | 53,679,000                                       | 96,990             |
| US Treasury Note 1.875% Due 02/15/2051                      | Government obligation                                             | 3,795,808         | 3,835,176        | 7,591,616     | 7,630,984                                        | 39,368             |
| US Treasury Note 1.875% Due 02/15/2041                      | "                                                                 | 3,650,481         | 3,668,582        | 7,300,963     | 7,319,063                                        | 18,100             |
| US Treasury Note 1.75% Due 08/15/2041                       | "                                                                 | 2,805,091         | 1,762,165        | 4,570,217     | 4,567,256                                        | (2,961)            |



Attachment to 2021 Form 5500 Schedule SB  
Cardone Industries, Inc. Union Employees' Pension Plan  
EIN: 23-3000982 P/N: 002

**Schedule SB, Line 26 – Schedule of Active Participant Data**

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| Attained<br>Age | Years of credited service: |        |        |          |          |          |          |          |          |         | Total |
|-----------------|----------------------------|--------|--------|----------|----------|----------|----------|----------|----------|---------|-------|
|                 | Under 1                    | 1 to 4 | 5 to 9 | 10 to 14 | 15 to 19 | 20 to 24 | 25 to 29 | 30 to 34 | 35 to 39 | 40 & up |       |
| No.             | No.                        | No.    | No.    | No.      | No.      | No.      | No.      | No.      | No.      | No.     | No.   |
| Under 25        | 0                          | 0      | 0      | 0        | 0        | 0        | 0        | 0        | 0        | 0       | 0     |
| 25 to 29        | 0                          | 1      | 0      | 0        | 0        | 0        | 0        | 0        | 0        | 0       | 1     |
| 30 to 34        | 0                          | 2      | 2      | 0        | 0        | 0        | 0        | 0        | 0        | 0       | 4     |
| 35 to 39        | 0                          | 5      | 7      | 5        | 0        | 0        | 0        | 0        | 0        | 0       | 17    |
| 40 to 44        | 0                          | 6      | 11     | 9        | 11       | 0        | 0        | 0        | 0        | 0       | 37    |
| 45 to 49        | 0                          | 11     | 17     | 26       | 25       | 3        | 0        | 0        | 0        | 0       | 82    |
| 50 to 54        | 0                          | 15     | 32     | 24       | 24       | 24       | 13       | 1        | 0        | 0       | 133   |
| 55 to 59        | 0                          | 13     | 37     | 29       | 35       | 29       | 23       | 2        | 1        | 0       | 169   |
| 60 to 64        | 0                          | 7      | 34     | 10       | 37       | 23       | 18       | 5        | 1        | 0       | 135   |
| 65 to 69        | 0                          | 2      | 5      | 11       | 11       | 4        | 6        | 2        | 0        | 0       | 41    |
| 70 & up         | 0                          | 0      | 0      | 2        | 1        | 2        | 0        | 0        | 0        | 0       | 5     |
| Total           | 0                          | 62     | 145    | 116      | 144      | 85       | 60       | 10       | 2        | 0       | 624   |

Attachment to 2021 Form 5500 Schedule SB  
Cardone Industries, Inc. Union Employees' Pension Plan  
EIN: 23-3000982 P/N: 002

**Schedule SB, Part V – Statement of Actuarial Assumptions / Methods**

| <b>Summary of Methods</b> |                                                                                                                            |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------|
| Valuation Date            | December 10, 2020                                                                                                          |
| Funding Method            | Unit credit                                                                                                                |
| Market Assets             | Trustee value plus prior year accrued contributions discounted at the plan's effective interest rate to the Valuation Date |
| Actuarial Assets          | Market Assets                                                                                                              |
| Segment Rate Basis        | 24-month average with look back of 4 months                                                                                |

| <b>Economic Assumptions</b> |                             |       |       |
|-----------------------------|-----------------------------|-------|-------|
| Segment Rates               | Ignoring MAP-21 /           |       |       |
|                             | <u>Regular</u> <u>HATFA</u> |       |       |
|                             | Segment 1: years 1-5        | 4.75% | 2.33% |
|                             | Segment 2: years 5-20       | 5.50% | 3.46% |
|                             | Segment 3: years 20+        | 6.27% | 3.98% |
| ASC 960 Discount Rate       | 3.65%                       |       |       |

| <b>Other Assumptions</b>    |                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                        |         |       |         |       |         |       |         |       |         |       |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------|---------|-------|---------|-------|---------|-------|---------|-------|---------|-------|
| Mortality (pre-retirement)  | IRS 2020 Static                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                        |         |       |         |       |         |       |         |       |         |       |
| Mortality (post-retirement) | IRS 2020 Static                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                        |         |       |         |       |         |       |         |       |         |       |
| Mortality ASC 960           | PRI-2012 Blue Collar with Projection Scale MP-2020                                                                                                                                                                                                                                                                                                                                                                                            |            |                        |         |       |         |       |         |       |         |       |         |       |
| Retirement                  | <p>Annual rates shown below for active participants who are eligible to retire:</p> <table> <tr> <th><u>Age</u></th><th><u>Retirement Rate</u></th></tr> <tr> <td>55-61</td><td>1%</td></tr> <tr> <td>62-64</td><td>3%</td></tr> <tr> <td>65</td><td>35%</td></tr> <tr> <td>66-69</td><td>45%</td></tr> <tr> <td>70</td><td>100%</td></tr> </table> <p>The assumed retirement age is 65, or attained age if later, for terminated vested.</p> | <u>Age</u> | <u>Retirement Rate</u> | 55-61   | 1%    | 62-64   | 3%    | 65      | 35%   | 66-69   | 45%   | 70      | 100%  |
| <u>Age</u>                  | <u>Retirement Rate</u>                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                        |         |       |         |       |         |       |         |       |         |       |
| 55-61                       | 1%                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                        |         |       |         |       |         |       |         |       |         |       |
| 62-64                       | 3%                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                        |         |       |         |       |         |       |         |       |         |       |
| 65                          | 35%                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                        |         |       |         |       |         |       |         |       |         |       |
| 66-69                       | 45%                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |                        |         |       |         |       |         |       |         |       |         |       |
| 70                          | 100%                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                        |         |       |         |       |         |       |         |       |         |       |
| Disability                  | <table> <tr> <th><u>Age</u></th><th><u>Disability Rate</u></th></tr> <tr> <td>18 – 39</td><td>.097%</td></tr> <tr> <td>40 – 44</td><td>.259%</td></tr> <tr> <td>45 – 49</td><td>.378%</td></tr> <tr> <td>50 – 54</td><td>.631%</td></tr> <tr> <td>55 – 59</td><td>1.10%</td></tr> </table>                                                                                                                                                    | <u>Age</u> | <u>Disability Rate</u> | 18 – 39 | .097% | 40 – 44 | .259% | 45 – 49 | .378% | 50 – 54 | .631% | 55 – 59 | 1.10% |
| <u>Age</u>                  | <u>Disability Rate</u>                                                                                                                                                                                                                                                                                                                                                                                                                        |            |                        |         |       |         |       |         |       |         |       |         |       |
| 18 – 39                     | .097%                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                        |         |       |         |       |         |       |         |       |         |       |
| 40 – 44                     | .259%                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                        |         |       |         |       |         |       |         |       |         |       |
| 45 – 49                     | .378%                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                        |         |       |         |       |         |       |         |       |         |       |
| 50 – 54                     | .631%                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                        |         |       |         |       |         |       |         |       |         |       |
| 55 – 59                     | 1.10%                                                                                                                                                                                                                                                                                                                                                                                                                                         |            |                        |         |       |         |       |         |       |         |       |         |       |

Attachment to 2021 Form 5500 Schedule SB  
Cardone Industries, Inc. Union Employees' Pension Plan  
EIN: 23-3000982 P/N: 002

