

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>SCHOTT GEMTRON CORPORATION PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1977</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1977</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1977</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SCHOTT GEMTRON CORPORATION</u> <u>615 NEW HIGHWAY 68</u> <u>SWEETWATER, TN 37874</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>62-0879723</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>423-337-3522</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>327210</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>62-0879723</u>	2c Plan Sponsor's telephone number <u>423-337-3522</u>	2d Business code (see instructions) <u>327210</u>	
2b Employer Identification Number (EIN) <u>62-0879723</u>					
2c Plan Sponsor's telephone number <u>423-337-3522</u>					
2d Business code (see instructions) <u>327210</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2022	SHARON ANDERSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 360
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 273 6a(2) 268 6b 8 6c 86 6d 362 6e 0 6f 362 6g 337 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan SCHOTT GEMTRON CORPORATION PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SCHOTT GEMTRON CORPORATION	D Employer Identification Number (EIN) 62-0879723

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
GEMWORTH LIFE AND ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
54-0283385	65536	GV 0000050	0	01/01/2021	12/31/2021

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

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

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

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☒ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	0
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)		
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)		
	▶			

(6) Total additions	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier.....	7e(2)		
(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan SCHOTT GEMTRON CORPORATION PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SCHOTT GEMTRON CORPORATION	D Employer Identification Number (EIN) 62-0879723	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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)

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	23238	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

RESOURCES INVESTMENT ADVISORS LLC

11101 SWITZER RD STE 200
OVERLAND PARK, KS 66210

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	11927	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WARREN & TALLENT CPAS PLLC

606C SOUTH MAIN ST
SWEETWATER, TN 37874

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	8500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ECKERT SEAMANS CHERIN & MELLOTT LLC

600 GRANT ST
PITTSBURGH, PA 15219

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	ATTORNEY	3552	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan SCHOTT GEMTRON CORPORATION PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 SCHOTT GEMTRON CORPORATION		
D Employer Identification Number (EIN) 62-0879723		

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	564327	553233
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	7128584	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	40192376	47406496
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1519773	0
(15) Other.....	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1) 0	0
(2)	Employer real property.....	1d(2) 0	0
e	Buildings and other property used in plan operation	1e 0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f 49405060	47959729
Liabilities			
g	Benefit claims payable	1g 0	0
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i 0	0
j	Other liabilities.....	1j 1519773	0
k	Total liabilities (add all amounts in lines 1g through 1j)	1k 1519773	0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l 47885287	47959729

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 677686	
	(B) Participants	2a(1)(B) 1113342	
	(C) Others (including rollovers).....	2a(1)(C) 17396	
(2)	Noncash contributions.....	2a(2) 0	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	1808424
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A) 0	
	(B) U.S. Government securities	2b(1)(B) 0	
	(C) Corporate debt instruments	2b(1)(C) 0	
	(D) Loans (other than to participants)	2b(1)(D) 0	
	(E) Participant loans.....	2b(1)(E) 27477	
	(F) Other	2b(1)(F) 0	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	27477
(2)	Dividends: (A) Preferred stock.....	2b(2)(A) 0	
	(B) Common stock	2b(2)(B) 0	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C) 1764756	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	1764756
(3)	Rents	2b(3)	0
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A) 0	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B) 0	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A) 0	
	(B) Other	2b(5)(B) 0	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		3781990
c Other income.....	2c		7693
d Total income. Add all income amounts in column (b) and enter total.....	2d		7390340
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7268839	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		7268839
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		-158
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	47217	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		47217
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7315898
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		74442
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: **WARREN & TALLENT**

(2) EIN: **62-1874228**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

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

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

<div>A Name of plan SCHOTT GEMTRON CORPORATION PROFIT SHARING PLAN</div>	<div>B Three-digit plan number (PN) ▶ 001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 SCHOTT GEMTRON CORPORATION</div>	<div>D Employer Identification Number (EIN) 62-0879723</div>

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

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 84-1455663		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
---------	--

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

GEMTRON CORPORATION PROFIT SHARING PLAN
Financial Statements
December 31, 2021 and 2020

