

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

|                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                                              | <b>Basic Plan Information—enter all requested information</b>       |  |
| <b>1a</b> Name of plan<br><u>TAIT 401(K) PLAN</u><br><br><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>TAIT, LLC</u><br><br><u>401 WEST LINCOLN AVENUE</u><br><u>LITITZ, PA 17543</u> | <b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c</b> Effective date of plan<br><u>01/01/1997</u>               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                             | <b>2b</b> Employer Identification Number (EIN)<br><u>83-4051704</u> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                             | <b>2c</b> Plan Sponsor's telephone number<br><u>717-626-9571</u>    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                             | <b>2d</b> Business code (see instructions)<br><u>488990</u>         |  |

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

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

|                  |                                                         |            |                                                              |
|------------------|---------------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature.       | 10/04/2022 | KRIS SCHULTZ                                                 |
|                  | Signature of plan administrator                         | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with incorrect/unrecognized electronic signature. |            |                                                              |
|                  | Signature of employer/plan sponsor                      | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                         |            |                                                              |
|                  | Signature of DFE                                        | Date       | Enter name of individual signing as DFE                      |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 617 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 413 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 494 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                         |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                         |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 194 |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 688 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 688 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 688 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                 |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 16  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2T 3H 2S 3D                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                   |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                              |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021 |                                                      |
| A Name of plan<br>TAIT 401(K) PLAN                                                         | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>TAIT, LLC                        | D Employer Identification Number (EIN)<br>83-4051704 |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

1 Coverage Information:

(a) Name of insurance carrier  
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 06-1050034 | 93629         | 074387                                | 688                                                                         | 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 |
| 0                                    | 0                             |

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

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

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

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

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

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|          |                                                                                               |          |         |
|----------|-----------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 2676840 |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 0       |

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

|          |                                                                                                                                                                                                       |           |  |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> | 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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 ▶ **GUARANTEED GENERAL ACCOUNT CONTRACT**

|          |                                               |           |         |
|----------|-----------------------------------------------|-----------|---------|
| <b>b</b> | Balance at the end of the previous year ..... | <b>7b</b> | 2228101 |
|----------|-----------------------------------------------|-----------|---------|

|          |                                                              |              |        |  |
|----------|--------------------------------------------------------------|--------------|--------|--|
| <b>c</b> | Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 300575 |  |
|          | (2) Dividends and credits.....                               | <b>7c(2)</b> |        |  |
|          | (3) Interest credited during the year.....                   | <b>7c(3)</b> | 30511  |  |
|          | (4) Transferred from separate account.....                   | <b>7c(4)</b> |        |  |
|          | (5) Other (specify below) .....                              | <b>7c(5)</b> | 462595 |  |

▶ **TRANSFERS IN MISCELLANEOUS IN**

|                           |              |        |
|---------------------------|--------------|--------|
| (6) Total additions ..... | <b>7c(6)</b> | 793681 |
|---------------------------|--------------|--------|

|          |                                                                              |           |         |
|----------|------------------------------------------------------------------------------|-----------|---------|
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 3021782 |
|----------|------------------------------------------------------------------------------|-----------|---------|

|          |                                                                           |              |        |  |
|----------|---------------------------------------------------------------------------|--------------|--------|--|
| <b>e</b> | Deductions:                                                               |              |        |  |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year | <b>7e(1)</b> | 187856 |  |
|          | (2) Administration charge made by carrier.....                            | <b>7e(2)</b> |        |  |
|          | (3) Transferred to separate account.....                                  | <b>7e(3)</b> |        |  |
|          | (4) Other (specify below) .....                                           | <b>7e(4)</b> | 157086 |  |

▶ **TRANSFERS OUT MISCELLANEOUS OUT FORFEITURES DEBITS**

|                            |              |        |
|----------------------------|--------------|--------|
| (5) Total deductions ..... | <b>7e(5)</b> | 344942 |
|----------------------------|--------------|--------|

|          |                                                                                                |           |         |
|----------|------------------------------------------------------------------------------------------------|-----------|---------|
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 2676840 |
|----------|------------------------------------------------------------------------------------------------|-----------|---------|

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

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

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021 |                                                             |     |
| <b>A</b> Name of plan<br>TAIT 401(K) PLAN                                                  | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>TAIT, LLC                 | <b>D</b> Employer Identification Number (EIN)<br>83-4051704 |     |

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

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

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

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

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| PRUDENTIAL RETIREMENT INSURANCE AND                                                                               |
| 06-1050034                                                                                                        |

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

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

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

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

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

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

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

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

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

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

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

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 15 50 64            | NONE                                                                                              | 46035                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

MMA SECURITIES LLC

22-3570392

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | NONE                                                                                              | 38000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

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

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

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| PRUDENTIAL RETIREMENT INSURANCE AND                                 | 15 64                                                                                                                                                              | 0                                         |
| (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. |                                           |
| PRUDENTIAL RETIREMENT INSURANCE AND<br><br>06-1050034               | 20.000 BPS AND \$0.00 PER PARTICIPANT INVESTED IN THE FUND FROM 1/1/2021 TO 12/31/2021 GUARANTEED INCOME FUND                                                      |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2021</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <b>01/01/2021</b> and ending <b>12/31/2021</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>TAIT 401(K) PLAN</b>                                                         | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>001</b> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>TAIT, LLC</b>                        | <b>D</b> Employer Identification Number (EIN)<br><b>83-4051704</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 28513041              | 33282629        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 2228101               | 2676840         |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year   |
|--------------------|------------------------------------------------------------------|-----------------------|-------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                   |
| (1)                | Employer securities.....                                         | <b>1d(1)</b>          |                   |
| (2)                | Employer real property.....                                      | <b>1d(2)</b>          |                   |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                   |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 30741142 35959469 |
| <b>Liabilities</b> |                                                                  |                       |                   |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                   |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                   |
| <b>i</b>           | Acquisition indebtedness.....                                    | <b>1i</b>             |                   |
| <b>j</b>           | Other liabilities.....                                           | <b>1j</b>             |                   |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 0 0               |
| <b>Net Assets</b>  |                                                                  |                       |                   |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 30741142 35959469 |

**Part II Income and Expense Statement**

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

|               |                                                                                                        | (a) Amount      | (b) Total |
|---------------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>Income</b> |                                                                                                        |                 |           |
| <b>a</b>      | <b>Contributions:</b>                                                                                  |                 |           |
| (1)           | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 581739    |
|               | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 2402266   |
|               | <b>(C)</b> Others (including rollovers).....                                                           | <b>2a(1)(C)</b> | 538711    |
| (2)           | Noncash contributions.....                                                                             | <b>2a(2)</b>    |           |
| (3)           | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 3522716   |
| <b>b</b>      | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)           | Interest:                                                                                              |                 |           |
|               | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....    | <b>2b(1)(A)</b> |           |
|               | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|               | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|               | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|               | <b>(E)</b> Participant loans.....                                                                      | <b>2b(1)(E)</b> |           |
|               | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> | 30511     |
|               | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 30511     |
| (2)           | Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |           |
|               | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|               | <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                               | <b>2b(2)(C)</b> | 391623    |
|               | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 391623    |
| (3)           | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)           | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|               | <b>(B)</b> Aggregate carrying amount (see instructions).....                                           | <b>2b(4)(B)</b> |           |
|               | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)           | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|               | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|               | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 4026494   |
| c Other income.....                                                                            | 2c     |            | -51       |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 7971293   |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 2669265    |           |
| (2) To insurance carriers for the provision of benefits.....                                   | 2e(2)  |            |           |
| (3) Other.....                                                                                 | 2e(3)  |            |           |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                                   | 2e(4)  |            | 2669265   |
| f Corrective distributions (see instructions).....                                             | 2f     |            | 680       |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            |           |
| h Interest expense.....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  |            |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  |            |           |
| (4) Other.....                                                                                 | 2i(4)  | 83021      |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 83021     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 2752966   |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 5218327   |
| 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: TROUT CPA

(2) EIN: 23-1551315

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

|                                                                                                                                                                                                                                                                                                                  | Yes | No | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... |     |    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                             |     |    |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                  |     |    |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | X   |    | 5000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       |     | X  |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             |     | X  |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                        | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     |     | X  |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |     | X  |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |     | X  |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |     | X  |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                        |     |    |         |

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                   |                                                                    |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>TAIT 401(K) PLAN</u>                                  | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>TAIT, LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>83-4051704</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>22-1211670</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> |          |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

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

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

Schedule R (Form 5500) 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 \_\_\_\_\_

## **TAIT 401(k) Plan**

Years Ended December 31, 2021 and 2020

# **TAIT 401(k) Plan**

Financial Statements with Supplementary Information

Years Ended December 31, 2021 and 2020

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## INDEPENDENT AUDITORS' REPORT

To the Plan Administrator  
**TAIT 401(k) Plan**  
Lititz, PA

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

We have performed an audit of the accompanying financial statements of **TAIT 401(k) Plan** (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### ***Opinion on the 2021 Financial Statements***

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

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2021 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

***Basis for Opinion on the 2021 Financial Statements***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of **TAIT 401(k) Plan** and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

***Responsibilities of Management for the 2021 Financial Statements***

Management is responsible for the preparation and fair presentation of these 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 **TAIT 401(k) 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.