**Schedule SB, Part V – Statement of Actuarial Assumptions / Methods *continued***

| <b>Other Assumptions</b>   |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                            |             |   |       |     |      |     |       |   |       |     |       |   |       |    |       |    |       |            |      |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------|---|-------|-----|------|-----|-------|---|-------|-----|-------|---|-------|----|-------|----|-------|------------|------|
| Withdrawal                 | <p>Annual rates shown below:</p> <table><tr><th><u>Years of Employment</u></th><th><u>Rate</u></th></tr><tr><td>0</td><td>10.0%</td></tr><tr><td>1-2</td><td>7.0%</td></tr><tr><td>3-5</td><td>12.0%</td></tr><tr><td>6</td><td>16.0%</td></tr><tr><td>7-8</td><td>15.0%</td></tr><tr><td>9</td><td>14.0%</td></tr><tr><td>10</td><td>13.0%</td></tr><tr><td>11</td><td>10.0%</td></tr><tr><td>12 or more</td><td>9.0%</td></tr></table> | <u>Years of Employment</u> | <u>Rate</u> | 0 | 10.0% | 1-2 | 7.0% | 3-5 | 12.0% | 6 | 16.0% | 7-8 | 15.0% | 9 | 14.0% | 10 | 13.0% | 11 | 10.0% | 12 or more | 9.0% |
| <u>Years of Employment</u> | <u>Rate</u>                                                                                                                                                                                                                                                                                                                                                                                                                              |                            |             |   |       |     |      |     |       |   |       |     |       |   |       |    |       |    |       |            |      |
| 0                          | 10.0%                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |             |   |       |     |      |     |       |   |       |     |       |   |       |    |       |    |       |            |      |
| 1-2                        | 7.0%                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |             |   |       |     |      |     |       |   |       |     |       |   |       |    |       |    |       |            |      |
| 3-5                        | 12.0%                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |             |   |       |     |      |     |       |   |       |     |       |   |       |    |       |    |       |            |      |
| 6                          | 16.0%                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |             |   |       |     |      |     |       |   |       |     |       |   |       |    |       |    |       |            |      |
| 7-8                        | 15.0%                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |             |   |       |     |      |     |       |   |       |     |       |   |       |    |       |    |       |            |      |
| 9                          | 14.0%                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |             |   |       |     |      |     |       |   |       |     |       |   |       |    |       |    |       |            |      |
| 10                         | 13.0%                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |             |   |       |     |      |     |       |   |       |     |       |   |       |    |       |    |       |            |      |
| 11                         | 10.0%                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |             |   |       |     |      |     |       |   |       |     |       |   |       |    |       |    |       |            |      |
| 12 or more                 | 9.0%                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |             |   |       |     |      |     |       |   |       |     |       |   |       |    |       |    |       |            |      |
| Expenses Paid from Trust   | Current year PBGC premiums expected to be paid from the trust plus prior year actual administrative expenses, rounded to nearest \$1,000, if any                                                                                                                                                                                                                                                                                         |                            |             |   |       |     |      |     |       |   |       |     |       |   |       |    |       |    |       |            |      |
| Marital Characteristics    | <b>For participants not in pay status:</b> 100% of participants are assumed to be married, with males 3 years older than females.<br><b>For participants in pay status:</b> Actual birth dates of spouses are included in the census data, where relevant.                                                                                                                                                                               |                            |             |   |       |     |      |     |       |   |       |     |       |   |       |    |       |    |       |            |      |
| Form of Payment            | Life annuity, unless the lump sum value is less than \$5,000 at termination or retirement.                                                                                                                                                                                                                                                                                                                                               |                            |             |   |       |     |      |     |       |   |       |     |       |   |       |    |       |    |       |            |      |
| Benefits Not Valued        | All benefits are valued.                                                                                                                                                                                                                                                                                                                                                                                                                 |                            |             |   |       |     |      |     |       |   |       |     |       |   |       |    |       |    |       |            |      |

CARDONE INDUSTRIES, INC. UNION EMPLOYEES' PENSION PLAN  
 EIN: 23-3000982  
 Plan Number: 002

SCHEDULE H, LINE 4(j)-SCHEDULE OF REPORTABLE TRANSACTIONS  
 For the year ended December 9, 2021

| (a)                                                         | (b)                                                               | (c)               | (d)              | (g)           | (h)                                              | (i)                |
|-------------------------------------------------------------|-------------------------------------------------------------------|-------------------|------------------|---------------|--------------------------------------------------|--------------------|
| Identity of party involved                                  | Description of asset<br>(Including Interest Rate<br>and Maturity) | Purchase<br>Price | Selling<br>Price | Cost of Asset | Current Value<br>of Asset on<br>Transaction Date | Net gain<br>(loss) |
| <u>Single Transactions:</u>                                 |                                                                   |                   |                  |               |                                                  |                    |
| Fidelity 500 Index Fund                                     | Mutual fund                                                       | \$ -              | \$ 23,429,633    | \$ 17,892,564 | \$ 23,429,633                                    | \$ 5,537,069       |
| MainStay MacKay High Yield Corporate Bond R6 Fund           | "                                                                 | -                 | 4,016,482        | 3,846,236     | 4,016,482                                        | 170,246            |
| PGIM Total Return Bond R6 Fund                              | "                                                                 | -                 | 5,368,931        | 5,393,381     | 5,368,931                                        | (24,450)           |
| Vanguard Total International Stock Index Institutional Fund | "                                                                 | -                 | 11,653,379       | 9,420,554     | 11,653,379                                       | 2,232,825          |
| Vanguard Small-Cap Index Admiral Fund                       | "                                                                 | -                 | 4,844,520        | 3,555,843     | 4,844,520                                        | 1,288,677          |
| Vanguard Mid-Cap Index Institutional Fund                   | "                                                                 | -                 | 8,259,389        | 5,975,427     | 8,259,389                                        | 2,283,962          |
| Vanguard Growth Index Institutional Fund                    | "                                                                 | -                 | 7,417,448        | 6,657,672     | 7,417,448                                        | 759,776            |
| Wilmington Trust DB Growth Portfolio                        | Common collective trust                                           | 50,000,000        | -                | 50,000,000    | 50,000,000                                       | -                  |
| US Treasury Note 1.875% Due 02/15/2051                      | Government obligation                                             | 3,791,250         | -                | 3,791,250     | 3,791,250                                        | -                  |
| <u>Series Transactions:</u>                                 |                                                                   |                   |                  |               |                                                  |                    |
| Fidelity 500 Index Fund                                     | Mutual fund                                                       | 2,025,285         | 24,629,633       | 20,860,729    | 26,654,918                                       | 5,794,189          |
| Fidelity Emerging Markets Index Fund                        | "                                                                 | 2,300,000         | 2,212,813        | 4,600,000     | 4,512,813                                        | (87,187)           |
| Fidelity Large Cap Value Index Fund                         | "                                                                 | 2,258,413         | 2,414,408        | 4,516,826     | 4,672,821                                        | 155,995            |
| MainStay MacKay High Yield Corporate Bond R6 Fund           | "                                                                 | 358,150           | 4,016,482        | 4,204,386     | 4,374,632                                        | 170,246            |
| PGIM Total Return Bond R6 Fund                              | "                                                                 | 1,462,299         | 5,368,931        | 6,855,680     | 6,831,230                                        | (24,450)           |
| Vanguard Total International Stock Index Institutional Fund | "                                                                 | 313,651           | 14,648,379       | 12,189,092    | 14,962,030                                       | 2,772,938          |
| Vanguard Small Cap Index Fund                               | "                                                                 | 951,478           | 4,844,520        | 4,507,321     | 5,795,998                                        | 1,288,677          |
| Vanguard Mid-Cap Index Institutional Fund                   | "                                                                 | 237,996           | 8,559,389        | 6,436,250     | 8,797,385                                        | 2,361,135          |
| Vanguard Growth Index Institutional Fund                    | "                                                                 | 13,527            | 7,417,448        | 6,671,199     | 7,430,975                                        | 759,776            |
| Wilmington Trust DB Growth Portfolio                        | "                                                                 | 50,000,000        | 3,679,000        | 53,582,010    | 53,679,000                                       | 96,990             |
| US Treasury Note 1.875% Due 02/15/2051                      | Government obligation                                             | 3,795,808         | 3,835,176        | 7,591,616     | 7,630,984                                        | 39,368             |
| US Treasury Note 1.875% Due 02/15/2041                      | "                                                                 | 3,650,481         | 3,668,582        | 7,300,963     | 7,319,063                                        | 18,100             |
| US Treasury Note 1.75% Due 08/15/2041                       | "                                                                 | 2,805,091         | 1,762,165        | 4,570,217     | 4,567,256                                        | (2,961)            |