GEMTRON CORPORATION PROFIT SHARING PLAN

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December 31, 2021 and 2020

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
the Gemtron Corporation Profit Sharing Plan

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

We have performed audits of the accompanying financial statements of Gemtron Corporation Profit Sharing Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Gemtron Corporation Profit Sharing Plan's 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 Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2021, and for the year then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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—

- the amounts and disclosures in the financial statements referred to above, 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.
- the information in the financial statements referred to above 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 audits in accordance with auditing standards generally accepted in the United States of America. 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 Gemtron Corporation Profit Sharing 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 accounting principles generally accepted in the United States of America, 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 Gemtron Corporation Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Gemtron Corporation Profit Sharing 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 Gemtron Corporation Profit Sharing 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 accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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.

Supplemental Schedules Required by ERISA

The supplemental schedule of Schedule H, Line 4i – Schedule of Assets Held at End of Year and Schedule H, Line 4j – Schedule of Reportable Transactions, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor'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 audits 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 generally accepted auditing standards. 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 schedule, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

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

Warren Jackson CPAs PLLC

Sweetwater, TN
September 7, 2022



WarrenJackson

CERTIFIED PUBLIC ACCOUNTANTS, PLLC

DOUGLAS E. WARREN
CPA, CFF, CFE, FCPA, CGMA

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ROBERT S. TALLENT, CPA
JUSTIN HICKS, CPA
DENISE S. DAVIS, CPA
DERRICK NELSON, EA

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
the Schott Gemtron Corporation Profit Sharing Plan

We were engaged to audit the accompanying statement of Gemtron Corporation Profit Sharing Plan, which comprise the statements of net assets available for benefits as of December 31, 2020, and the related statements of changes in net assets available for benefits for the year then ended.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on the 2020 financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Truist (formerly SunTrust Bank), the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2020, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2020 financial statement. Accordingly, we do not express an opinion on the 2020 financial statement.

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

The form and content of the information included in the 2020 financial statement and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Sweetwater, Tennessee
September 7, 2022

Warren Jackson CPAs PLLC

GEMTRON CORPORATION PROFIT SHARING PLAN
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ASSETS:		
Investments, at fair value:		
Shares of pooled separate accounts	\$ -	\$ 7,128,584
Shares of registered investment companies	47,406,496	40,192,376
Unallocated contracts	<u>-</u>	<u>1,519,773</u>
Total investments, at fair value	47,406,496	48,840,733
Notes receivable from participants	<u>553,233</u>	<u>564,327</u>
Total assets	<u>47,959,729</u>	<u>49,405,060</u>
LIABILITIES:		
Guarantees for unallocated contracts	<u>-</u>	<u>1,519,773</u>
Net assets available for benefits	<u>\$ 47,959,729</u>	<u>\$ 47,885,287</u>

(The accompanying notes are an integral part of these financial statements)

GEMTRON CORPORATION PROFIT SHARING PLAN
Statements of Changes Net Assets Available for Benefits
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation (depreciation) in fair value	\$ 3,781,990	\$ 4,372,895
Interest and dividends	1,792,266	1,242,527
Other income	7,874	948,188
Total investment income (loss)	<u>5,582,130</u>	<u>6,563,610</u>
Contributions:		
Participants	\$ 1,113,505	\$ 1,020,657
Employers	677,750	626,746
Other	17,396	67,488
Total contributions	<u>1,808,651</u>	<u>1,714,891</u>
Total additions	<u>7,390,781</u>	<u>8,278,501</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid or due to participants	7,270,161	5,177,706
Investment management fees	46,178	92,754
Total deductions	<u>7,316,339</u>	<u>5,270,460</u>
Net increase (decrease)	74,442	3,008,041
NET ASSETS AVAILABLE FOR BENEFIT:		
Beginning of year	<u>47,885,287</u>	<u>44,877,246</u>
End of year	<u>\$ 47,959,729</u>	<u>\$ 47,885,287</u>

(The accompanying notes are an integral part of these financial statements)

GEMTRON CORPORATION PROFIT SHARING PLAN
Notes to the Financial Statements
December 31, 2021 and 2020

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Gemtron Corporation ("Employer") Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan, established January 1, 1977, is a defined contribution employee benefit plan covering persons regularly employed by Gemtron Corporation and not covered by a collective bargaining agreement. Employees become participants in the Plan following completion of six months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - Upon reaching eligibility, participants are auto-enrolled in the Plan at 3 percent for certain pretax annual compensation dollars. Each year, participants have the option to disenroll in the Plan, or to change their deferral percentages. The employer is required to match 100 percent of the participants first 3 percent of compensation and 50 percent of the next 4 percent of compensation. All employer contributions are in cash.