***Auditors' Responsibilities for the Audit of the 2021 Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of **TAIT 401(k) 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 **TAIT 401(k) 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 certifications, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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.

### ***Other Matters***

#### ***2021 Supplemental Schedules Required by ERISA***

The supplemental schedule of assets (held at end of year) as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the 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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the 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, is 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 qualified institutions agrees to or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

*Auditors' Report on the 2020 Financial Statements*

We were engaged to audit the 2020 financial statements of **TAIT 401(k) Plan**. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to information certified by qualified institutions. In our report dated October 8, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Thout CPA*

October 2, 2022  
Lancaster, Pennsylvania

**TAIT 401(k) Plan**  
STATEMENTS of NET ASSETS AVAILABLE for BENEFITS  
December 31, 2021 and 2020

|                                                | 2021                                   | 2020                                   |
|------------------------------------------------|----------------------------------------|----------------------------------------|
| <b>ASSETS</b>                                  |                                        |                                        |
| Investments, at Fair Value (Notes 3 and 4)     | \$ 33,282,629                          | \$ 28,513,041                          |
| Investments, at Contract Value (Notes 3 and 5) | <u>2,676,840</u>                       | <u>2,228,101</u>                       |
| <b>Total Investments</b>                       | <u><b>35,959,469</b></u>               | <u><b>30,741,142</b></u>               |
| <br><b>TOTAL ASSETS</b>                        | <br><b>35,959,469</b>                  | <br><b>30,741,142</b>                  |
| <br><b>LIABILITIES</b>                         | <br><u><b>-0-</b></u>                  | <br><u><b>-0-</b></u>                  |
| <br><b>NET ASSETS AVAILABLE for BENEFITS</b>   | <br><u><u><b>\$ 35,959,469</b></u></u> | <br><u><u><b>\$ 30,741,142</b></u></u> |

See notes to financial statements.

# TAIT 401(k) Plan

## STATEMENTS of CHANGES in NET ASSETS AVAILABLE for BENEFITS Years Ended December 31, 2021 and 2020

|                                                     | 2021                        | 2020                        |
|-----------------------------------------------------|-----------------------------|-----------------------------|
| <b>ADDITIONS</b>                                    |                             |                             |
| Investment Income (Note 3):                         |                             |                             |
| Interest, Dividends, and Capital Gain Distributions | \$ 3,013,933                | \$ 748,725                  |
| Net Appreciation in Fair Value of Investments       | <u>1,434,644</u>            | <u>4,082,082</u>            |
| <b>Total Investment Income</b>                      | <b>4,448,577</b>            | <b>4,830,807</b>            |
| Contributions:                                      |                             |                             |
| Employer                                            | 581,739                     | 262,443                     |
| Participants                                        | 2,402,266                   | 1,643,988                   |
| Rollovers                                           | <u>538,711</u>              | <u>242,146</u>              |
| <b>Total Contributions</b>                          | <b><u>3,522,716</u></b>     | <b><u>2,148,577</u></b>     |
| <b>Total Additions</b>                              | <b>7,971,293</b>            | <b>6,979,384</b>            |
| <b>DEDUCTIONS</b>                                   |                             |                             |
| Benefits Paid to Participants                       | 2,669,945                   | 5,252,275                   |
| Administrative Expenses                             | <u>83,021</u>               | <u>95,306</u>               |
| <b>Total Deductions</b>                             | <b><u>2,752,966</u></b>     | <b><u>5,347,581</u></b>     |
| <b>NET INCREASE for YEAR</b>                        | <b>5,218,327</b>            | <b>1,631,803</b>            |
| <b>NET ASSETS AVAILABLE for BENEFITS</b>            |                             |                             |
| Beginning of Year                                   | <u>30,741,142</u>           | <u>29,109,339</u>           |
| <b>End of Year</b>                                  | <b><u>\$ 35,959,469</u></b> | <b><u>\$ 30,741,142</u></b> |

See notes to financial statements.

**TAIT 401(k) Plan**  
NOTES to FINANCIAL STATEMENTS

**NOTE 1 - DESCRIPTION of PLAN**

The following description of the **TAIT 401(k) Plan**, (the Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

**General, Eligibility and Plan Amendment**

TAIT, LLC is the Sponsor Employer and owns 100% of TAIT Towers Manufacturing, LLC. Production Glue, LLC is a single member limited liability company owned by TAIT Towers Manufacturing, LLC. The Plan is a single-employer defined contribution 401(k) plan covering substantially all eligible employees of Tait Towers Manufacturing, LLC and Production Glue, LLC, who have completed 90 days of service and have attained age 21. The Plan was amended May 1, 2021 to change the 90 days of service requirement to 30 days of service. TAIT, LLC, TAIT Towers Manufacturing, LLC and Production Glue, LLC are herein referred to as the Companies. The Companies are all under common ownership. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Employees covered by collective bargaining agreements, non-resident aliens and bona fide residents of Puerto Rico, are not eligible to participate in the Plan. Additionally, part-time, temporary, or seasonal employees of TAIT Towers Manufacturing, LLC whose regularly scheduled service is less than 30 hours per week will be excluded from eligibility. Beginning January 1, 2021, the SECURE Act requires that part-time employees be allowed to participate in salary deferrals under their employer's 401 (k) plan if they complete three consecutive 12-month periods, each with at least 500 hours of service. Although not required, an employer could choose to let part-time employees share in employer contributions.

The Plan Sponsor (TAIT, LLC) is responsible for oversight of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance.

**Contributions**

Each year, participants may contribute up to 90% of their annual pretax compensation, as defined in the Plan; however, the participant's contributions cannot exceed amounts allowable under applicable federal regulations. Participants can also elect to make after-tax Roth contributions. The Plan includes an automatic enrollment deferral of 6% for newly eligible employees who do not provide an enrollment agreement to the contrary, and specifies the investment options for such automatic enrollments. Each participant may change the rate of their elective deferrals in accordance with rules established by the employer. Participants who have attained age 50 by the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other defined benefit or contribution plans. Participants direct the investment of their contributions into various core investment options offered by the Plan. These fund options contain funds recommended by the Plan's investment advisors.

The Companies contributed a matching contribution equal to 50% of the participant's contributions of up to 6% of eligible compensation, through April 1, 2020, at which time matching employer contributions became discretionary. There were no discretionary matching employer contributions between April 1, 2020 and April 14, 2021, the matching contributions resumed effective April 15, 2021. Additional non-elective contributions may be made by the Companies. There were no non-elective contributions by the Companies in 2021 or 2020. The Companies' matching and non-elective contributions are invested as directed by the participant into the same investment options offered by the Plan. Contributions are subject to certain limitations.

**Participant Accounts**

A record-keeping account is set up in each participant's name to show the value of his or her retirement benefit. Each participant's account is credited with the participant's contributions and allocations of (a) the Companies' contributions and (b) Plan earnings (losses), and charged with allocations of (c) forfeitures and (d) administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**TAIT 401(k) Plan**  
NOTES to FINANCIAL STATEMENTS  
(Continued)

**NOTE 1 - DESCRIPTION of PLAN (Continued)**

**Vesting**

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the employer's contribution portion of their accounts is based on years of service. Participants are vested in the Companies' matching and non-elective contributions and related earnings as follows:

| Years of Service | Percent Vested |
|------------------|----------------|
| 1                | 20%            |
| 2                | 40%            |
| 3                | 100%           |

**Payment of Benefits**

A participant shall be entitled to receive the balance held in his or her account upon termination of employment, death, disability, or attainment of normal retirement age. Normal retirement age is 65. Participant benefits may be paid in installments or in a lump sum as agreed upon by the participant and the Plan Administrator. A lump sum payment is automatic for amounts up to \$5,000 and does not require consent. If the distribution exceeds \$1,000 and the participant does not elect to receive benefits, the distribution will be automatically rolled into an individual retirement account (IRA).

In-service withdrawals are permitted for participants who have attained the age of 59½.

Each participant designates a person or persons who are to receive benefits under the Plan in the event of his or her death.