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                           |            |            |            |
|-----------------------------------------------------------|------------|------------|------------|
| For calendar plan year 2020 or fiscal plan year beginning | 12/10/2020 | and ending | 12/09/2021 |
|-----------------------------------------------------------|------------|------------|------------|

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                                         |                                                                 |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>CARDONE INDUSTRIES, INC. UNION EMPLOYEES' PENSION PLAN                                                                         | <b>B</b> Three-digit plan number (PN)                           | 002 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>CARDONE INDUSTRIES, INC.                                                | <b>D</b> Employer Identification Number (EIN)<br><br>23-3000982 |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                                 |     |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                                                 |     |

|               |                                                                                                                                                                                                         |                            |                           |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|
| <b>Part I</b> | <b>Basic Information</b>                                                                                                                                                                                |                            |                           |
| <b>1</b>      | Enter the valuation date:                      Month <u>12</u> Day <u>10</u> Year <u>2020</u>                                                                                                           |                            |                           |
| <b>2</b>      | Assets:                                                                                                                                                                                                 |                            |                           |
|               | a Market value.....                                                                                                                                                                                     | <b>2a</b>                  | 73,704,009                |
|               | b Actuarial value.....                                                                                                                                                                                  | <b>2b</b>                  | 73,704,009                |
| <b>3</b>      | Funding target/participant count breakdown                                                                                                                                                              | (1) Number of participants | (2) Vested Funding Target |
|               | a For retired participants and beneficiaries receiving payment.....                                                                                                                                     | 1,549                      | 40,804,924                |
|               | b For terminated vested participants .....                                                                                                                                                              | 1,526                      | 18,168,450                |
|               | c For active participants.....                                                                                                                                                                          | 624                        | 10,213,525                |
|               | d Total.....                                                                                                                                                                                            | 3,699                      | 69,186,899                |
| <b>4</b>      | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                            |                            |                           |
|               | a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                  |                           |
|               | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                  |                           |
| <b>5</b>      | Effective interest rate.....                                                                                                                                                                            | <b>5</b>                   | 5.74%                     |
| <b>6</b>      | Target normal cost.....                                                                                                                                                                                 | <b>6</b>                   | 1,060,000                 |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                                    |                      |                                        |
|------------------------------------|----------------------|----------------------------------------|
| <b>SIGN HERE</b>                   |                      | 09/23/2022                             |
|                                    | Signature of actuary | Date                                   |
| Michael J. Born                    |                      | 2006795                                |
| Type or print name of actuary      |                      | Most recent enrollment number          |
| Hildi Inc., A Division of USI C.G. |                      | 952-934-5554                           |
| Firm name                          |                      | Telephone number (including area code) |
| 8000 Norman Center Drive Suite 400 |                      |                                        |
| Bloomington                        | MN 55437             |                                        |
| Address of the firm                |                      |                                        |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

## Part II Beginning of Year Carryover and Prefunding Balances

| Schedule SB—Funding of Prior Year's Contributions and Prefunding Balance |                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b>                                                                 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                                     | 0                     | 0                      |
| <b>8</b>                                                                 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                                  | 0                     | 0                      |
| <b>9</b>                                                                 | Amount remaining (line 7 minus line 8) .....                                                                                                                        | 0                     | 0                      |
| <b>10</b>                                                                | Interest on line 9 using prior year's actual return of _____ % .....                                                                                                |                       |                        |
| <b>11</b>                                                                | Prior year's excess contributions to be added to prefunding balance:                                                                                                |                       |                        |
|                                                                          | <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                     |                       | 772,882                |
|                                                                          | <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.57</u> %..... |                       | 43,050                 |
|                                                                          | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                       | 0                      |
|                                                                          | <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                                                        |                       | 815,932                |
|                                                                          | <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                     |                       | 815,932                |
| <b>12</b>                                                                | Other reductions in balances due to elections or deemed elections .....                                                                                             | 0                     | 0                      |
| <b>13</b>                                                                | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                                   | 0                     | 815,932                |

## Part III Funding Percentages

|           |                                                                                                                                                                 |           |         |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> | Funding target attainment percentage.....                                                                                                                       | <b>14</b> | 103.04% |
| <b>15</b> | Adjusted funding target attainment percentage.....                                                                                                              | <b>15</b> | 104.19% |
| <b>16</b> | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 92.19%  |
| <b>17</b> | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | <b>17</b> | %       |

|                |                                               |
|----------------|-----------------------------------------------|
| <b>Part IV</b> | <b>Contributions and Liquidity Shortfalls</b> |
|----------------|-----------------------------------------------|

**18** Contributions made to the plan for the plan year by employer(s) and employees:

| Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
|--------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| (a) Date<br>(MM-DD-YYYY)                                                       | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                |                                   |                                 |                          |                                   |                                 |
|                                                                                |                                   |                                 |                          |                                   |                                 |
|                                                                                |                                   |                                 |                          |                                   |                                 |
|                                                                                |                                   |                                 |                          |                                   |                                 |
|                                                                                |                                   |                                 |                          |                                   |                                 |
|                                                                                |                                   |                                 |                          |                                   |                                 |
|                                                                                |                                   |                                 |                          |                                   |                                 |
|                                                                                |                                   |                                 |                          |                                   |                                 |
|                                                                                |                                   |                                 |                          |                                   |                                 |
|                                                                                |                                   |                                 |                          |                                   |                                 |
|                                                                                |                                   |                                 |                          |                                   |                                 |
|                                                                                |                                   |                                 |                          |                                   |                                 |
|                                                                                |                                   |                                 |                          |                                   |                                 |
|                                                                                |                                   |                                 |                          |                                   |                                 |
|                                                                                |                                   |                                 |                          |                                   |                                 |
|                                                                                |                                   |                                 |                          |                                   |                                 |
|                                                                                |                                   |                                 | Totals ►                 | 18(b)                             | 0 18(c)                         |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                        |            |   |
|------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                    | <b>19a</b> | 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....                                      | <b>19b</b> | 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | <b>19c</b> | 0 |

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? ..... ☒ Yes ☐ No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
| 0                                                          | 0       | 0       | 0       |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

|                                                 |                                                                                                                                              |                          |                          |                                                     |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                                                                                                              |                          |                          |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>4 . 75 %                                                                                                                     | 2nd segment:<br>5 . 50 % | 3rd segment:<br>6 . 27 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....     |                                                                                                                                              |                          |                          | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age ..... |                                                                                                                                              |                          |                          | <b>22</b> 66                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                          |                          |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                       |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                   | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                     |                     |                    |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                  |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                          | <b>31a</b>          | 1,060,000          |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                          | <b>31b</b>          | 1,060,000          |               |
| <b>32</b> Amortization installments:                                                                                                                                                | Outstanding Balance |                    | Installment   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                               | 0                   |                    | 0             |
| <b>b</b> Waiver amortization installment .....                                                                                                                                      |                     |                    |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                         | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                     | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                              |                     |                    | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                  | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                 |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                      | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                               | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                 | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                  |                                                                                                                         |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:  |                                                                                                                         |
| <b>a</b> Schedule elected .....                                                  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made ..... | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |

Attachment to 2021 Form 5500 Schedule SB  
Cardone Industries, Inc. Union Employees' Pension Plan  
EIN: 23-3000982 P/N: 002