Participant accounts - Each participant's account is credited with the participant's contributions and allocations of the Employer's contribution and Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on average account balances, as defined in the Plan. A participant is entitled solely to the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately vested in elected contributions plus actual earnings thereon. Vesting in the Employer's matching contribution plus actual earnings thereon is based on years of credited service. A participant becomes vested as noted in the Plan.

Participant loans - Participants may borrow funds subject to a \$50,000 maximum. Loan terms range from either 1-5 years or up to 15 years (if relating to the purchase of a primary residence). The loans are secured by the participant's account balance and bear interest at rates ranging from 4.25% to 9.5%. Principal and interest is paid ratably through payroll deductions.

Benefit payments - On cessation of service due to death, disability, termination, or retirement, a participant may generally elect to receive the value of the vested interest in his or her account as a lump sum distribution. Withdrawals from the Plan may also be made upon circumstances of financial hardship, in accordance with provisions specified in the Plan.

Forfeited accounts - At December 31, 2021, forfeited accounts totaled \$25,558. This amount (if any) may be used to reduce future employer contributions. During 2021, employer contributions were reduced by \$7,690 from forfeited non-vested accounts.

Plan termination - Although no such intent has been expressed, the Employer has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon Plan termination, participants shall become 100% vested in their accounts.

GEMTRON CORPORATION PROFIT SHARING PLAN
Notes to the Financial Statements
December 31, 2021 and 2020

NOTE 1 - DESCRIPTION OF PLAN (continued)

Plan administration - The Plan administrator is Gemtron Corporation. The administrator supervises the Plan operation, interprets the meaning of Plan provisions, determines eligibility for participation and benefits, and decides when benefits are to be paid in accordance with the terms of the Plan. Plan administration is vested in a committee appointed by the Board of Directors of the employer.

Funding Policy - Participant accounts are funded as soon as possible with the appropriate employee and employer contribution.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting - The financial statements of the plan are prepared on the accrual basis of accounting. Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the plan.

Use of estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Investment Committee determines the Plan's valuation policies. See Note 5 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2021, and 2020, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

GEMTRON CORPORATION PROFIT SHARING PLAN
Notes to the Financial Statements
December 31, 2021 and 2020

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Expenses - Under the terms of the Plan, the employer is permitted to pay administrative expenses (which may be significant). If not paid by the employer, such expenses shall become a liability of the Plan. However, the employer may reimburse the Plan for any administrative expenses incurred and such reimbursements shall not be considered an employer contribution. Fees for the administration of notes receivable from participants are included in administrative expenses and charged directly to the participant's account.

NOTE 3 - TAX STATUS OF PLAN

The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe the Plan was qualified and the related trust was tax-exempt as of the financial statement date. Open years for audit include 2019, 2020, and 2021.

NOTE 4 - INFORMATION PROVIDED BY THE TRUSTEE

All of the Plan's assets are held by the trustee, Truist (formerly SunTrust Bank), Chattanooga, TN. The amounts set forth in the accompanying financial statements for investment assets, transactions in those assets, income, and the information shown in the attached supplemental schedule were summarized from information furnished by the trustee. The administrator has received from the trustee a certification that the information furnished by the trustee is complete and accurate.

NOTE 5 - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. The Investment Committee determines the Plan's valuation policies. Although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available.

GEMTRON CORPORATION PROFIT SHARING PLAN
Notes to the Financial Statements
December 31, 2021 and 2020

NOTE 5 - FAIR VALUE MEASUREMENTS (continued)

Fair value measurements for plan assets are as follows for the year ended December 31, 2021:

Level 1 Fair Value Measurements - The fair values of common stocks are based on the closing price reported in the active market where the individual securities are traded, when available.