**Forfeited Accounts**

Forfeitures may be used to reduce employer matching or nonelective contributions or pay the Plan expenses. At December 31, 2021 and 2020, forfeited nonvested accounts were \$58,928 and \$106,036, respectively. Forfeitures used to reduce employer contributions for the years ended December 31, 2021 and 2020 totaled \$118,979 and \$41,768, respectively.

**Excess Contributions Payable**

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability and as an offset against participant contributions. There were no excess contributions payable at December 31, 2021 and 2020, which required correction in 2022 and 2021, respectively.

**NOTE 2 - SUMMARY of SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The financial statements of the Plan are prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America (US GAAP). Current US GAAP standards are contained in the Accounting Standards Codification (ASC) as set forth by the Financial Accounting Standards Board (FASB).

**TAIT 401(k) Plan**  
NOTES to FINANCIAL STATEMENTS  
(Continued)

**NOTE 2 - SUMMARY of SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Basis of Accounting (Continued)**

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 the 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 US GAAP requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure 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 a fully benefit-responsive investment contract, which is reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a 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 and capital gain distributions are recorded on the ex-dividend date. Income from the Plan's revenue sharing agreement with Prudential Bank & Trust, F.S.B. of \$42,072 and \$32,542 for the years ended December 31, 2021 and 2020, respectively, is included in interest, dividend, and capital gain distribution income. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Payment of Benefits**

Benefits are recorded when paid.

**Administrative Expenses**

Certain expenses of maintaining the Plan are paid directly by the Companies and are excluded from these financial statements. Fees related to the administration of distributions to participants are charged directly to the participant's account and are included in administrative expenses. The balance of administrative costs are paid by the Plan and allocated to Plan participants. Administrative fees consist of recordkeeping fees and fees charged on distributions.

**TAIT 401(k) Plan**  
NOTES to FINANCIAL STATEMENTS  
(Continued)

**NOTE 3 - CERTIFIED PLAN INVESTMENTS**

**Certified Investments**

The information related to investments disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2021 and 2020, and net appreciation in fair value of investments, interest, dividends, and capital gain distributions for the years ended December 31, 2021 and 2020, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Prudential Bank & Trust, F.S.B. and Prudential Retirement Insurance and Annuity Company, the trustees of the Plan under 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

**Plan Investments**

The following summary for the value of Plan investments is based on the information provided by Prudential Bank & Trust, F.S.B. and Prudential Retirement Insurance and Annuity Company, the trustees, at December 31, 2021 and 2020:

|                                      | 2021              | 2020              |
|--------------------------------------|-------------------|-------------------|
| <b>Investments at Fair Value</b>     |                   |                   |
| Registered Investment Companies      | 33,282,629        | 28,513,041        |
| <b>Investments at Contract Value</b> |                   |                   |
| Guaranteed Income Fund               | <u>2,676,840</u>  | <u>2,228,101</u>  |
| <b>Total Investments</b>             | <b>35,959,469</b> | <b>30,741,142</b> |

During the years ended December 31, 2021 and 2020, the Plan's investments including investments bought, sold, and held during the year appreciated in value by \$1,434,644 and \$4,082,082, respectively.

The Plan's interest, dividends, and capital gain distributions totaled \$3,013,933 and \$748,725 for the years ended December 31, 2021 and 2020, respectively.

**NOTE 4 - FAIR VALUE MEASUREMENTS**

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

- Level 1 - Inputs to the valuation methodology are unadjusted quoted market prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 - Inputs to the valuation methodology include:
  - quoted prices for similar assets or liabilities in active markets;
  - quoted prices for identical or similar assets or liabilities in inactive markets;
  - inputs other than quoted prices that are observable for the asset or liability;
  - inputs that are derived principally from or corroborated by observable market data by correlation or other means.

**TAIT 401(k) Plan**  
NOTES to FINANCIAL STATEMENTS  
(Continued)

**NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)**

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodologies at December 31, 2021 and 2020.

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

The Plan's investments are reported at fair value in the accompanying statements 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. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021:

|                                 | Level 1    | Level 2 | Level 3 | Total      |
|---------------------------------|------------|---------|---------|------------|
| Registered Investment Companies | 33,282,629 | -0-     | -0-     | 33,282,629 |

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

|                                 | Level 1    | Level 2 | Level 3 | Total      |
|---------------------------------|------------|---------|---------|------------|
| Registered Investment Companies | 28,513,041 | -0-     | -0-     | 28,513,041 |

**Level 3 Gains and Losses**

There were no level 3 investments as of or during the years ended December 31, 2021 and 2020.

**TAIT 401(k) Plan**  
NOTES to FINANCIAL STATEMENTS  
(Continued)

**NOTE 5 - GUARANTEED INVESTMENT CONTRACT with INSURANCE COMPANY**

The Plan has a traditional fully benefit-responsive guaranteed investment contract with Prudential Retirement Insurance and Annuity Company (Prudential). Prudential maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is included in the face of the statements of net assets available for benefits at contract value. Contract value, as reported to the Plan by Prudential, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The average yield and crediting interest rate was approximately 3% for the years ended December 31, 2021 and 2020. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 3%. Such interest rates are reviewed on a semiannual basis for resetting January 1 and July 1.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan Document (including complete or partial termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan sponsored events that cause a significant withdrawal from the Plan, or (4) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring.

**NOTE 6 - TAX STATUS**

The Companies adopted a Prototype Non-Standardized Profit-Sharing Plan with a cash or deferral arrangement that received a favorable opinion letter from the Internal Revenue Service (IRS) on April 29, 2014. The opinion letter stated that the Prototype Non-Standardized Profit-Sharing Plan, as amended, is designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has been amended since the adoption of the prototype plan, the Plan Administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, the Plan Administrator believes the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

**TAIT 401(k) Plan**  
NOTES to FINANCIAL STATEMENTS  
(Continued)

**NOTE 6 - TAX STATUS (Continued)**

US GAAP requires the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2021 and 2020, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

**NOTE 7 - PLAN TERMINATION**

The Companies have the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

**NOTE 8 - RELATED PARTY and PARTY-in-INTEREST TRANSACTIONS**

The Plan holds an investment in a Prudential Mutual Fund. The Plan also holds a fully benefit-responsive guaranteed investment contract with Prudential Retirement Insurance and Annuity Company which is disclosed in Note 5. These investments are party-in-interest transactions. The value of these investments totaled \$4,140,847 and \$3,504,474 at December 31, 2021 and 2020, respectively. The Plan also pays administrative fees to Prudential Retirement Insurance and Annuity Company. These fees, net of revenue sharing reimbursements disclosed in Note 2, were \$46,035 and \$40,173 for the years ended December 31, 2021 and 2020, respectively.

The Plan paid audit and consulting fees to other parties-in-interest totaling \$38,000 and \$9,500 for the years ended December 31, 2021 and 2020, respectively.

**NOTE 9 - RISKS and UNCERTAINTIES**

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

**TAIT 401(k) Plan**  
NOTES to FINANCIAL STATEMENTS  
(Continued)

**NOTE 10 - RECONCILIATION of FINANCIAL STATEMENTS to FORM 5500**

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

|                                                           |                  |
|-----------------------------------------------------------|------------------|
| Benefits Paid to Participants per Financial Statements    | 2,669,945        |
| Corrective Distributions Reported Separately on Form 5500 | <u>(680)</u>     |
| <b>Benefits Paid to Participants per Form 5500</b>        | <b>2,669,265</b> |

**NOTE 11 - SUBSEQUENT EVENTS**

In July 2022, the plan was amended to allow ITEC Entertainment Corporation, Inc., a subsidiary of TAIT Towers Manufacturing, LLC., to enter the **TAIT 401(k) Plan**.

Subsequent events were evaluated through October 2, 2022, which represents the date the financial statements were available to be issued.