**Schedule SB, Line 22 – Description of Weighted Average Retirement Age**

| <b>Weighted Average Retirement Age</b> |                                     |                        |                                        |                             |
|----------------------------------------|-------------------------------------|------------------------|----------------------------------------|-----------------------------|
| (1) Age                                | (2) Expected<br>Active<br>Headcount | (3) Retirement<br>Rate | (4) Expected<br>Retirements<br>(2)*(3) | (5) Weighted<br>Age (1)*(4) |
| 55                                     | 172.3693                            | 0.0085                 | 1.4568                                 | 80.1264                     |
| 56                                     | 200.0579                            | 0.0085                 | 1.7043                                 | 95.4429                     |
| 57                                     | 229.0313                            | 0.0086                 | 1.9811                                 | 112.9235                    |
| 58                                     | 249.4828                            | 0.0088                 | 2.1848                                 | 126.7206                    |
| 59                                     | 279.6743                            | 0.0089                 | 2.4937                                 | 147.1304                    |
| 60                                     | 308.5172                            | 0.0090                 | 2.7847                                 | 167.0845                    |
| 61                                     | 329.9477                            | 0.0092                 | 3.0244                                 | 184.4905                    |
| 62                                     | 353.1405                            | 0.0278                 | 9.8161                                 | 608.5995                    |
| 63                                     | 367.5050                            | 0.0281                 | 10.3099                                | 649.5218                    |
| 64                                     | 385.3077                            | 0.0279                 | 10.7309                                | 686.7786                    |
| 65                                     | 386.0808                            | 0.3489                 | 134.7046                               | 8755.7985                   |
| 66                                     | 260.3788                            | 0.4484                 | 116.7620                               | 7706.2933                   |
| 67                                     | 153.2099                            | 0.4483                 | 68.6772                                | 4601.3709                   |
| 68                                     | 87.6121                             | 0.4481                 | 39.2567                                | 2669.4554                   |
| 69                                     | 52.7742                             | 0.4479                 | 23.6363                                | 1630.9023                   |
| 70                                     | 35.7517                             | 1.0000                 | 35.7517                                | 2502.6221                   |
| 71                                     |                                     | 1.0000                 |                                        |                             |
| 72                                     | 1.0000                              | 1.0000                 | 1.0000                                 | 72.0000                     |
| 73                                     | 1.0000                              | 1.0000                 | 1.0000                                 | 73.0000                     |
| <b>Total</b>                           |                                     |                        | <b>467.2754</b>                        | <b>30870.2612</b>           |
| <b>Average</b>                         |                                     |                        |                                        | <b>66.0600</b>              |

Attachment to 2021 Form 5500 Schedule SB  
Cardone Industries, Inc. Union Employees' Pension Plan  
EIN: 23-3000982 P/N: 002

Schedule SB, Part V – Summary of Plan Provisions

| Key Plan Provisions                     |                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EIN / Plan Number                       | 23-3000982 / 002                                                                                                                                                                                                                                                                                                                                                                                                        |
| Effective Date                          | December 10, 1982<br>Amended and Restated: December 10, 2000                                                                                                                                                                                                                                                                                                                                                            |
| Plan Last Amended                       | December 31, 2013                                                                                                                                                                                                                                                                                                                                                                                                       |
| Plan Year                               | December 10, 2020 to December 9, 2021                                                                                                                                                                                                                                                                                                                                                                                   |
| Fiscal Year                             | The 12-month period beginning January 1 and ending December 31                                                                                                                                                                                                                                                                                                                                                          |
| Participation                           | Any employee who is a member of Service Employees' International Union Local 252 who has completed at least 1,000 hours of service during the 12-month period beginning with the employee's date of hire. Eligible employees become participants on the first of the month coincident with or next following the date they become eligible. <b>Effective January 1, 2014, there were no new entrants into the plan.</b> |
| Years of Service                        | A Year of Service is credited for each calendar year in which 1,000 or more hours of service are credited to a union employee. No partial Years of Service are credited.                                                                                                                                                                                                                                                |
| Vesting Service                         | A year of Vesting Service is credited for each calendar year in which 1,000 or more hours of service are credited to an employee.                                                                                                                                                                                                                                                                                       |
| Normal Retirement Date                  | The first day of the month coincident with or next following the attainment of age 65.                                                                                                                                                                                                                                                                                                                                  |
| Early Retirement Date                   | The first day of the month coincident with or next following the attainment of age 55 and completion of 15 years of Vesting Service.                                                                                                                                                                                                                                                                                    |
| Deferred Retirement Date                | The first day of the month coincident with or next following the date of termination of service if it occurs after the Normal Retirement Date.                                                                                                                                                                                                                                                                          |
| Preretirement Death Benefit Eligibility | Surviving spouses of participants with a vested Accrued Benefit who die before commencement of payments.                                                                                                                                                                                                                                                                                                                |
| Disability Retirement Date              | The first day of the month following termination of service due to a total and permanent disability that continued for six months.                                                                                                                                                                                                                                                                                      |
| Termination Date                        | The date of termination of service other than for reasons of retirement, death, or disability.                                                                                                                                                                                                                                                                                                                          |
| Accrued Benefit                         | The Accrued Benefit for each Participant is determined using the same formula which is used to compute such Participant's Normal Retirement Benefit, taking into account the Participant's Years of Service through the date of determination.                                                                                                                                                                          |

Attachment to 2021 Form 5500 Schedule SB  
Cardone Industries, Inc. Union Employees' Pension Plan  
EIN: 23-3000982 P/N: 002

**Schedule SB, Part V – Summary of Plan Provisions *continued***

| <b>Key Plan Provisions</b>    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Actuarial Equivalence         | Equality in value such that the present value of the amount under any form of payment is essentially the same as the present value of the amount under the normal form of annuity payment for single participants. For purposes other than determining lump sum amounts, Actuarially Equivalent factors are based on the 1971 Group Annuity Mortality Table for Males projected by Scale E to 1976, with a one-year age setback and a 7.5% per year interest rate. For purposes of determining lump sum amounts, Actuarially Equivalent factors are based on the applicable mortality table specified in IRS Notice 2008-85 for the Plan Year of distribution and the statutory three-tier segment interest rates in effect for the first month prior to the beginning of the Plan Year of distribution. |
| Normal Retirement Benefit     | For retirement on or after December 10, 1988, a monthly benefit of \$13.50 multiplied by Years of Service. For retirement on or after December 10, 1986 but prior to December 10, 1988, a monthly benefit of \$9.50 multiplied by Years of Service. For retirement prior to December 10, 1986, a monthly benefit of \$7.00 multiplied by Years of Service. <b>All benefits were frozen as of December 31, 2013.</b>                                                                                                                                                                                                                                                                                                                                                                                      |
| Early Retirement Benefit      | The Accrued Benefit, reduced by 1/180 for each of the first 60 months and by 1/360 for each of the next 60 months by which the Early Retirement Date precedes the Normal Retirement Date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Deferred Retirement Benefit   | The greater of (a) the Accrued Benefit determined as of the Deferred Retirement Date or (b) the Accrued Benefit determined as of the Normal Retirement Date and actuarially increased to the Deferred Retirement Date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Preretirement Death Benefit   | 50% of the benefit which would have been payable had the deceased participant instead terminated service on the date of death, survived to his earliest possible benefit commencement date, elected a joint and 50% survivor annuity, and died on that same date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Disability Retirement Payment | The Actuarial Equivalent of the Accrued Benefit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

Attachment to 2021 Form 5500 Schedule SB  
Cardone Industries, Inc. Union Employees' Pension Plan  
EIN: 23-3000982 P/N: 002