There are no plan assets requiring the use of Level 2 or Level 3 inputs for the periods presented.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021 and 2020, and as certified by the Trustee:

	<u>2021</u>	<u>2020</u>
Mutual Funds	<u>\$ 47,406,496</u>	<u>\$ 47,320,960</u>

NOTE 6 - INVESTMENTS

The following presents investments, certified by the trustee, at December 31, 2021 and 2020 that represent 5% or more of the Plan's net assets:

	<u>2021</u>		<u>2020</u>	
	<u>Ending Value</u>	<u>Shares Outstanding</u>	<u>Ending Value</u>	<u>Shares Outstanding</u>
Blackrock Liquidity Fed Fund	\$ 6,523,116	6,523,116	\$ -	-
Vanguard 500 Index	\$ -	-	\$ 5,119,374	14,772
Suntrust Bank	\$ -	-	\$ 6,971,222	6,971,221
T.Rowe Price Growth Stock	\$ -	-	\$ 3,003,986	30,989
ClearCourse	\$ -	-	\$ 7,128,584	282,160
T. Rowe Price 2020 Fund	\$ -	-	\$ 2,969,369	130,522

During 2021, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by \$3,781,990, all in mutual funds.

NOTE 7 - RISKS AND UNCERTAINTIES

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the Statements of Net Assets Available for Plan Benefits.

GEMTRON CORPORATION PROFIT SHARING PLAN
Notes to the Financial Statements
December 31, 2021 and 2020

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 at December 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Net assets available for benefits per the financial statements	\$ 47,959,729	\$ 47,885,287
Amounts allocated to withdrawing participants	<u>-</u>	<u>-</u>
Net assets available for benefits per Schedule H	<u>\$ 47,959,729</u>	<u>\$ 47,885,287</u>

The following is a reconciliation of benefits paid or due to participants per the financial statements for the year ended December 31, 2021 to Schedule H of Form 5500:

	<u>2021</u>
Benefits paid or due to participants per the financial statements	\$ 7,270,161
Plus: Certain deemed participant loan repayments	<u>-</u>
Benefits paid to participants per Schedule H	<u>\$ 7,270,161</u>

Amounts allocated to withdrawing participants are generally recorded on Schedule H of Form 5500 for benefit claims that have been processed and approved for payment prior to December 31 but not yet paid as of that date.

NOTE 9 - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 7, 2022, the date on which the financial statements were available to be issued.

GEMTRON CORPORATION PROFIT SHARING PLAN
Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2021

Plan name: Gemtron Corporation Profit Sharing Plan
Sponsor employer identification number: 62-0879723
Plan number: 001

(A)	(B)	(C)	(D)	(E)
	Identity of Issue or borrower	Description of investment including interest rate or units	Cost	Current Value
	Participant loans (various payments and maturities)	Rates 4.25% to 9.25%	\$ -	\$ 553,233
	Forfeitures		25,558	25,558
	American Century Small Cap Value Fund R6	122,930 units	1,468,733	1,365,753
	American Funds US Government Sec	90,324 units	1,278,952	1,275,370
	Blackrock Liquidity Fed Fund	6,523,116 units	6,523,074	6,523,116
	DFA US Vector Equity I	2,152 units	56,766	53,448
	Franklin Small CAP Growth R6	50,387 units	1,635,210	1,337,279
	Franklin Small-Mid CAP Growth R6	28,087 units	1,744,821	1,501,528
	MFS International Intrinsic Value R6	44,073 units	2,513,508	2,346,884
	MFS Total Return Fund R6	51,999 units	1,183,754	1,116,934
	MFS Value R6	28,680 units	1,558,884	1,558,187
	T. Rowe Price Growth Stock I	32,579 units	3,974,201	3,464,403
	T. Rowe Price Retirement I 2010 I Fund	1,877 units	26,881	25,288
	T. Rowe Price Retirement I 2020 I Fund	306,447 units	4,806,615	4,550,741
	T. Rowe Price Retirement I 2030 I Fund	223,384 units	3,905,459	3,737,206
	T. Rowe Price Retirement I 2040 I Fund	74,515 units	1,411,633	1,344,252
	T. Rowe Price Retirement I 2050 I Fund	24,543 units	476,619	453,561
	T. Rowe Price Retirement I 2060 I Fund	12,080 units	238,024	227,586
	Vanguard 500 Index Fund-Admiral	14,717 units	3,518,861	6,472,816
	Vanguard Developed Markets Index	117,826 units	1,577,202	1,937,051
	Vanguard GNMA Adm	53,205 units	560,469	560,778
	Vanguard Mid CAP Index ADM	12,527 units	3,133,643	3,951,774
	Vanguard Small CAP Index Fund-Admiral	8,253 units	618,499	894,344
	Vanguard Total Bond Market Index Admiral	152,754 units	1,684,235	1,709,314
	Western Asset Core Plus Bond Fund	81,655 units	974,898	973,325

