

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

Part II Basic Plan Information—enter all requested information											
1a Name of plan <u>ROTATIONAL MOLDING TECHNOLOGIES INC EMPLOYEES' PROFIT SHARING PLAN AND TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; padding: 2px; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">1c Effective date of plan <u>12/01/2003</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">2b Employer Identification Number (EIN) <u>20-0310213</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">2c Plan Sponsor's telephone number <u>440-205-3383</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">2d Business code (see instructions) <u>326100</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>12/01/2003</u>		2b Employer Identification Number (EIN) <u>20-0310213</u>		2c Plan Sponsor's telephone number <u>440-205-3383</u>		2d Business code (see instructions) <u>326100</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>12/01/2003</u>											
2b Employer Identification Number (EIN) <u>20-0310213</u>											
2c Plan Sponsor's telephone number <u>440-205-3383</u>											
2d Business code (see instructions) <u>326100</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ROTATIONAL MOLDING TECHNOLOGIES INC</u> <u>67742 CR 23, BUILDING 1</u> <u>NEW PARIS, IN 46553</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2022	MARK SALTZMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	117
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	87
a(2) Total number of active participants at the end of the plan year		6a(2)	83
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	31
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	114
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	114
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	114
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	39
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan ROTATIONAL MOLDING TECHNOLOGIES INC EMPLOYEES' PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ROTATIONAL MOLDING TECHNOLOGIES INC	D Employer Identification Number (EIN) 20-0310213	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

MCCREADY & KEENE (ONEAMERICA CO.)

35-0500670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 64	NONE	13205	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MALONEY + NOVOTNY LLC

34-0677006

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	10550	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHNSON INVESTMENT COUNSEL

31-1801770

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	5993	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>ROTATIONAL MOLDING TECHNOLOGIES INC EMPLOYEES' PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ROTATIONAL MOLDING TECHNOLOGIES INC</u>	D Employer Identification Number (EIN) <u>20-0310213</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	247966	264464
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	5396	5626
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	71526	44444
(2) U.S. Government securities	1c(2)	88642	140798
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	525925	435985
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1059465	1132695
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	38450	36971
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	65043	45664

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	2102413 2106647
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	4053 11019
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	4053 11019
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2098360 2095628

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	264464
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	264464
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1014
	(B) U.S. Government securities	2b(1)(B)	3214
	(C) Corporate debt instruments	2b(1)(C)	10993
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	15221
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	25852
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	844
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	26696
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	463841
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	215363
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	248478
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	23844
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	23844

		(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)		4456
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		583159
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	556143	
(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)		556143
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	23755	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	5993	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		29748
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		585891
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-2732
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: MALONEY + NOVOTNY LLC

(2) EIN: 34-0677006

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

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

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

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

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

A Name of plan ROTATIONAL MOLDING TECHNOLOGIES INC EMPLOYEES' PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 ROTATIONAL MOLDING TECHNOLOGIES INC	D Employer Identification Number (EIN) 20-0310213

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 20-0580180		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**ROTATIONAL MOLDING
TECHNOLOGIES, INC.
EMPLOYEES' PROFIT SHARING
PLAN AND TRUST**

FINANCIAL REPORT

DECEMBER 31, 2021 and 2020

ROTATIONAL MOLDING TECHNOLOGIES, INC.
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

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* Refers to sections of Form 5500 (Annual Return/Report of Employee Benefit Plan) for Plan year ended December 31, 2021, which material is incorporated herein by reference.



+ 1111 Superior Avenue, Suite 700, Cleveland, Ohio 44114

+ p 216.363.0100 | f 216.363.0500

+ www.maloneynovotny.com

Independent Auditors' Report

The Plan Administrator
Rotational Molding Technologies, Inc.
Employees' Profit Sharing Plan and Trust
Mentor, Ohio

Opinion

We have audited the financial statements of the Rotational Molding Technologies, Inc. Employees' Profit Sharing Plan and Trust (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits 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 Audits of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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 it is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, 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 information in the accompanying schedule is fairly stated in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Meloney + Novotny LLC