**Schedule SB, Part V – Summary of Plan Provisions *continued***

| <b>Key Plan Provisions</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                |             |    |   |     |   |     |   |     |   |     |           |      |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------|-------------|----|---|-----|---|-----|---|-----|---|-----|-----------|------|
| Termination Benefit        | <p>The Accrued Benefit, multiplied by the Vested Percentage below, payable at the Normal Retirement Date, or received accordingly to Early Retirement.</p> <table><tr><th>Years of Vesting Service</th><th>Vested Percent</th></tr><tr><td>Less than 3</td><td>0%</td></tr><tr><td>3</td><td>20%</td></tr><tr><td>4</td><td>40%</td></tr><tr><td>5</td><td>60%</td></tr><tr><td>6</td><td>80%</td></tr><tr><td>7 or more</td><td>100%</td></tr></table> | Years of Vesting Service | Vested Percent | Less than 3 | 0% | 3 | 20% | 4 | 40% | 5 | 60% | 6 | 80% | 7 or more | 100% |
| Years of Vesting Service   | Vested Percent                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                |             |    |   |     |   |     |   |     |   |     |           |      |
| Less than 3                | 0%                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                |             |    |   |     |   |     |   |     |   |     |           |      |
| 3                          | 20%                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                |             |    |   |     |   |     |   |     |   |     |           |      |
| 4                          | 40%                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                |             |    |   |     |   |     |   |     |   |     |           |      |
| 5                          | 60%                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                |             |    |   |     |   |     |   |     |   |     |           |      |
| 6                          | 80%                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                |             |    |   |     |   |     |   |     |   |     |           |      |
| 7 or more                  | 100%                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                |             |    |   |     |   |     |   |     |   |     |           |      |
| Normal Form of Payment     | Life annuity if single, Actuarially Equivalent joint and 50% survivor annuity if married                                                                                                                                                                                                                                                                                                                                                                |                          |                |             |    |   |     |   |     |   |     |   |     |           |      |
| Optional Forms of Payment  | <ol style="list-style-type: none"><li>1. Life Annuity</li><li>2. Actuarially Equivalent life annuity with 5 or 10 years certain</li><li>3. Actuarially Equivalent joint and 50%, 66-2/3%, 75% or 100% survivor annuity</li></ol>                                                                                                                                                                                                                        |                          |                |             |    |   |     |   |     |   |     |   |     |           |      |
| Lump Sum Payment           | Payable if the Actuarially Equivalent present value of the vested Accrued Benefit is \$5,000 or less.                                                                                                                                                                                                                                                                                                                                                   |                          |                |             |    |   |     |   |     |   |     |   |     |           |      |

**CARDONE INDUSTRIES, INC. UNION EMPLOYEES' PENSION PLAN**

EIN: 23-3000982

Plan Number: 002

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

**December 9, 2021**

| (a)                                                                   | (b)                                                                                                          | (c)          | (d)              | (e) |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------|------------------|-----|
| Identity of issue, borrower, lessor<br>or similar party               | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | Cost         | Current<br>value |     |
| BMO Government Money Market Premier Fund                              | Mutual fund                                                                                                  | \$ 1,275,272 | \$ 1,275,272     |     |
| U.S. Treasury Note 1.25% Due 8/15/2031                                | Government obligation                                                                                        | 317,929      | 318,451          |     |
| U.S. Treasury Note 1.375% Due 11/15/2031                              | "                                                                                                            | 860,856      | 870,725          |     |
| U.S. Treasury Bond 2.00% Due 8/15/2051                                | "                                                                                                            | 149,145      | 154,349          |     |
| U.S. Treasury Bond 1.75% Due 8/15/2041                                | "                                                                                                            | 1,039,965    | 1,058,325        |     |
| U.S. Treasury SEC Stripped Interest Payment Tints Due 11/15/2043      | "                                                                                                            | 479,933      | 501,508          |     |
| U.S. Treasury SEC Stripped Interest Payment Tints Due 11/15/2044      | "                                                                                                            | 439,205      | 460,354          |     |
| U.S. Treasury SEC Stripped Interest Payment Tints Due 11/15/2045      | "                                                                                                            | 403,107      | 426,403          |     |
| U.S. Treasury SEC Stripped Interest Payment Tints Due 11/15/2046      | "                                                                                                            | 507,366      | 537,605          |     |
| U.S. Treasury SEC Stripped Interest Payment Tints Due 11/15/2047      | "                                                                                                            | 470,932      | 502,614          |     |
| U.S. Treasury SEC Stripped Interest Payment Tints Due 11/15/2048      | "                                                                                                            | 435,288      | 466,347          |     |
| U.S. Treasury SEC Stripped Interest Payment Tints Due 11/15/2049      | "                                                                                                            | 263,751      | 287,699          |     |
| U.S. Treasury SEC Stripped Interest Payment Tints Due 11/15/2050      | "                                                                                                            | 2,095,868    | 2,253,870        |     |
| California St Government Obligation Bonds Taxable 7.30% Due 10/1/2039 | "                                                                                                            | 103,163      | 119,813          |     |
| Total government obligations                                          |                                                                                                              | 7,566,508    | 7,958,063        |     |
| Ameriprise Finl Inc Sr Gbl NT 2.875% Due 9/15/2026                    | Corporate obligation                                                                                         | 107,833      | 105,450          |     |
| Aviation Cap Group LLC 3.875% Due 5/1/2023                            | "                                                                                                            | 65,219       | 67,066           |     |
| Bank Amer Corp Fr Var Rate Due 1/23/2026                              | "                                                                                                            | 260,301      | 259,533          |     |
| BP Cap Mkts Amer Inc Sr Gbl NT 3.119% Due 5/4/2026                    | "                                                                                                            | 108,592      | 105,611          |     |
| CVS Health Corp Sr NT 3.00% Due 8/15/2026                             | "                                                                                                            | 168,011      | 163,007          |     |
| Capital One Finl Corp 3.90% Due 1/29/2024                             | "                                                                                                            | 160,517      | 163,145          |     |
| Dowdupont Inc Sr NT 4.493% Due 11/15/2025                             | "                                                                                                            | 121,519      | 132,197          |     |
| Duke Energy Carolinas LLC 1mtg Ref Bd 2.95% Due 12/1/2026             | "                                                                                                            | 133,245      | 132,176          |     |
| Energy Transfer Operating LP Sr NT 2.90% Due 5/15/2025                | "                                                                                                            | 47,073       | 46,337           |     |
| General Mtrs Finl Co Inc Sr NT 1.20% Due 10/15/2024                   | "                                                                                                            | 79,536       | 79,127           |     |
| Hyundai Cap Amer Sr 144a NT 1.00% Due 9/17/2024                       | "                                                                                                            | 139,406      | 137,346          |     |
| JPMorgan Chase & Co NT 3.90% Due 7/15/2025                            | "                                                                                                            | 343,356      | 333,647          |     |
| Kimco Rlty Corp Sr Gbl 2.80% Due 10/1/2026                            | "                                                                                                            | 113,686      | 119,510          |     |
| Kinder Morgan Energy Partners Sr Gbl NT 4.25% Due 9/1/2024            | "                                                                                                            | 170,381      | 165,597          |     |
| Loews Corp Sr Gbl NT 3.75% Due 4/1/2026                               | "                                                                                                            | 230,334      | 227,548          |     |
| Penske Truck Leasing Co L P Sr 144a 1.70% Due 6/15/2026               | "                                                                                                            | 69,859       | 69,215           |     |
| Spectra Energy Partners LP Sr NT 4.75% Due 3/15/2024                  | "                                                                                                            | 119,730      | 117,374          |     |
| Sunoco Logistics Partners Sr NT 3.90% Due 7/15/2026                   | "                                                                                                            | 207,764      | 203,993          |     |
| Valero Energy Corp Sr NT 2.85% Due 4/15/2025                          | "                                                                                                            | 140,625      | 140,092          |     |
| Valley Netl Bancorp Sub Deb 5.125% Due 9/27/2023                      | "                                                                                                            | 79,969       | 79,841           |     |
| Vmware Inc CR Sen Sr Gbl Step Cpn Due 5/15/2025                       | "                                                                                                            | 100,114      | 98,080           |     |
| Wellpoint Inc NT 3.30% Due 1/15/2023                                  | "                                                                                                            | 114,722      | 112,886          |     |
| Wells Fargo Co MTN Fr 3.45% Due 2/13/2023                             | "                                                                                                            | 167,557      | 164,854          |     |
| Welltower Inc 3.625% Due 3/15/2024                                    | "                                                                                                            | 159,140      | 162,893          |     |
| AFLAC Inc Sr Gbl 3.60% Due 4/1/2030                                   | "                                                                                                            | 77,706       | 77,480           |     |
| AT&T Inc 4.35% Due 3/1/2029                                           | "                                                                                                            | 35,092       | 33,746           |     |
| AT&T Inc Gbl NT 1.65% Due 2/1/2028                                    | "                                                                                                            | 55,305       | 53,597           |     |
| Abbvie Inc Sr Gbl 3.20% Due 11/21/2029                                | "                                                                                                            | 108,245      | 106,811          |     |
| American Intl Group Inc Sr Gbl 3.40% Due 6/30/2030                    | "                                                                                                            | 86,189       | 91,750           |     |
| American Tower Corp New Sr NT 2.75% Due 1/15/2027                     | "                                                                                                            | 135,046      | 138,928          |     |
| Anheuser Busch Inbev Wldw Inc 4.75% Due 1/23/2029                     | "                                                                                                            | 213,923      | 209,727          |     |
| Anthem Inc NT 3.65% Due 12/1/2027                                     | "                                                                                                            | 168,012      | 163,033          |     |
| Apple Inc Sr Gbl NT 3.35% Due 2/9/2027                                | "                                                                                                            | 166,451      | 161,941          |     |
| Avalonbay Cmnty Inc MTN Fr 2.30% Due 3/1/2030                         | "                                                                                                            | 137,561      | 136,477          |     |
| Bk of America Corp Fr Var Rate Due 6/14/2029                          | "                                                                                                            | 226,658      | 222,178          |     |
| BB&T Brh Bkg & Tr Co Global Bk Sub Gbl NT 2.636% Due 9/17/2029        | "                                                                                                            | 119,596      | 123,535          |     |
| Belrose Fdg Tr Pfd Tr 144a 2.33% Due 8/15/2030                        | "                                                                                                            | 65,142       | 63,618           |     |
| Boston Gas Co Sr 144a NT 3.001% Due 8/1/2029                          | "                                                                                                            | 169,110      | 163,782          |     |
| Broadcom Inc Sr Gbl NT 4.11% Due 9/15/2028                            | "                                                                                                            | 45,351       | 43,753           |     |
| Cigna Corp New Sr NT 2.40% Due 3/15/2030                              | "                                                                                                            | 113,887      | 110,492          |     |
| CVS Health Corp Sr NT 1.75% Due 8/21/2030                             | "                                                                                                            | 58,626       | 57,065           |     |