GEMTRON CORPORATION PROFIT SHARING PLAN
Schedule H, Line 4j - Schedule of Reportable Transactions
December 31, 2021

Plan name: Gemtron Corporation Profit Sharing Plan
Sponsor employer identification number: 62-0879723
Plan number: 001

(A) Identity of party involved	(B) Description of asset	(C) Purchase price	(D) Selling price	(E) Lease rental	(F) Expense incurred with transaction	(G) Cost of asset	(H) Current value of asset on transaction date	(I) Net gain or (loss)
Category (i) - Single transactions exceeding 5%								
Clearcourse	Mutual Funds	3,614,248	3,614,248			3,614,248	3,614,248	
SunTrust Bank FDIC Insured	Mutual Funds	7,969,366	7,969,366			7,969,366	7,969,366	
BlackRock Liquidity FedFund	Mutual Funds	7,969,366	7,969,366			7,969,366	7,969,366	
T. Rowe Price Retirement Fund 2020	Mutual Funds	4,544,813	4,544,813			4,544,813	4,544,813	
T. Rowe Price Retirement Fund 2030	Mutual Funds	3,755,457	3,755,457			3,755,457	3,755,457	
T. Rowe Price Retirement I 2020 I	Mutual Funds	4,544,813	4,544,813			4,544,813	4,544,813	
T. Rowe Price Retirement I 2030 I	Mutual Funds	3,755,457	3,755,457			3,755,457	3,755,457	
T. Rowe Price Growth Stock	Mutual Funds	3,671,519	3,671,519			3,671,519	3,671,519	
T. Rowe Price Growth Stock I	Mutual Funds	3,671,519	3,671,519			3,671,519	3,671,519	

There were not Category (ii), (iii) or (iv) reportable transactions during the year ended December 31, 2021.