# TAIT 401(k) Plan

EIN 83-4051704 Plan No. 001

Schedule H - Line 4i - SCHEDULE of ASSETS (HELD at END of YEAR)

December 31, 2021

|                                             |                                                                 | Description of Investment,<br>Including Maturity Date, Rate<br>of Interest, Collateral,<br>Par or Maturity Value |          | Current<br>Value |                      |
|---------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------|------------------|----------------------|
| (a)                                         | (b) Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | (c)                                                                                                              | (d) Cost | (e)              |                      |
| <b>Guaranteed Income Fund</b>               |                                                                 |                                                                                                                  |          |                  |                      |
| *                                           | Prudential Retirement<br>Insurance and Annuity<br>Company       | Guaranteed Income Fund - 3%                                                                                      | **       | \$               | 2,676,840            |
| <b>Registered Investment<br/>Companies:</b> |                                                                 |                                                                                                                  |          |                  |                      |
|                                             | Federated                                                       | Fed Hermes Institutional Hybrid Bond Fund                                                                        | **       |                  | 567,944              |
|                                             | American                                                        | American Funds American Balanced R6                                                                              | **       |                  | 1,227,382            |
|                                             | American                                                        | American Funds Europacific Growth R6                                                                             | **       |                  | 4,392,722            |
|                                             | JP Morgan                                                       | JP Morgan US Research Enhanced Equity                                                                            | **       |                  | 4,039,844            |
|                                             | Vanguard                                                        | Vanguard Mid-Cap Index Fund                                                                                      | **       |                  | 782,853              |
|                                             | Pimco                                                           | PIMCO Income Fund Institutional Class                                                                            | **       |                  | 146,145              |
| *                                           | PGIM Investments                                                | Prudential Total Return Bond Fund Class R6                                                                       | **       |                  | 1,464,007            |
|                                             | T. Rowe Price                                                   | T. Rowe Price Institutional Large Cap Growth                                                                     | **       |                  | 5,177,570            |
|                                             | Principal                                                       | Principal Small Cap Value II Institutional                                                                       | **       |                  | 2,193,868            |
|                                             | Vanguard                                                        | Vanguard GNMA Core Bond                                                                                          | **       |                  | 174,334              |
|                                             | Vanguard                                                        | Vanguard Mid Cap Growth Fund                                                                                     | **       |                  | 3,026,961            |
|                                             | Emerald                                                         | Emerald Growth Institutional                                                                                     | **       |                  | 635,937              |
|                                             | Fidelity                                                        | Fidelity 500 Index Fund                                                                                          | **       |                  | 1,716,101            |
|                                             | Columbia                                                        | Columbia Emerging Market Institutional                                                                           | **       |                  | 1,949,993            |
|                                             | Dimensional Fund Advisors                                       | Dimensional Fund Advisors Global Equity                                                                          | **       |                  | 672,555              |
|                                             | Vanguard                                                        | Vanguard Equity Income Admiral                                                                                   | **       |                  | 3,820,292            |
|                                             | Vanguard                                                        | Vanguard Small Cap Index Admiral                                                                                 | **       |                  | 425,487              |
|                                             | Vanguard                                                        | Vanguard Total International Bond Ind                                                                            | **       |                  | 496,350              |
|                                             | Allspring                                                       | Allspring Special MCV R6                                                                                         | **       |                  | 372,284              |
|                                             |                                                                 |                                                                                                                  |          |                  | <b>33,282,629</b>    |
|                                             |                                                                 |                                                                                                                  |          |                  | <b>\$ 35,959,469</b> |

\* Represents party-in-interest.

\*\* Cost omitted for participant directed investments.

See independent auditors' report.

## **TAIT 401(k) Plan**

Years Ended December 31, 2021 and 2020

# **TAIT 401(k) Plan**

Financial Statements with Supplementary Information

Years Ended December 31, 2021 and 2020

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## INDEPENDENT AUDITORS' REPORT

To the Plan Administrator  
**TAIT 401(k) Plan**  
Lititz, PA

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

We have performed an audit of the accompanying financial statements of **TAIT 401(k) Plan** (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### ***Opinion on the 2021 Financial Statements***

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

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2021 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

***Basis for Opinion on the 2021 Financial Statements***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of **TAIT 401(k) Plan** and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

***Responsibilities of Management for the 2021 Financial Statements***

Management is responsible for the preparation and fair presentation of these 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 **TAIT 401(k) 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.

***Auditors' Responsibilities for the Audit of the 2021 Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of **TAIT 401(k) 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 **TAIT 401(k) 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 certifications, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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.

### ***Other Matters***

#### ***2021 Supplemental Schedules Required by ERISA***

The supplemental schedule of assets (held at end of year) as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the 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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the 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, is 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 qualified institutions agrees to or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

*Auditors' Report on the 2020 Financial Statements*

We were engaged to audit the 2020 financial statements of **TAIT 401(k) Plan**. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to information certified by qualified institutions. In our report dated October 8, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Thout CPA*

October 2, 2022  
Lancaster, Pennsylvania

**TAIT 401(k) Plan**  
STATEMENTS of NET ASSETS AVAILABLE for BENEFITS  
December 31, 2021 and 2020

|                                                | 2021                                   | 2020                                   |
|------------------------------------------------|----------------------------------------|----------------------------------------|
| <b>ASSETS</b>                                  |                                        |                                        |
| Investments, at Fair Value (Notes 3 and 4)     | \$ 33,282,629                          | \$ 28,513,041                          |
| Investments, at Contract Value (Notes 3 and 5) | <u>2,676,840</u>                       | <u>2,228,101</u>                       |
| <b>Total Investments</b>                       | <u><b>35,959,469</b></u>               | <u><b>30,741,142</b></u>               |
| <br><b>TOTAL ASSETS</b>                        | <br><b>35,959,469</b>                  | <br><b>30,741,142</b>                  |
| <br><b>LIABILITIES</b>                         | <br><u><b>-0-</b></u>                  | <br><u><b>-0-</b></u>                  |
| <br><b>NET ASSETS AVAILABLE for BENEFITS</b>   | <br><u><u><b>\$ 35,959,469</b></u></u> | <br><u><u><b>\$ 30,741,142</b></u></u> |

See notes to financial statements.

# TAIT 401(k) Plan

## STATEMENTS of CHANGES in NET ASSETS AVAILABLE for BENEFITS Years Ended December 31, 2021 and 2020

|                                                     | 2021                        | 2020                        |
|-----------------------------------------------------|-----------------------------|-----------------------------|
| <b>ADDITIONS</b>                                    |                             |                             |
| Investment Income (Note 3):                         |                             |                             |
| Interest, Dividends, and Capital Gain Distributions | \$ 3,013,933                | \$ 748,725                  |
| Net Appreciation in Fair Value of Investments       | <u>1,434,644</u>            | <u>4,082,082</u>            |
| <b>Total Investment Income</b>                      | <b>4,448,577</b>            | <b>4,830,807</b>            |
| Contributions:                                      |                             |                             |
| Employer                                            | 581,739                     | 262,443                     |
| Participants                                        | 2,402,266                   | 1,643,988                   |
| Rollovers                                           | <u>538,711</u>              | <u>242,146</u>              |
| <b>Total Contributions</b>                          | <b><u>3,522,716</u></b>     | <b><u>2,148,577</u></b>     |
| <b>Total Additions</b>                              | <b>7,971,293</b>            | <b>6,979,384</b>            |
| <b>DEDUCTIONS</b>                                   |                             |                             |
| Benefits Paid to Participants                       | 2,669,945                   | 5,252,275                   |
| Administrative Expenses                             | <u>83,021</u>               | <u>95,306</u>               |
| <b>Total Deductions</b>                             | <b><u>2,752,966</u></b>     | <b><u>5,347,581</u></b>     |
| <b>NET INCREASE for YEAR</b>                        | <b>5,218,327</b>            | <b>1,631,803</b>            |
| <b>NET ASSETS AVAILABLE for BENEFITS</b>            |                             |                             |
| Beginning of Year                                   | <u>30,741,142</u>           | <u>29,109,339</u>           |
| <b>End of Year</b>                                  | <b><u>\$ 35,959,469</u></b> | <b><u>\$ 30,741,142</u></b> |

See notes to financial statements.

**TAIT 401(k) Plan**  
NOTES to FINANCIAL STATEMENTS

**NOTE 1 - DESCRIPTION of PLAN**

The following description of the **TAIT 401(k) Plan**, (the Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

**General, Eligibility and Plan Amendment**

TAIT, LLC is the Sponsor Employer and owns 100% of TAIT Towers Manufacturing, LLC. Production Glue, LLC is a single member limited liability company owned by TAIT Towers Manufacturing, LLC. The Plan is a single-employer defined contribution 401(k) plan covering substantially all eligible employees of Tait Towers Manufacturing, LLC and Production Glue, LLC, who have completed 90 days of service and have attained age 21. The Plan was amended May 1, 2021 to change the 90 days of service requirement to 30 days of service. TAIT, LLC, TAIT Towers Manufacturing, LLC and Production Glue, LLC are herein referred to as the Companies. The Companies are all under common ownership. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Employees covered by collective bargaining agreements, non-resident aliens and bona fide residents of Puerto Rico, are not eligible to participate in the Plan. Additionally, part-time, temporary, or seasonal employees of TAIT Towers Manufacturing, LLC whose regularly scheduled service is less than 30 hours per week will be excluded from eligibility. Beginning January 1, 2021, the SECURE Act requires that part-time employees be allowed to participate in salary deferrals under their employer's 401 (k) plan if they complete three consecutive 12-month periods, each with at least 500 hours of service. Although not required, an employer could choose to let part-time employees share in employer contributions.