**CARDONE INDUSTRIES, INC. UNION EMPLOYEES' PENSION PLAN**

EIN: 23-3000982

Plan Number: 002

**SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
December 9, 2021

| (a)                                                                     | (b)                                                                                                          | (c)     | (d)              | (e) |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------|------------------|-----|
| Identity of issue, borrower, lessor<br>or similar party                 | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | Cost    | Current<br>value |     |
| Cameron Lng LLC Sr SEC 144a NT 2.902% Due 7/15/2031                     | "                                                                                                            | 60,138  | 62,495           |     |
| Centerpoint Energy Res Corp Sr NT 1.75% Due 10/1/2030                   | "                                                                                                            | 28,133  | 28,523           |     |
| Citigroup Inc Sr NT Var Rate Due 1/29/2031                              | "                                                                                                            | 126,943 | 127,371          |     |
| Comcast Corp New NT 2.35% Due 1/15/2027                                 | "                                                                                                            | 116,206 | 113,373          |     |
| Conagra Brands Inc Sr Gbl NT 1.375% Due 11/1/2027                       | "                                                                                                            | 112,879 | 109,790          |     |
| Conoco Inc Sr NT 6.95% Due 4/15/2029                                    | "                                                                                                            | 123,051 | 118,248          |     |
| Corporate Office Pptys L P Sr Gbl NT 2.00% Due 1/15/2029                | "                                                                                                            | 74,245  | 72,621           |     |
| Deere & Co Sr NT 3.10% Due 4/15/2030                                    | "                                                                                                            | 229,431 | 225,784          |     |
| Disney Walt Co Sr NT 2.00% Due 9/1/2029                                 | "                                                                                                            | 150,925 | 149,069          |     |
| Exxon Mobil Corp Sr Gbl NT 2.44% Due 8/16/2029                          | "                                                                                                            | 139,704 | 138,483          |     |
| Franklin Resources Inc Sr Gbl 1.60% Due 10/30/2030                      | "                                                                                                            | 169,033 | 165,783          |     |
| JPMorgan Chase & Co Sr SB 3.625% Due 12/1/2027                          | "                                                                                                            | 77,336  | 75,004           |     |
| Lowe's Cos Inc Sr NT 4.50% Due 4/15/2030                                | "                                                                                                            | 131,776 | 121,744          |     |
| Manufacturer and Traders SB Gbl 3.40% Due 8/17/2027                     | "                                                                                                            | 166,745 | 160,643          |     |
| National Rural Utils Coop Fin Sr SEC Gbl Bd 3.70% Due 3/15/2029         | "                                                                                                            | 272,915 | 270,147          |     |
| Nevada Power Co Sr SEC CC NT 3.70% Due 5/1/2029                         | "                                                                                                            | 302,291 | 298,093          |     |
| O'Reilly Automotive Inc Sr NT 1.75% Due 3/15/2031                       | "                                                                                                            | 85,696  | 85,677           |     |
| Omnicom Group Inc Sr NT 2.60% Due 8/1/2031                              | "                                                                                                            | 65,387  | 65,375           |     |
| Oracle Corp Sr NT 2.875% Due 3/25/2031                                  | "                                                                                                            | 4,992   | 5,115            |     |
| PNC Bk N A Pittsburgh PA Gbl NT 4.05% Due 7/26/2028                     | "                                                                                                            | 168,386 | 162,968          |     |
| Prologis L P Sr NT 1.25% Due 10/15/2030                                 | "                                                                                                            | 65,328  | 64,970           |     |
| Public Svc Elec Gas Co MTN Fr 3.20% Due 5/15/2029                       | "                                                                                                            | 111,490 | 107,807          |     |
| Qualcomm Inc Fr 3.25% Due 5/20/2027                                     | "                                                                                                            | 144,175 | 139,658          |     |
| Simon Ppty Group LP Sr Gbl NT 3.375% Due 6/15/2027                      | "                                                                                                            | 131,347 | 139,227          |     |
| Union Elec Co Sr Gbl NT 2.95% Due 6/15/2027                             | "                                                                                                            | 148,133 | 147,234          |     |
| Verizon Communications Inc Sr Gbl NT 4.016% Due 12/3/2029               | "                                                                                                            | 164,523 | 167,772          |     |
| Verizon Communications Inc NT 2.10% Due 3/22/2028                       | "                                                                                                            | 9,996   | 9,996            |     |
| Wells Fargo & Co New Medium Term Sr Nts 4.30% Due 7/22/2027             | "                                                                                                            | 204,278 | 222,536          |     |
| Alabama Pwr Co Sr Gbl 2016a 4.30% Due 1/2/2046                          | "                                                                                                            | 138,364 | 132,553          |     |
| Allstate Corp Sr NT 4.20% Due 12/15/2046                                | "                                                                                                            | 168,171 | 163,818          |     |
| Amazon Com Inc Sr NT 2.50% Due 6/3/2050                                 | "                                                                                                            | 234,759 | 229,877          |     |
| Ameren Ill Co 1st Mtg 3.70% Due 12/1/2047                               | "                                                                                                            | 218,714 | 218,420          |     |
| Amgen Inc Sr NT 3.375% Due 2/21/2050                                    | "                                                                                                            | 27,123  | 26,131           |     |
| Apple Inc Sr 4.375% Due 5/13/2045                                       | "                                                                                                            | 341,154 | 336,484          |     |
| Apple Inc NT 2.40% Due 8/20/2050                                        | "                                                                                                            | 34,149  | 32,806           |     |
| Apple Inc Sr Gbl NT 2.65% Due 2/8/2051                                  | "                                                                                                            | 14,901  | 14,719           |     |
| Bank Amer Corp Sr N Var Rate Due 6/19/2041                              | "                                                                                                            | 72,001  | 72,441           |     |
| Berkshire Hathaway Fin Corp Sr NT 4.30% Due 5/15/2043                   | "                                                                                                            | 167,900 | 162,886          |     |
| BP Cap Mkts Amer Inc Sr NT 2.939% Due 6/4/2051                          | "                                                                                                            | 68,172  | 67,842           |     |
| Burlington Northn Santa Fe CP Sr Deb 5.15% Due 9/1/2043                 | "                                                                                                            | 173,354 | 168,534          |     |
| Cbam LTD Ser 2019 11r Cl C Fltg Rate Due 1/22/2035                      | "                                                                                                            | 100,000 | 99,998           |     |
| Comm Mtg Tr Ser 2015 CCRE24 Cl D Fltg Rate Due 8/12/2048                | "                                                                                                            | 22,103  | 23,153           |     |
| Csmc Tr 2014-USA Coml Mtg Pass Thru CTF Cl D 144a 4.3733% Due 9/15/2037 | "                                                                                                            | 77,484  | 74,843           |     |
| Centerpoint Energy Houston Ele 1m AF 3.35% Due 4/1/2051                 | "                                                                                                            | 24,901  | 27,563           |     |
| Cisco Sys Inc 5.50% Due 1/15/2050                                       | "                                                                                                            | 140,145 | 140,452          |     |
| Coca Cola Co Sr NT 2.60% Due 6/1/2050                                   | "                                                                                                            | 111,172 | 113,571          |     |
| Comcast Corp New NT 3.40% Due 7/15/2046                                 | "                                                                                                            | 139,290 | 138,338          |     |
| Commonwealth Edison Co 1mtg Bd 3.80% Due 10/1/2042                      | "                                                                                                            | 41,770  | 45,552           |     |
| Commonwealth Edison Co 1mtg Bd 3.70% Due 3/1/2045                       | "                                                                                                            | 246,121 | 244,090          |     |
| Consolidated Edison Co N Y Inc 2014a 4.45% Due 3/15/2044                | "                                                                                                            | 168,169 | 165,817          |     |
| Consumers Energy Co 1mtg Bd 3.25% Due 8/15/2046                         | "                                                                                                            | 225,156 | 226,760          |     |
| Consumers Energy Co 1mtg Bd 3.10% Due 8/15/2050                         | "                                                                                                            | 110,639 | 110,439          |     |
| DB Master Finance LLC Ser 2021 1 Cl A 2 I 2.045% Due 11/20/2051         | "                                                                                                            | 100,000 | 98,360           |     |
| Dte Elec Co 1m B Bd 2.95% Due 3/1/2050                                  | "                                                                                                            | 206,426 | 205,290          |     |
| Duke Energy Ind LLC 1m Xxx 3.75% Due 5/15/2046                          | "                                                                                                            | 229,647 | 225,420          |     |
| Fremf Mtg Tr Ser 2016 K53 Cl C Fltg Rate Due 3/25/2049                  | "                                                                                                            | 86,755  | 94,569           |     |
| Florida Pwr & LT Co 1st Mtg Bd 4.05% Due 10/1/2044                      | "                                                                                                            | 109,832 | 107,828          |     |
| Florida Pwr & LT Co 1m Bd 2.875% Due 12/4/2051                          | "                                                                                                            | 144,941 | 148,534          |     |
| Ford Cr Auto Own Ser 2021 REV1 Cl D 2.31% Due 10/15/2033                | "                                                                                                            | 39,995  | 39,612           |     |