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
2STFDIC	1.73	1.730000	7	(35,388.59)	(35,388.590000)	2	(35,388.59)	SERIES
5STFDIC	29,875.99	29,875.990000	103	(57,820.13)	(57,820.130000)	5	(57,820.13)	SERIES
2TFDXX	35,639.09	35,639.090000	25	(19,992.29)	(19,992.290000)	1	(19,992.29)	SERIES
5TFDXX	18,475.79	18,475.790000	9	(8,564.44)	(8,564.440000)	12	(8,564.44)	SERIES
1MSFJX	232,157.18	10,362.955681	4137	(1,264.417.34)	(55,422.433753)	2529	(1,075,278.84)	SERIES
1MSFKX	1,186,788.99	52,131.529229	1236	(3,012.86)	(132,751.680)	501	(3,035.37)	SERIES
1TRRAX	923,234.44	49,974.649890	351	(1,029,065.04)	(52,325.868467)	425	(965,197.27)	SERIES
1TRRBX	1,948,884.40	83,851.497464	1264	(5,379,841.38)	(214,373.201413)	1059	(4,826,972.92)	SERIES
1TRRDX	2,295,171.33	77,512.153784	3610	(4,110,834.97)	(126,528.599570)	2256	(3,578,437.17)	SERIES
1TRRDY	883,048.44	27,495.282057	2616	(1,385,739.11)	(38,588,744918)	1364	(1,149,161.86)	SERIES
1TRRMX	124,228.68	6,457.845797	3051	(489,439.43)	(23,151.675212)	910	(374,526.48)	SERIES
1TRRLX	81,229.15	4,968.949869	2370	(276,507.05)	(16,051.576869)	775	(218,432.15)	SERIES
1TRPAX	26,877.37	1,877.063217	120	4.04	0.285518	74	4.06	SERIES
1TRBRX	5,112,940.00	325,908.758660	551	(305,465.97)	(19,461.552673)	182	(306,324.98)	SERIES
1TRPCX	3,929,784.19	224,771.953724	1175	(24,206.93)	(1,388,444943)	431	(24,325.76)	SERIES
1TRPDY	1,492,253.54	78,758.315531	968	(80,323.79)	(4,243,241961)	281	(80,620.34)	SERIES
1TRPMX	626,041.44	32,207.611726	744	(148,447.82)	(7,664,261201)	199	(149,422.17)	SERIES
1TRPLX	376,462.84	19,061.823353	772	(137,871.85)	(6,981,904114)	179	(138,438.66)	SERIES
1MINHX	172,908.25	3,296.918472	12192	(2,785,870.13)	(49,077.065367)	8380	(1,960,179.25)	SERIES
1MINJX	2,568,208.91	45,025.914609	3606	(53,410.96)	(952.972299)	1437	(54,701.55)	SERIES
1VMTGX	280,699.06	17,293.110731	15085	(554,817.85)	(35,016.681825)	8153	(457,362.23)	SERIES
1ASVDX	1,470,483.93	123,075.474093	2883	(1,678.53)	(145,446617)	1137	(1,751.85)	SERIES
1FSSAX	134,555.73	4,252.682099	6774	(1,856,240.01)	(56,734,945293)	5595	(1,279,592.03)	SERIES
1FMSMLX	1,643,885.69	50,652.452474	1713	(7,031.94)	(265,141580)	907	(8,676.78)	SERIES
1FMGGX	1,786,646.02	28,270.006366	1647	(10,829.18)	(183,055675)	803	(11,826.00)	SERIES
1VSMAX	114,592.16	1,108.354237	7501	(290,814.18)	(2,705,490562)	3827	(185,363.76)	SERIES
1ACVIX	311,454.73	28,012.032988	10644	(2,181,410.65)	(190,847,659679)	6826	(1,716,014.21)	SERIES
1DFVEX	153,883.69	6,222.054620	1229	(106,691.08)	(4,231,103566)	897	(100,096.80)	SERIES
1DLVIX	84,557.40	2,420.179035	8087	(2,412,246.07)	(67,976,766134)	5895	(2,274,452.77)	SERIES
1FSGAX	415,742.23	7,332.908031	5587	(1,789,294.64)	(28,840,690117)	4580	(1,319,295.72)	SERIES
1VIMAX	2,128,636.14	6,701.683833	15881	(421,608.19)	(1,446,959751)	8967	(258,367.51)	SERIES
1MEIIX	1,565,521.76	28,802.143426	2700	(6,547.53)	(122,092273)	1185	(6,637.84)	SERIES
1MEJIX	227,251.35	4,715.075139	10544	(2,223,221.68)	(42,624,467317)	6777	(1,624,641.71)	SERIES
1PRGFY	383,175.65	3,485.167516	7115	(4,151,216.12)	(34,473,265572)	6390	(2,009,132.76)	SERIES
1PRUFY	3,988,893.73	32,697.403645	2060	(13,733.97)	(118,853482)	1251	(14,692.53)	SERIES
1VFIAI	693,790.10	1,793.308907	17811	(707,647.05)	(1,848,223193)	11474	(414,594.17)	SERIES
1IRGVGX	1,308,730.63	92,426.256405	2127	(29,599.98)	(2,102,588805)	885	(29,778.47)	SERIES
1SU-LFM	129,648.47	11,403.168922	11692	(1,360,815.97)	(121,944,278011)	5016	(1,367,438.88)	SERIES
1VFUDX	160,877.33	15,160.170764	2714	(212,169.85)	(20,024,619894)	1794	(215,145.77)	SERIES
1VBTLX	947,698.31	83,890.107178	8658	(175,223.53)	(15,482,222627)	2866	(173,807.03)	SERIES
1WACPX	313,015.49	25,954.371111	7931	(1,155,463.23)	(96,679,995710)	3621	(1,147,972.00)	SERIES
1WAPSX	1,006,753.40	84,322.767519	1483	(31,549.20)	(2,668,013464)	640	(31,855.71)	SERIES
1STFDIC	1,416,828.76	1,416,828.760000	8058	(8,388,050.35)	(8,388,050,356175)	805	(8,388,050.41)	SERIES
1TFDXX	8,371,932.69	8,371,932.690000	9385	(1,848,816.28)	(1,848,816,280000)	5821	(1,848,859.65)	SERIES
1SNLINX	25,494.76	1,001.615599	513	(7,292,482.65)	(283,161,211957)	221	(3,755,033.11)	SERIES