Cleveland, Ohio
August 26, 2022

ROTATIONAL MOLDING TECHNOLOGIES, INC.
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments, at fair value	\$ 1,836,557	\$ 1,849,051
Receivables:		
Employer contributions	264,464	247,966
Accrued investment income	<u>5,626</u>	<u>5,396</u>
Total receivables	<u>270,090</u>	<u>253,362</u>
Total assets	2,106,647	2,102,413
LIABILITIES		
Operating payables	<u>11,019</u>	<u>4,053</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 2,095,628</u>	<u>\$ 2,098,360</u>

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

ROTATIONAL MOLDING TECHNOLOGIES, INC.
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ADDITIONS		
Investment income:		
Net appreciation in fair value of investments	\$ 276,778	\$ 124,594
Interest and dividends	<u>41,917</u>	<u>44,919</u>
Total investment income	318,695	169,513
Employer contributions	<u>264,464</u>	<u>247,966</u>
Total additions	583,159	417,479
DEDUCTIONS		
Benefits paid directly to participants	556,143	806,938
Administrative fees	<u>29,748</u>	<u>25,878</u>
Total deductions	<u>585,891</u>	<u>832,816</u>
NET DECREASE	(2,732)	(415,337)
NET ASSETS AVAILABLE FOR BENEFITS		
BEGINNING OF YEAR	<u>2,098,360</u>	<u>2,513,697</u>
END OF YEAR	<u>\$2,095,628</u>	<u>\$2,098,360</u>

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

ROTATIONAL MOLDING TECHNOLOGIES, INC.
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

The following is a summary of certain provisions of the Rotational Molding Technologies, Inc. Employees' Profit Sharing Plan and Trust (the "Plan"). Participants should refer to the Plan document for more complete information.

General – The Plan is a defined contribution plan. The Plan covers substantially all employees of Rotational Molding Technologies, Inc. (the "Company") who have attained age 19 and worked six consecutive months with 1,000 hours of service, as defined. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The Board of Directors is responsible for oversight of the Plan and determines the appropriateness of the Plan's investments and monitors investment performance.

Contributions – Prior to January 1, 2019, participants were able to make tax deferred contributions to the Plan based on annual compensation, as defined by the Plan. Participants were also able to contribute amounts representing distributions from other qualified plans (rollover). The Company also, at its discretion, made matching contributions. Effective January 1, 2019, the Plan was amended to only allow for a discretionary employer profit sharing contribution. The Company's profit sharing contribution for each Plan year is determined at the discretion of the Company's officers. Participants are eligible for such profit sharing contributions provided they work at least 1,000 hours and are employed on the last day of the Plan year. For the Plan years 2021 and 2020, the Company's profit sharing contributions to the Plan amounted to 6.5% of each eligible employee's defined compensation. Allocation of the contributions is based on relative plan compensation.

Participant Accounts – A separate account is maintained for each participant. Each participant's account is credited with an allocation of (a) the Company's contributions and (b) Plan earnings and forfeitures. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant compensation 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.

All of the Plan's investments are nonparticipant-directed. Consequently, all balances in the statements of net assets available for benefits as of December 31, 2021 and 2020 and all activity in the statements of changes in net assets available for benefits for the years ended December 31, 2021 and 2020 were attributable to nonparticipant-directed investments.

Vesting – Participants vest in the Company matching contributions at a rate of 20% for each year until fully vested after five years of vesting service and vest in the Company profit sharing contributions as follows: 10% after each of the first two years and 20% per year thereafter until fully vested after six years of vesting service or in the event of death, disability, or attaining retirement age, as defined by the Plan. Participants are immediately vested in their contributions and earnings thereon.

Forfeitures – Forfeitures are used to pay plan expenses or reduce Company contributions or are reallocated to participants in the same manner as the Company's discretionary profit sharing contribution. At December 31, 2021 and 2020, forfeited nonvested accounts totaled \$50,509 and \$14,424, respectively. Forfeited nonvested accounts of \$22,782 and \$5,592 were used to pay administrative expenses for the years ended December 31, 2021 and 2020, respectively.

ROTATIONAL MOLDING TECHNOLOGIES, INC.
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 1. Description of Plan (Continued)

Notes Receivable From Participants – Participants are not permitted to withdraw funds as loans under the Plan.

Payment of Benefits – Upon termination of service due to death, disability, or a retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum amount, or in installments designated by the participant's beneficiary. The Plan also provides for the immediate payout of a participant's separate account upon retirement, death, or other termination if the balance of the account does not exceed \$1,000.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting – The financial statements are prepared on the accrual basis of accounting.