**CARDONE INDUSTRIES, INC. UNION EMPLOYEES' PENSION PLAN**

EIN: 23-3000982

Plan Number: 002

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

December 9, 2021

| (a) | (b)                                                                   | (c)                                                                                                          | (d)        | (e)              |
|-----|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|------------------|
|     | Identity of issue, borrower, lessor<br>or similar party               | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | Cost       | Current<br>value |
|     | GS Mtg Secs Tr Ser 2017 GS8 Cl D 2.70% Due 11/11/2050                 | "                                                                                                            | 66,753     | 69,290           |
|     | General Dynamics Corp Sr Gbl NT 4.25% Due 4/1/2040                    | "                                                                                                            | 117,046    | 110,426          |
|     | Georgia Pwr Co Sr NT 12a 4.30% Due 3/15/2042                          | "                                                                                                            | 107,773    | 102,852          |
|     | Gilead Sciences Inc Sr Gbl NT 4.00% Due 9/1/2036                      | "                                                                                                            | 146,198    | 143,540          |
|     | Goldman Sachs Group Inc Sr Gbl NT Var Rate Due 1/27/2032              | "                                                                                                            | 200,930    | 201,138          |
|     | Home Depot Inc Sr Gbl 4.50% Due 12/6/2048                             | "                                                                                                            | 226,025    | 227,404          |
|     | Intel Corp Sr Gbl NT 3.734% Due 12/8/2047                             | "                                                                                                            | 309,937    | 308,804          |
|     | Intercontinental Exchange Inc Sr NT 2.65% Due 9/15/2040               | "                                                                                                            | 114,355    | 110,248          |
|     | Jpmbb Coml Mtg Sec Tr Ser 2014 C26 Cl D Fltg Rate Due 1/17/2048       | "                                                                                                            | 29,272     | 28,765           |
|     | Jpmbb Coml Mtg Sec Tr Ser 2015 C28 Cl C Fltg Rate Due 10/19/2048      | "                                                                                                            | 65,607     | 66,796           |
|     | JP Morgan Chase Bank NA NT 3.882% Due 7/24/2038                       | "                                                                                                            | 224,135    | 222,142          |
|     | JPMorgan Chase & Co Sr NT 3.328% Due 4/22/2052                        | "                                                                                                            | 14,991     | 16,279           |
|     | Johnson & Johnson Sr NT 4.375% Due 12/5/2033                          | "                                                                                                            | 140,811    | 140,531          |
|     | Johnson & Johnson Sr NT 3.50% Due 1/15/2048                           | "                                                                                                            | 112,442    | 109,791          |
|     | Kkr Clo LTD Ser 2021 39 Cl C Fltg Rate Due 10/16/2034                 | "                                                                                                            | 100,000    | 99,234           |
|     | Kimberly Clark Corp Sr NT 3.90% Due 5/3/2047                          | "                                                                                                            | 111,158    | 108,489          |
|     | Lilly Eli & Co SR NT 2.25% Due 5/15/2050                              | "                                                                                                            | 67,768     | 69,951           |
|     | Lockheed Martin Corp Sr NT 3.80% Due 3/1/2045                         | "                                                                                                            | 81,883     | 80,813           |
|     | Mars Inc Del Sr Gbl 144a 1.625% Due 7/16/2032                         | "                                                                                                            | 79,922     | 75,943           |
|     | Mastercard Inc Sr NT 3.65% Due 6/1/2049                               | "                                                                                                            | 226,138    | 225,636          |
|     | Medtronic Inc Sr Gbl NT 4.375% Due 3/15/2035                          | "                                                                                                            | 228,261    | 228,075          |
|     | Merck & Inc Sr NT 2.45% Due 6/24/2050                                 | "                                                                                                            | 52,721     | 51,541           |
|     | Merck & Co Inc Sr NT 2.75% Due 12/10/2051                             | "                                                                                                            | 129,683    | 130,016          |
|     | Microsoft Corp Sr Gbl NT 2.921% Due 3/17/2052                         | "                                                                                                            | 419,967    | 422,336          |
|     | Midamerican Energy Co 1mtg Bd 4.80% Due 9/15/2043                     | "                                                                                                            | 113,221    | 108,686          |
|     | New Economy Assets Phase 1 Issuer LLC 144a Reg S 2.41% Due 10/20/2061 | "                                                                                                            | 149,065    | 150,126          |
|     | New Res Mtg Ln Tr Ser 2021 Npm2r Cl M 1 Fltg Rate Due 10/25/2058      | "                                                                                                            | 40,000     | 39,619           |
|     | New York Life Ins Co 144a NT 3.75% Due 5/15/2050                      | "                                                                                                            | 123,323    | 126,751          |
|     | Oncor Elec Delivery Co LLC Sr SEC Gbl NT 3.80% Due 6/1/2049           | "                                                                                                            | 170,214    | 164,564          |
|     | Oracle Corp 6.50% Due 4/15/2038                                       | "                                                                                                            | 138,996    | 139,863          |
|     | Oracle Corp Sr NT 3.60% Due 4/1/2040                                  | "                                                                                                            | 45,233     | 41,548           |
|     | PPL Elec Utils Corp 1mtg Bd 4.75% Due 7/15/2043                       | "                                                                                                            | 154,042    | 154,328          |
|     | PPL Cap Fdg Inc Sr NT 4.70% Due 6/1/2043                              | "                                                                                                            | 59,126     | 56,421           |
|     | Pacificorp 6.25% Due 10/15/2037                                       | "                                                                                                            | 114,065    | 111,450          |
|     | Palisades Ctr Tr Ser 2016 Plsd Cl A 2.712% Due 4/14/2033              | "                                                                                                            | 87,897     | 92,546           |
|     | Paypal Hldgs Inc Sr NT 3.25% Due 6/1/2050                             | "                                                                                                            | 43,675     | 42,810           |
|     | Pepsico Inc Sr NT 2.75% Due 10/21/2051                                | "                                                                                                            | 217,144    | 226,470          |
|     | Pfizer Inc Sr NT 4.00% Due 3/15/2049                                  | "                                                                                                            | 225,289    | 228,862          |
|     | Prudential Finl Inc Mtns Book Fr 3.00% Due 3/10/2040                  | "                                                                                                            | 141,216    | 138,275          |
|     | Raytheon Technologies Corp Gbl NT 4.70% Due 12/15/2041                | "                                                                                                            | 147,748    | 148,648          |
|     | Southern Calif Edison Co 1m Bd 2013d 4.65% Due 10/1/2043              | "                                                                                                            | 122,199    | 123,096          |
|     | Southwestern Pub Svc Co 1stm Bd 4.50% Due 8/15/2041                   | "                                                                                                            | 123,289    | 121,882          |
|     | Southwestern Pub Svc Co 1st Mtg 4.40% Due 11/15/2048                  | "                                                                                                            | 112,833    | 112,815          |
|     | Travelers Companies Inc Sr Gbl 4.10% Due 3/4/2049                     | "                                                                                                            | 73,346     | 73,958           |
|     | Union Pac Corp Sr NT 3.20% Due 5/20/2041                              | "                                                                                                            | 20,074     | 21,282           |
|     | United Parcel Service Inc Sr NT 3.75% Due 11/15/2047                  | "                                                                                                            | 202,528    | 203,740          |
|     | Unitedhealth Group Inc NT 4.625% Due 7/15/2035                        | "                                                                                                            | 227,875    | 224,185          |
|     | Verizon Communications Inc Sr NT 4.40% Due 11/1/2034                  | "                                                                                                            | 156,884    | 151,896          |
|     | Verizon Communications Inc Sr NT 2.65% Due 11/20/2040                 | "                                                                                                            | 19,978     | 19,027           |
|     | Verizon Communications Inc NT 3.55% Due 3/22/2051                     | "                                                                                                            | 9,911      | 10,838           |
|     | Verizon Communications Inc NT 3.40% Due 3/22/2041                     | "                                                                                                            | 19,988     | 21,258           |
|     | Walmart Inc 4.05% Due 6/29/2048                                       | "                                                                                                            | 115,206    | 115,009          |
|     | Walmart Inc Sr NT 2.95% Due 9/24/2049                                 | "                                                                                                            | 111,733    | 113,124          |
|     | Walmart Inc NT 2.50% Due 9/22/2041                                    | "                                                                                                            | 55,000     | 55,521           |
|     | Wells Fargo Coml Tr Ser 2015 C28 Cl D Fltg Rate Due 5/15/2048         | "                                                                                                            | 48,103     | 48,042           |
|     | Total corporate obligations                                           |                                                                                                              | 19,722,156 | 19,593,324       |