The Plan Sponsor (TAIT, LLC) is responsible for oversight of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance.

**Contributions**

Each year, participants may contribute up to 90% of their annual pretax compensation, as defined in the Plan; however, the participant's contributions cannot exceed amounts allowable under applicable federal regulations. Participants can also elect to make after-tax Roth contributions. The Plan includes an automatic enrollment deferral of 6% for newly eligible employees who do not provide an enrollment agreement to the contrary, and specifies the investment options for such automatic enrollments. Each participant may change the rate of their elective deferrals in accordance with rules established by the employer. Participants who have attained age 50 by the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other defined benefit or contribution plans. Participants direct the investment of their contributions into various core investment options offered by the Plan. These fund options contain funds recommended by the Plan's investment advisors.

The Companies contributed a matching contribution equal to 50% of the participant's contributions of up to 6% of eligible compensation, through April 1, 2020, at which time matching employer contributions became discretionary. There were no discretionary matching employer contributions between April 1, 2020 and April 14, 2021, the matching contributions resumed effective April 15, 2021. Additional non-elective contributions may be made by the Companies. There were no non-elective contributions by the Companies in 2021 or 2020. The Companies' matching and non-elective contributions are invested as directed by the participant into the same investment options offered by the Plan. Contributions are subject to certain limitations.

**Participant Accounts**

A record-keeping account is set up in each participant's name to show the value of his or her retirement benefit. Each participant's account is credited with the participant's contributions and allocations of (a) the Companies' contributions and (b) Plan earnings (losses), and charged with allocations of (c) forfeitures and (d) administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**TAIT 401(k) Plan**  
NOTES to FINANCIAL STATEMENTS  
(Continued)

**NOTE 1 - DESCRIPTION of PLAN (Continued)**

**Vesting**

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the employer's contribution portion of their accounts is based on years of service. Participants are vested in the Companies' matching and non-elective contributions and related earnings as follows:

| Years of Service | Percent Vested |
|------------------|----------------|
| 1                | 20%            |
| 2                | 40%            |
| 3                | 100%           |

**Payment of Benefits**

A participant shall be entitled to receive the balance held in his or her account upon termination of employment, death, disability, or attainment of normal retirement age. Normal retirement age is 65. Participant benefits may be paid in installments or in a lump sum as agreed upon by the participant and the Plan Administrator. A lump sum payment is automatic for amounts up to \$5,000 and does not require consent. If the distribution exceeds \$1,000 and the participant does not elect to receive benefits, the distribution will be automatically rolled into an individual retirement account (IRA).

In-service withdrawals are permitted for participants who have attained the age of 59½.

Each participant designates a person or persons who are to receive benefits under the Plan in the event of his or her death.

**Forfeited Accounts**

Forfeitures may be used to reduce employer matching or nonelective contributions or pay the Plan expenses. At December 31, 2021 and 2020, forfeited nonvested accounts were \$58,928 and \$106,036, respectively. Forfeitures used to reduce employer contributions for the years ended December 31, 2021 and 2020 totaled \$118,979 and \$41,768, respectively.

**Excess Contributions Payable**

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability and as an offset against participant contributions. There were no excess contributions payable at December 31, 2021 and 2020, which required correction in 2022 and 2021, respectively.

**NOTE 2 - SUMMARY of SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The financial statements of the Plan are prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America (US GAAP). Current US GAAP standards are contained in the Accounting Standards Codification (ASC) as set forth by the Financial Accounting Standards Board (FASB).

**TAIT 401(k) Plan**  
NOTES to FINANCIAL STATEMENTS  
(Continued)

**NOTE 2 - SUMMARY of SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Basis of Accounting (Continued)**

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 the 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 US GAAP requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure 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 a fully benefit-responsive investment contract, which is reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a 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 and capital gain distributions are recorded on the ex-dividend date. Income from the Plan's revenue sharing agreement with Prudential Bank & Trust, F.S.B. of \$42,072 and \$32,542 for the years ended December 31, 2021 and 2020, respectively, is included in interest, dividend, and capital gain distribution income. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Payment of Benefits**

Benefits are recorded when paid.

**Administrative Expenses**

Certain expenses of maintaining the Plan are paid directly by the Companies and are excluded from these financial statements. Fees related to the administration of distributions to participants are charged directly to the participant's account and are included in administrative expenses. The balance of administrative costs are paid by the Plan and allocated to Plan participants. Administrative fees consist of recordkeeping fees and fees charged on distributions.

**TAIT 401(k) Plan**  
NOTES to FINANCIAL STATEMENTS  
(Continued)

**NOTE 3 - CERTIFIED PLAN INVESTMENTS**

**Certified Investments**

The information related to investments disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2021 and 2020, and net appreciation in fair value of investments, interest, dividends, and capital gain distributions for the years ended December 31, 2021 and 2020, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Prudential Bank & Trust, F.S.B. and Prudential Retirement Insurance and Annuity Company, the trustees of the Plan under 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

**Plan Investments**

The following summary for the value of Plan investments is based on the information provided by Prudential Bank & Trust, F.S.B. and Prudential Retirement Insurance and Annuity Company, the trustees, at December 31, 2021 and 2020:

|                                      | 2021              | 2020              |
|--------------------------------------|-------------------|-------------------|
| <b>Investments at Fair Value</b>     |                   |                   |
| Registered Investment Companies      | 33,282,629        | 28,513,041        |
| <b>Investments at Contract Value</b> |                   |                   |
| Guaranteed Income Fund               | <u>2,676,840</u>  | <u>2,228,101</u>  |
| <b>Total Investments</b>             | <b>35,959,469</b> | <b>30,741,142</b> |

During the years ended December 31, 2021 and 2020, the Plan's investments including investments bought, sold, and held during the year appreciated in value by \$1,434,644 and \$4,082,082, respectively.

The Plan's interest, dividends, and capital gain distributions totaled \$3,013,933 and \$748,725 for the years ended December 31, 2021 and 2020, respectively.

**NOTE 4 - FAIR VALUE MEASUREMENTS**

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

- Level 1 - Inputs to the valuation methodology are unadjusted quoted market prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 - Inputs to the valuation methodology include:
  - quoted prices for similar assets or liabilities in active markets;
  - quoted prices for identical or similar assets or liabilities in inactive markets;
  - inputs other than quoted prices that are observable for the asset or liability;
  - inputs that are derived principally from or corroborated by observable market data by correlation or other means.

**TAIT 401(k) Plan**  
NOTES to FINANCIAL STATEMENTS  
(Continued)

**NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)**

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodologies at December 31, 2021 and 2020.

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

The Plan's investments are reported at fair value in the accompanying statements 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. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021:

|                                 | Level 1    | Level 2 | Level 3 | Total      |
|---------------------------------|------------|---------|---------|------------|
| Registered Investment Companies | 33,282,629 | -0-     | -0-     | 33,282,629 |

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

|                                 | Level 1    | Level 2 | Level 3 | Total      |
|---------------------------------|------------|---------|---------|------------|
| Registered Investment Companies | 28,513,041 | -0-     | -0-     | 28,513,041 |

**Level 3 Gains and Losses**

There were no level 3 investments as of or during the years ended December 31, 2021 and 2020.

**TAIT 401(k) Plan**  
NOTES to FINANCIAL STATEMENTS  
(Continued)

**NOTE 5 - GUARANTEED INVESTMENT CONTRACT with INSURANCE COMPANY**

The Plan has a traditional fully benefit-responsive guaranteed investment contract with Prudential Retirement Insurance and Annuity Company (Prudential). Prudential maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is included in the face of the statements of net assets available for benefits at contract value. Contract value, as reported to the Plan by Prudential, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The average yield and crediting interest rate was approximately 3% for the years ended December 31, 2021 and 2020. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 3%. Such interest rates are reviewed on a semiannual basis for resetting January 1 and July 1.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan Document (including complete or partial termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan sponsored events that cause a significant withdrawal from the Plan, or (4) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring.