5% TRANSACTIONS

1SNLINX	0.00	0.000000	0	(3,614,247.59)	(138,997,053255)	140	(1,824,173.92)	10-FEB-21
1STFDIC	59.45	59,450000	375	(7,969,365.86)	(7,969,365,886175)	584	(7,969,365.92)	25-JUN-21
1TFDXX	7,969,365.86	7,969,365.860000	584	0.00	0.000000	0	0.00	25-JUN-21
1TRRBX	0.00	0.000000	0	(4,544,813.49)	(179,424,142822)	93	(4,032,089.31)	18-NOV-21
1TRRCX	0.00	0.000000	0	(3,755,456.96)	(115,021,652277)	160	(3,248,789.54)	18-NOV-21

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
ITRBRX	4,544,813.49	288,742.915503	93	0.00	0.000000	0	0.00	18-NOV-21
ITRPCX	3,755,456.96	214,352.566215	160	0.00	0.000000	0	0.00	18-NOV-21
IPRGFX	0.00	0.000000	0	(3,671,519.10)	(29,738.532046)	338	(1,771,172.04)	18-NOV-21
IPRUFX	3,671,519.10	29,692.835418	338	0.00	0.000000	0	0.00	18-NOV-21

LEGEND

INVESTMENT OPTION:

2STFDIC
2TFDXX
1MSFIX
ITRRAX
ITRRCX
ITRRMX
ITRPAX
ITRPCX
ITRPMX
IMINHX
IVTMGX
IFSSAX
IFMGGX
IACVIX
IDVLIX
IVIMAX
IMEIJX
IPRUFX
IRGVGX
IVFIJX
IWACPX
ISTFDIC
ISNLINC

SunTrust Bank FDIC Insured Account
BlackRock Liquidity FedFund Instl
MFS Total Return Fund R4
T. Rowe Price Retirement 2010 Fund
T. Rowe Price Retirement 2030 Fund
T. Rowe Price Retirement 2050 Fund
T. Rowe Price Retirement I 2010 I
T. Rowe Price Retirement I 2030 I
T. Rowe Price Retirement I 2050 I
MFS International Intrinsic Value R4
Vanguard Developed Markets Index Admiral
Franklin Small Cap Growth Adv
Franklin Small-Mid Cap Growth R6
American Century Small Cap Value I
Dreyfus Opportunistic Mideap Value I
Vanguard Mid Cap Index Adm
MFS Value R4
T. Rowe Price Growth Stock I
American Funds US Government Sec R6
Vanguard GNMA Adm
Western Asset Core Plus Bond Fund I
SunTrust Bank FDIC Insured Account
ClearCourse

5STFDIC
5TFDXX
1MSFKX
ITRRBX
ITRRDX
ITRRLX
ITRBRX
ITRPDX
ITRPLX
IMINJX
IASVDX
IFSMLX
IVSMAX
IDFVEX
IFSGAX
IMEIKX
IPRGFX
IVFIAX
ISU-LFM
IVBTIX
IWAPSX
ITFDXX