CARDONE INDUSTRIES, INC. UNION EMPLOYEES' PENSION PLAN

EIN: 23-3000982

Plan Number: 002

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

December 9, 2021

| (a) | (b)                                                            | (c)                                                                                                          | (d)                  | (e)                  |
|-----|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
|     | Identity of issue, borrower, lessor<br>or similar party        | Description of investment including<br>maturity date, rate of interest,<br>collateral, par or maturity value | Cost                 | Current<br>value     |
|     | Aercap Ireland Capital Limited Sr NT 1.65% Due 10/29/2024      | Foreign debt obligation                                                                                      | 120,362              | 119,513              |
|     | Alibaba Group Hldg LTD Sr Gbl 3.60% Due 11/28/2024             | "                                                                                                            | 129,973              | 131,731              |
|     | America Movil Sab De Cv Sr NT 3.125% Due 7/16/2022             | "                                                                                                            | 208,906              | 202,226              |
|     | Banco Santander Sa 3.848% Due 4/12/2023                        | "                                                                                                            | 115,772              | 119,064              |
|     | Barclays PLC Sr Gbl Coco Var Rate Due 12/10/2024               | "                                                                                                            | 140,274              | 138,828              |
|     | HSBC Hldgs PLC Sub Gbl NT 4.375% Due 11/23/2026                | "                                                                                                            | 168,691              | 163,464              |
|     | Lloyds Banking Group PLC Sr Gbl Coco 4.05% Due 8/16/2023       | "                                                                                                            | 97,702               | 94,458               |
|     | Mitsubishi Ufj Finl Group Inc Sr NT 2.193% Due 2/25/2025       | "                                                                                                            | 210,472              | 204,234              |
|     | Royal Bk Scotland Group PLC Coco Var Rate Due 3/22/2025        | "                                                                                                            | 65,294               | 63,634               |
|     | Bnp Paribas Sr Non Pfd 144a Med Term NT Var Rate Due 1/13/2031 | "                                                                                                            | 133,484              | 134,347              |
|     | Enel Fin Intl Sr 144a 3.50% Due 4/6/2028                       | "                                                                                                            | 135,759              | 134,428              |
|     | Fairfax Finl Hldgs LTD Sr Gbl NT 4.85% Due 4/17/2028           | "                                                                                                            | 22,377               | 22,342               |
|     | Macquarie Group Limited Fr Var Rate Due 1/12/2027              | "                                                                                                            | 15,041               | 14,608               |
|     | Natwest Group PLC Coco Var Rate Due 6/14/2021                  | "                                                                                                            | 69,270               | 68,652               |
|     | Siemens Fin NV Sr Gbl 144a 3.40% Due 3/16/2027                 | "                                                                                                            | 221,590              | 215,476              |
|     | Telefonica Emisiones S A U Sr Gbl NT 4.103% Due 3/8/2027       | "                                                                                                            | 140,321              | 137,323              |
|     | Total Capital Sr Gbl NT 2.829% Due 1/10/2030                   | "                                                                                                            | 113,681              | 110,571              |
|     | America Movil Sab De Cv Sr NT 4.375% Due 4/22/2049             | "                                                                                                            | 43,822               | 43,014               |
|     | Canadian Natl Ry Co Sr NT 2.45% Due 5/1/2050                   | "                                                                                                            | 143,883              | 139,893              |
|     | Edf S A Sr 144a NT 4.95% Due 10/13/2045                        | "                                                                                                            | 69,693               | 83,318               |
|     | Manulife Finl Corp SB NT Var Rate Due 2/24/2032                | "                                                                                                            | 136,151              | 134,228              |
|     | Statoil Asa NT 3.95% Due 5/15/2043                             | "                                                                                                            | 265,087              | 269,417              |
|     | Total foreign debt obligations                                 |                                                                                                              | 2,767,605            | 2,744,769            |
|     | Wilmington Trust DB Growth Portfolio Fund                      | Common collective trust                                                                                      | 46,417,990           | 47,274,937           |
|     | Total investments                                              |                                                                                                              | <u>\$ 77,749,531</u> | <u>\$ 78,846,365</u> |

\* Denotes party-in-interest to the Plan.