**NOTE 6 - TAX STATUS**

The Companies adopted a Prototype Non-Standardized Profit-Sharing Plan with a cash or deferral arrangement that received a favorable opinion letter from the Internal Revenue Service (IRS) on April 29, 2014. The opinion letter stated that the Prototype Non-Standardized Profit-Sharing Plan, as amended, is designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has been amended since the adoption of the prototype plan, the Plan Administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, the Plan Administrator believes the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

**TAIT 401(k) Plan**  
NOTES to FINANCIAL STATEMENTS  
(Continued)

**NOTE 6 - TAX STATUS (Continued)**

US GAAP requires the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2021 and 2020, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

**NOTE 7 - PLAN TERMINATION**

The Companies have the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

**NOTE 8 - RELATED PARTY and PARTY-in-INTEREST TRANSACTIONS**

The Plan holds an investment in a Prudential Mutual Fund. The Plan also holds a fully benefit-responsive guaranteed investment contract with Prudential Retirement Insurance and Annuity Company which is disclosed in Note 5. These investments are party-in-interest transactions. The value of these investments totaled \$4,140,847 and \$3,504,474 at December 31, 2021 and 2020, respectively. The Plan also pays administrative fees to Prudential Retirement Insurance and Annuity Company. These fees, net of revenue sharing reimbursements disclosed in Note 2, were \$46,035 and \$40,173 for the years ended December 31, 2021 and 2020, respectively.

The Plan paid audit and consulting fees to other parties-in-interest totaling \$38,000 and \$9,500 for the years ended December 31, 2021 and 2020, respectively.

**NOTE 9 - RISKS and UNCERTAINTIES**

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

**TAIT 401(k) Plan**  
NOTES to FINANCIAL STATEMENTS  
(Continued)

**NOTE 10 - RECONCILIATION of FINANCIAL STATEMENTS to FORM 5500**

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

|                                                           |                  |
|-----------------------------------------------------------|------------------|
| Benefits Paid to Participants per Financial Statements    | 2,669,945        |
| Corrective Distributions Reported Separately on Form 5500 | <u>(680)</u>     |
| <b>Benefits Paid to Participants per Form 5500</b>        | <b>2,669,265</b> |

**NOTE 11 - SUBSEQUENT EVENTS**

In July 2022, the plan was amended to allow ITEC Entertainment Corporation, Inc., a subsidiary of TAIT Towers Manufacturing, LLC., to enter the **TAIT 401(k) Plan**.

Subsequent events were evaluated through October 2, 2022, which represents the date the financial statements were available to be issued.

# TAIT 401(k) Plan

EIN 83-4051704 Plan No. 001

Schedule H - Line 4i - SCHEDULE of ASSETS (HELD at END of YEAR)

December 31, 2021

|                                             |                                                                 | Description of Investment,<br>Including Maturity Date, Rate<br>of Interest, Collateral,<br>Par or Maturity Value |          | Current<br>Value |                      |
|---------------------------------------------|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------|------------------|----------------------|
| (a)                                         | (b) Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | (c)                                                                                                              | (d) Cost | (e)              |                      |
| <b>Guaranteed Income Fund</b>               |                                                                 |                                                                                                                  |          |                  |                      |
| *                                           | Prudential Retirement<br>Insurance and Annuity<br>Company       | Guaranteed Income Fund - 3%                                                                                      | **       | \$               | 2,676,840            |
| <b>Registered Investment<br/>Companies:</b> |                                                                 |                                                                                                                  |          |                  |                      |
|                                             | Federated                                                       | Fed Hermes Institutional Hybrid Bond Fund                                                                        | **       |                  | 567,944              |
|                                             | American                                                        | American Funds American Balanced R6                                                                              | **       |                  | 1,227,382            |
|                                             | American                                                        | American Funds Europacific Growth R6                                                                             | **       |                  | 4,392,722            |
|                                             | JP Morgan                                                       | JP Morgan US Research Enhanced Equity                                                                            | **       |                  | 4,039,844            |
|                                             | Vanguard                                                        | Vanguard Mid-Cap Index Fund                                                                                      | **       |                  | 782,853              |
|                                             | Pimco                                                           | PIMCO Income Fund Institutional Class                                                                            | **       |                  | 146,145              |
| *                                           | PGIM Investments                                                | Prudential Total Return Bond Fund Class R6                                                                       | **       |                  | 1,464,007            |
|                                             | T. Rowe Price                                                   | T. Rowe Price Institutional Large Cap Growth                                                                     | **       |                  | 5,177,570            |
|                                             | Principal                                                       | Principal Small Cap Value II Institutional                                                                       | **       |                  | 2,193,868            |
|                                             | Vanguard                                                        | Vanguard GNMA Core Bond                                                                                          | **       |                  | 174,334              |
|                                             | Vanguard                                                        | Vanguard Mid Cap Growth Fund                                                                                     | **       |                  | 3,026,961            |
|                                             | Emerald                                                         | Emerald Growth Institutional                                                                                     | **       |                  | 635,937              |
|                                             | Fidelity                                                        | Fidelity 500 Index Fund                                                                                          | **       |                  | 1,716,101            |
|                                             | Columbia                                                        | Columbia Emerging Market Institutional                                                                           | **       |                  | 1,949,993            |
|                                             | Dimensional Fund Advisors                                       | Dimensional Fund Advisors Global Equity                                                                          | **       |                  | 672,555              |
|                                             | Vanguard                                                        | Vanguard Equity Income Admiral                                                                                   | **       |                  | 3,820,292            |
|                                             | Vanguard                                                        | Vanguard Small Cap Index Admiral                                                                                 | **       |                  | 425,487              |
|                                             | Vanguard                                                        | Vanguard Total International Bond Ind                                                                            | **       |                  | 496,350              |
|                                             | Allspring                                                       | Allspring Special MCV R6                                                                                         | **       |                  | 372,284              |
|                                             |                                                                 |                                                                                                                  |          |                  | <b>33,282,629</b>    |
|                                             |                                                                 |                                                                                                                  |          |                  | <b>\$ 35,959,469</b> |

\* Represents party-in-interest.

\*\* Cost omitted for participant directed investments.

See independent auditors' report.

## **TAIT 401(k) Plan**

Years Ended December 31, 2021 and 2020

# **TAIT 401(k) Plan**

Financial Statements with Supplementary Information

Years Ended December 31, 2021 and 2020

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## INDEPENDENT AUDITORS' REPORT

To the Plan Administrator  
**TAIT 401(k) Plan**  
Lititz, PA

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

We have performed an audit of the accompanying financial statements of **TAIT 401(k) Plan** (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### ***Opinion on the 2021 Financial Statements***

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

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2021 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

***Basis for Opinion on the 2021 Financial Statements***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of **TAIT 401(k) Plan** and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

***Responsibilities of Management for the 2021 Financial Statements***

Management is responsible for the preparation and fair presentation of these 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 **TAIT 401(k) 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.

***Auditors' Responsibilities for the Audit of the 2021 Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of **TAIT 401(k) 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 **TAIT 401(k) 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 certifications, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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.

### ***Other Matters***

#### ***2021 Supplemental Schedules Required by ERISA***

The supplemental schedule of assets (held at end of year) as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the 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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the 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, is 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 qualified institutions agrees to or is derived from, in all material respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).

*Auditors' Report on the 2020 Financial Statements*

We were engaged to audit the 2020 financial statements of **TAIT 401(k) Plan**. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to information certified by qualified institutions. In our report dated October 8, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Thout CPA*

October 2, 2022  
Lancaster, Pennsylvania

**TAIT 401(k) Plan**  
STATEMENTS of NET ASSETS AVAILABLE for BENEFITS  
December 31, 2021 and 2020

|                                                | 2021                                   | 2020                                   |
|------------------------------------------------|----------------------------------------|----------------------------------------|
| <b>ASSETS</b>                                  |                                        |                                        |
| Investments, at Fair Value (Notes 3 and 4)     | \$ 33,282,629                          | \$ 28,513,041                          |
| Investments, at Contract Value (Notes 3 and 5) | <u>2,676,840</u>                       | <u>2,228,101</u>                       |
| <b>Total Investments</b>                       | <u><b>35,959,469</b></u>               | <u><b>30,741,142</b></u>               |
| <br><b>TOTAL ASSETS</b>                        | <br><b>35,959,469</b>                  | <br><b>30,741,142</b>                  |
| <br><b>LIABILITIES</b>                         | <br><u><b>-0-</b></u>                  | <br><u><b>-0-</b></u>                  |
| <br><b>NET ASSETS AVAILABLE for BENEFITS</b>   | <br><u><u><b>\$ 35,959,469</b></u></u> | <br><u><u><b>\$ 30,741,142</b></u></u> |

See notes to financial statements.