SunTrust Bank FDIC Insured Account
BlackRock Liquidity FedFund Instl
MFS Total Return R6
T. Rowe Price Retirement 2020 Fund
T. Rowe Price Retirement 2040 Fund
T. Rowe Price Retirement 2060 Fund
T. Rowe Price Retirement I 2020 I
T. Rowe Price Retirement I 2040 I
T. Rowe Price Retirement I 2060 I
MFS International Intrinsic Value R6
American Century Small Cap Value R6
Franklin Small Cap Growth R6
Vanguard Small Cap Index Fund - Admiral
DFA US Vector Equity I
Franklin Small-Mid Cap Growth Adv
MFS Value R6
T. Rowe Price Growth Stock
Vanguard 500 Index Fund - Admiral
Virtus Seix US Mortgage I
Vanguard Total Bond Market Index Admiral
Western Asset Core Plus Bond IS
BlackRock Liquidity FedFund Instl

SCHEDULE OF ASSETS (HELD AT END OF YEAR)**SCHOTT Gemtron Corporation Profit Sharing Plan****01-JAN-21 to 31-DEC-21****13-JAN-22 22:24:56**

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1MSFKX			1,183,753.82	1,116,933.72
1TRPAX			26,881.46	25,287.86
1TRBRX			4,806,615.08	4,550,741.05
1TRPCX			3,905,458.68	3,737,206.14
1TRPDX			1,411,633.35	1,344,251.89
1TRPMX			476,619.34	453,561.12
1TRPLX			238,024.21	227,585.69
1MINJX			2,513,508.32	2,346,884.16
1VTMGX			1,577,202.16	1,937,051.17
1ASVDX			1,468,732.85	1,365,752.52
1FSMLX			1,635,209.76	1,337,279.27
1FMGGX			1,774,820.66	1,501,528.43
1VSMAX			618,499.04	894,344.48
1DFVEX			56,766.43	53,447.90
1VIMAX			3,133,643.09	3,951,773.50
1MEIKX			1,558,883.78	1,558,187.25
1PRUFX			3,974,201.25	3,464,403.13
1VFIAX			3,518,861.47	6,472,815.58
1RGVGX			1,278,952.01	1,275,370.16
1VFIJX			560,468.58	560,777.53
1VBTLX			1,684,234.57	1,709,313.97
1WAPSX			974,897.62	973,324.68
1TFDXX			6,523,073.04	6,523,116.41
			44,900,940.57	47,380,937.61
PARTICIPANT LOANS	VARIOUS	4.250-9.250	552,448.41	553,233.17
FORFEITURES			25,558.15	25,558.15

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

SCHOTT Gemtron Corporation Profit Sharing Plan**01-JAN-21 to 31-DEC-21****13-JAN-22 22:24:56**

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1MSFKX	MFS Total Return R6	1TRPAX	T. Rowe Price Retirement I 2010 I
1TRBRX	T. Rowe Price Retirement I 2020 I	1TRPCX	T. Rowe Price Retirement I 2030 I
1TRPDX	T. Rowe Price Retirement I 2040 I	1TRPMX	T. Rowe Price Retirement I 2050 I
1TRPLX	T. Rowe Price Retirement I 2060 I	1MINJX	MFS International Intrinsic Value R6
1VTMGX	Vanguard Developed Markets Index Admiral	1ASVDX	American Century Small Cap Value R6
1FSMLX	Franklin Small Cap Growth R6	1FMGGX	Franklin Small-Mid Cap Growth R6
1VSMAX	Vanguard Small Cap Index Fund - Admiral	1DFVEX	DFA US Vector Equity I
1VIMAX	Vanguard Mid Cap Index Adm	1MEIKX	MFS Value R6
1PRUFX	T. Rowe Price Growth Stock I	1VFIAX	Vanguard 500 Index Fund - Admiral
1RGVGX	American Funds US Government Sec R6	1VFIJX	Vanguard GNMA Adm
1VBT LX	Vanguard Total Bond Market Index Admiral	1WAP SX	Western Asset Core Plus Bond IS
1TFDXX	BlackRock Liquidity FedFund Instl		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year