# TAIT 401(k) Plan

## STATEMENTS of CHANGES in NET ASSETS AVAILABLE for BENEFITS Years Ended December 31, 2021 and 2020

|                                                     | 2021                        | 2020                        |
|-----------------------------------------------------|-----------------------------|-----------------------------|
| <b>ADDITIONS</b>                                    |                             |                             |
| Investment Income (Note 3):                         |                             |                             |
| Interest, Dividends, and Capital Gain Distributions | \$ 3,013,933                | \$ 748,725                  |
| Net Appreciation in Fair Value of Investments       | <u>1,434,644</u>            | <u>4,082,082</u>            |
| <b>Total Investment Income</b>                      | <b>4,448,577</b>            | <b>4,830,807</b>            |
| Contributions:                                      |                             |                             |
| Employer                                            | 581,739                     | 262,443                     |
| Participants                                        | 2,402,266                   | 1,643,988                   |
| Rollovers                                           | <u>538,711</u>              | <u>242,146</u>              |
| <b>Total Contributions</b>                          | <b><u>3,522,716</u></b>     | <b><u>2,148,577</u></b>     |
| <b>Total Additions</b>                              | <b>7,971,293</b>            | <b>6,979,384</b>            |
| <b>DEDUCTIONS</b>                                   |                             |                             |
| Benefits Paid to Participants                       | 2,669,945                   | 5,252,275                   |
| Administrative Expenses                             | <u>83,021</u>               | <u>95,306</u>               |
| <b>Total Deductions</b>                             | <b><u>2,752,966</u></b>     | <b><u>5,347,581</u></b>     |
| <b>NET INCREASE for YEAR</b>                        | <b>5,218,327</b>            | <b>1,631,803</b>            |
| <b>NET ASSETS AVAILABLE for BENEFITS</b>            |                             |                             |
| Beginning of Year                                   | <u>30,741,142</u>           | <u>29,109,339</u>           |
| <b>End of Year</b>                                  | <b><u>\$ 35,959,469</u></b> | <b><u>\$ 30,741,142</u></b> |

See notes to financial statements.

**TAIT 401(k) Plan**  
NOTES to FINANCIAL STATEMENTS

**NOTE 1 - DESCRIPTION of PLAN**

The following description of the **TAIT 401(k) Plan**, (the Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

**General, Eligibility and Plan Amendment**

TAIT, LLC is the Sponsor Employer and owns 100% of TAIT Towers Manufacturing, LLC. Production Glue, LLC is a single member limited liability company owned by TAIT Towers Manufacturing, LLC. The Plan is a single-employer defined contribution 401(k) plan covering substantially all eligible employees of Tait Towers Manufacturing, LLC and Production Glue, LLC, who have completed 90 days of service and have attained age 21. The Plan was amended May 1, 2021 to change the 90 days of service requirement to 30 days of service. TAIT, LLC, TAIT Towers Manufacturing, LLC and Production Glue, LLC are herein referred to as the Companies. The Companies are all under common ownership. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Employees covered by collective bargaining agreements, non-resident aliens and bona fide residents of Puerto Rico, are not eligible to participate in the Plan. Additionally, part-time, temporary, or seasonal employees of TAIT Towers Manufacturing, LLC whose regularly scheduled service is less than 30 hours per week will be excluded from eligibility. Beginning January 1, 2021, the SECURE Act requires that part-time employees be allowed to participate in salary deferrals under their employer's 401 (k) plan if they complete three consecutive 12-month periods, each with at least 500 hours of service. Although not required, an employer could choose to let part-time employees share in employer contributions.

The Plan Sponsor (TAIT, LLC) is responsible for oversight of the Plan and determines the appropriateness of the Plan's investment offerings and monitors investment performance.

**Contributions**

Each year, participants may contribute up to 90% of their annual pretax compensation, as defined in the Plan; however, the participant's contributions cannot exceed amounts allowable under applicable federal regulations. Participants can also elect to make after-tax Roth contributions. The Plan includes an automatic enrollment deferral of 6% for newly eligible employees who do not provide an enrollment agreement to the contrary, and specifies the investment options for such automatic enrollments. Each participant may change the rate of their elective deferrals in accordance with rules established by the employer. Participants who have attained age 50 by the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other defined benefit or contribution plans. Participants direct the investment of their contributions into various core investment options offered by the Plan. These fund options contain funds recommended by the Plan's investment advisors.

The Companies contributed a matching contribution equal to 50% of the participant's contributions of up to 6% of eligible compensation, through April 1, 2020, at which time matching employer contributions became discretionary. There were no discretionary matching employer contributions between April 1, 2020 and April 14, 2021, the matching contributions resumed effective April 15, 2021. Additional non-elective contributions may be made by the Companies. There were no non-elective contributions by the Companies in 2021 or 2020. The Companies' matching and non-elective contributions are invested as directed by the participant into the same investment options offered by the Plan. Contributions are subject to certain limitations.

**Participant Accounts**

A record-keeping account is set up in each participant's name to show the value of his or her retirement benefit. Each participant's account is credited with the participant's contributions and allocations of (a) the Companies' contributions and (b) Plan earnings (losses), and charged with allocations of (c) forfeitures and (d) administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**TAIT 401(k) Plan**  
NOTES to FINANCIAL STATEMENTS  
(Continued)

**NOTE 1 - DESCRIPTION of PLAN (Continued)**

**Vesting**

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the employer's contribution portion of their accounts is based on years of service. Participants are vested in the Companies' matching and non-elective contributions and related earnings as follows:

| Years of Service | Percent Vested |
|------------------|----------------|
| 1                | 20%            |
| 2                | 40%            |
| 3                | 100%           |

**Payment of Benefits**

A participant shall be entitled to receive the balance held in his or her account upon termination of employment, death, disability, or attainment of normal retirement age. Normal retirement age is 65. Participant benefits may be paid in installments or in a lump sum as agreed upon by the participant and the Plan Administrator. A lump sum payment is automatic for amounts up to \$5,000 and does not require consent. If the distribution exceeds \$1,000 and the participant does not elect to receive benefits, the distribution will be automatically rolled into an individual retirement account (IRA).

In-service withdrawals are permitted for participants who have attained the age of 59½.

Each participant designates a person or persons who are to receive benefits under the Plan in the event of his or her death.

**Forfeited Accounts**

Forfeitures may be used to reduce employer matching or nonelective contributions or pay the Plan expenses. At December 31, 2021 and 2020, forfeited nonvested accounts were \$58,928 and \$106,036, respectively. Forfeitures used to reduce employer contributions for the years ended December 31, 2021 and 2020 totaled \$118,979 and \$41,768, respectively.

**Excess Contributions Payable**

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability and as an offset against participant contributions. There were no excess contributions payable at December 31, 2021 and 2020, which required correction in 2022 and 2021, respectively.

**NOTE 2 - SUMMARY of SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The financial statements of the Plan are prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America (US GAAP). Current US GAAP standards are contained in the Accounting Standards Codification (ASC) as set forth by the Financial Accounting Standards Board (FASB).

**TAIT 401(k) Plan**  
NOTES to FINANCIAL STATEMENTS  
(Continued)

**NOTE 2 - SUMMARY of SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Basis of Accounting (Continued)**

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 the 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 US GAAP requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure 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 a fully benefit-responsive investment contract, which is reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a 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 and capital gain distributions are recorded on the ex-dividend date. Income from the Plan's revenue sharing agreement with Prudential Bank & Trust, F.S.B. of \$42,072 and \$32,542 for the years ended December 31, 2021 and 2020, respectively, is included in interest, dividend, and capital gain distribution income. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Payment of Benefits**

Benefits are recorded when paid.

**Administrative Expenses**

Certain expenses of maintaining the Plan are paid directly by the Companies and are excluded from these financial statements. Fees related to the administration of distributions to participants are charged directly to the participant's account and are included in administrative expenses. The balance of administrative costs are paid by the Plan and allocated to Plan participants. Administrative fees consist of recordkeeping fees and fees charged on distributions.

**TAIT 401(k) Plan**  
NOTES to FINANCIAL STATEMENTS  
(Continued)

**NOTE 3 - CERTIFIED PLAN INVESTMENTS**

**Certified Investments**

The information related to investments disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2021 and 2020, and net appreciation in fair value of investments, interest, dividends, and capital gain distributions for the years ended December 31, 2021 and 2020, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Prudential Bank & Trust, F.S.B. and Prudential Retirement Insurance and Annuity Company, the trustees of the Plan under 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

**Plan Investments**

The following summary for the value of Plan investments is based on the information provided by Prudential Bank & Trust, F.S.B. and Prudential Retirement Insurance and Annuity Company, the trustees, at December 31, 2021 and 2020:

|                                      | 2021              | 2020              |
|--------------------------------------|-------------------|-------------------|
| <b>Investments at Fair Value</b>     |                   |                   |
| Registered Investment Companies      | 33,282,629        | 28,513,041        |
| <b>Investments at Contract Value</b> |                   |                   |
| Guaranteed Income Fund               | <u>2,676,840</u>  | <u>2,228,101</u>  |
| <b>Total Investments</b>             | <b>35,959,469</b> | <b>30,741,142</b> |

During the years ended December 31, 2021 and 2020, the Plan's investments including investments bought, sold, and held during the year appreciated in value by \$1,434,644 and \$4,082,082, respectively.

The Plan's interest, dividends, and capital gain distributions totaled \$3,013,933 and \$748,725 for the years ended December 31, 2021 and 2020, respectively.

**NOTE 4 - FAIR VALUE MEASUREMENTS**

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

- Level 1 - Inputs to the valuation methodology are unadjusted quoted market prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 - Inputs to the valuation methodology include:
  - quoted prices for similar assets or liabilities in active markets;
  - quoted prices for identical or similar assets or liabilities in inactive markets;
  - inputs other than quoted prices that are observable for the asset or liability;
  - inputs that are derived principally from or corroborated by observable market data by correlation or other means.

**TAIT 401(k) Plan**  
NOTES to FINANCIAL STATEMENTS  
(Continued)

**NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)**

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodologies at December 31, 2021 and 2020.

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

The Plan's investments are reported at fair value in the accompanying statements 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. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021:

|                                 | Level 1    | Level 2 | Level 3 | Total      |
|---------------------------------|------------|---------|---------|------------|
| Registered Investment Companies | 33,282,629 | -0-     | -0-     | 33,282,629 |

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

|                                 | Level 1    | Level 2 | Level 3 | Total      |
|---------------------------------|------------|---------|---------|------------|
| Registered Investment Companies | 28,513,041 | -0-     | -0-     | 28,513,041 |

**Level 3 Gains and Losses**

There were no level 3 investments as of or during the years ended December 31, 2021 and 2020.

**TAIT 401(k) Plan**  
NOTES to FINANCIAL STATEMENTS  
(Continued)

**NOTE 5 - GUARANTEED INVESTMENT CONTRACT with INSURANCE COMPANY**

The Plan has a traditional fully benefit-responsive guaranteed investment contract with Prudential Retirement Insurance and Annuity Company (Prudential). Prudential maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is included in the face of the statements of net assets available for benefits at contract value. Contract value, as reported to the Plan by Prudential, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The average yield and crediting interest rate was approximately 3% for the years ended December 31, 2021 and 2020. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 3%. Such interest rates are reviewed on a semiannual basis for resetting January 1 and July 1.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan Document (including complete or partial termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan sponsored events that cause a significant withdrawal from the Plan, or (4) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with Plan participants are probable of occurring.

**NOTE 6 - TAX STATUS**

The Companies adopted a Prototype Non-Standardized Profit-Sharing Plan with a cash or deferral arrangement that received a favorable opinion letter from the Internal Revenue Service (IRS) on April 29, 2014. The opinion letter stated that the Prototype Non-Standardized Profit-Sharing Plan, as amended, is designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has been amended since the adoption of the prototype plan, the Plan Administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, the Plan Administrator believes the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

**TAIT 401(k) Plan**  
NOTES to FINANCIAL STATEMENTS  
(Continued)

**NOTE 6 - TAX STATUS (Continued)**

US GAAP requires the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2021 and 2020, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

**NOTE 7 - PLAN TERMINATION**

The Companies have the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

**NOTE 8 - RELATED PARTY and PARTY-in-INTEREST TRANSACTIONS**

The Plan holds an investment in a Prudential Mutual Fund. The Plan also holds a fully benefit-responsive guaranteed investment contract with Prudential Retirement Insurance and Annuity Company which is disclosed in Note 5. These investments are party-in-interest transactions. The value of these investments totaled \$4,140,847 and \$3,504,474 at December 31, 2021 and 2020, respectively. The Plan also pays administrative fees to Prudential Retirement Insurance and Annuity Company. These fees, net of revenue sharing reimbursements disclosed in Note 2, were \$46,035 and \$40,173 for the years ended December 31, 2021 and 2020, respectively.

The Plan paid audit and consulting fees to other parties-in-interest totaling \$38,000 and \$9,500 for the years ended December 31, 2021 and 2020, respectively.

**NOTE 9 - RISKS and UNCERTAINTIES**

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

**TAIT 401(k) Plan**  
NOTES to FINANCIAL STATEMENTS  
(Continued)

**NOTE 10 - RECONCILIATION of FINANCIAL STATEMENTS to FORM 5500**

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

|                                                           |                  |
|-----------------------------------------------------------|------------------|
| Benefits Paid to Participants per Financial Statements    | 2,669,945        |
| Corrective Distributions Reported Separately on Form 5500 | <u>(680)</u>     |
| <b>Benefits Paid to Participants per Form 5500</b>        | <b>2,669,265</b> |

**NOTE 11 - SUBSEQUENT EVENTS**

In July 2022, the plan was amended to allow ITEC Entertainment Corporation, Inc., a subsidiary of TAIT Towers Manufacturing, LLC., to enter the **TAIT 401(k) Plan**.

Subsequent events were evaluated through October 2, 2022, which represents the date the financial statements were available to be issued.

# TAIT 401(k) Plan

EIN 83-4051704 Plan No. 001

Schedule H - Line 4i - SCHEDULE of ASSETS (HELD at END of YEAR)

December 31, 2021

|     |                                                                 | Description of Investment,<br>Including Maturity Date, Rate<br>of Interest, Collateral,<br>Par or Maturity Value |          | Current<br>Value |                      |
|-----|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------|------------------|----------------------|
| (a) | (b) Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | (c)                                                                                                              | (d) Cost | (e)              |                      |
|     | <b>Guaranteed Income Fund</b>                                   |                                                                                                                  |          |                  |                      |
| *   | Prudential Retirement<br>Insurance and Annuity<br>Company       | Guaranteed Income Fund - 3%                                                                                      | **       | \$               | 2,676,840            |
|     | <b>Registered Investment<br/>Companies:</b>                     |                                                                                                                  |          |                  |                      |
|     | Federated                                                       | Fed Hermes Institutional Hybrid Bond Fund                                                                        | **       |                  | 567,944              |
|     | American                                                        | American Funds American Balanced R6                                                                              | **       |                  | 1,227,382            |
|     | American                                                        | American Funds Europacific Growth R6                                                                             | **       |                  | 4,392,722            |
|     | JP Morgan                                                       | JP Morgan US Research Enhanced Equity                                                                            | **       |                  | 4,039,844            |
|     | Vanguard                                                        | Vanguard Mid-Cap Index Fund                                                                                      | **       |                  | 782,853              |
|     | Pimco                                                           | PIMCO Income Fund Institutional Class                                                                            | **       |                  | 146,145              |
| *   | PGIM Investments                                                | Prudential Total Return Bond Fund Class R6                                                                       | **       |                  | 1,464,007            |
|     | T. Rowe Price                                                   | T. Rowe Price Institutional Large Cap Growth                                                                     | **       |                  | 5,177,570            |
|     | Principal                                                       | Principal Small Cap Value II Institutional                                                                       | **       |                  | 2,193,868            |
|     | Vanguard                                                        | Vanguard GNMA Core Bond                                                                                          | **       |                  | 174,334              |
|     | Vanguard                                                        | Vanguard Mid Cap Growth Fund                                                                                     | **       |                  | 3,026,961            |
|     | Emerald                                                         | Emerald Growth Institutional                                                                                     | **       |                  | 635,937              |
|     | Fidelity                                                        | Fidelity 500 Index Fund                                                                                          | **       |                  | 1,716,101            |
|     | Columbia                                                        | Columbia Emerging Market Institutional                                                                           | **       |                  | 1,949,993            |
|     | Dimensional Fund Advisors                                       | Dimensional Fund Advisors Global Equity                                                                          | **       |                  | 672,555              |
|     | Vanguard                                                        | Vanguard Equity Income Admiral                                                                                   | **       |                  | 3,820,292            |
|     | Vanguard                                                        | Vanguard Small Cap Index Admiral                                                                                 | **       |                  | 425,487              |
|     | Vanguard                                                        | Vanguard Total International Bond Ind                                                                            | **       |                  | 496,350              |
|     | Allspring                                                       | Allspring Special MCV R6                                                                                         | **       |                  | 372,284              |
|     |                                                                 |                                                                                                                  |          |                  | <b>33,282,629</b>    |
|     |                                                                 |                                                                                                                  |          |                  | <b>\$ 35,959,469</b> |

\* Represents party-in-interest.

\*\* Cost omitted for participant directed investments.

See independent auditors' report.