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

Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Company's Board of Directors determines the Plan's valuation policies utilizing information provided by the investment advisers and Charles Schwab ("Schwab"). See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. The Plan's investments are valued at the end of each calendar quarter and at other dates as may be determined by the Company's Board of Directors.

Benefit Payments – Benefit payments are recorded when paid.

Administrative Fees – All administrative fees are paid by the Company or the Plan at the option of the Company.

Plan Termination – Although it has not expressed any intent to do so, the Company has the right, by action of the Board of Directors, to terminate the Plan at any time subject to the provisions of ERISA. In the event of termination of the Plan, all participants shall be fully vested and shall receive a full distribution of the balances in their respective accounts.

ROTATIONAL MOLDING TECHNOLOGIES, INC.
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (Continued)

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

Subsequent Events – Plan management has evaluated subsequent events through August 26, 2022, which is the date the financial statements were available to be issued.

On June 30, 2022, the Plan was amended and restated, effective June 1, 2022. No significant changes to Plan provisions were made as part of this process

Note 3. Fair Value Measurements

The Plan estimates the fair value of financial instruments using available market information and other generally accepted valuation methodologies. The inputs used to measure fair value are classified into three levels:

- Level 1 – Quoted market prices in active markets for identical assets and liabilities
- Level 2 – Observable market-based inputs or unobservable inputs that are corroborated by market data
- Level 3 – Unobservable inputs in which little or no market data exists

The following is a description of the valuation methodologies used for assets of the Plan measured at fair value:

- Mutual funds and money market funds: Valued at the quoted net asset value of shares held by the Plan at year end, and are classified as Level 1.
- Common stocks: Valued at the closing price reported in the active market in which the individual securities are traded, and are classified as Level 1.
- Corporate bonds, certificates of deposit, asset-backed securities, and other assets: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar ratings. These are classified as Level 2.
- U.S. government agency funds, U.S. Treasury bonds, and municipal bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. These are classified as Level 2.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. There have been no changes in the methodologies used from 2020 to 2021. Furthermore, while 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.

ROTATIONAL MOLDING TECHNOLOGIES, INC.
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 3. Fair Value Measurements (Continued)

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

Assets at Fair Value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Common stocks	\$1,132,695	\$ -	\$ -	\$1,132,695
Corporate bonds	-	332,075	-	332,075
Certificates of deposit	-	36,729	-	36,729
Money market funds	7,715	-	-	7,715
Asset-backed securities	-	25,203	-	25,203
Municipal bonds	-	21,861	-	21,861
Mutual funds	36,971	-	-	36,971
U.S. government agency funds	-	56,846	-	56,846
U.S. Treasury bonds	-	140,798	-	140,798
Other assets	-	45,664	-	45,664
Total	<u>\$1,177,381</u>	<u>\$ 659,176</u>	<u>\$ -</u>	<u>\$1,836,557</u>

Assets at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Common stocks	\$1,059,465	\$ -	\$ -	\$1,059,465
Corporate bonds	-	357,626	-	357,626
Certificates of deposit	-	38,048	-	38,048
Money market funds	33,478	-	-	33,478
Asset-backed securities	-	59,855	-	59,855
Municipal bonds	-	28,006	-	28,006
Mutual funds	38,450	-	-	38,450
U.S. government agency funds	-	80,438	-	80,438
U.S. Treasury bonds	-	88,642	-	88,642
Other assets	-	65,043	-	65,043
Total	<u>\$1,131,393</u>	<u>\$ 717,658</u>	<u>\$ -</u>	<u>\$1,849,051</u>

Note 4. Party-in-Interest Transactions

Certain Plan investments are units of funds managed by Schwab. Schwab is the Plan Custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Johnson Trust Company is Trustee as defined by the Plan. Included in administrative expenses is \$5,993 and \$6,326 in Trustee fees for the years ended December 31, 2021 and 2020, respectively.

ROTATIONAL MOLDING TECHNOLOGIES, INC.
EMPLOYEES' PROFIT SHARING PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 5. Income Tax Status

OneAmerica Financial Partners, Inc., the sponsor of the volume submitter profit sharing Plan document, has obtained an opinion letter dated March 31, 2014, in which the IRS stated that the restated volume submitter Plan document was in compliance with applicable requirements of the Internal Revenue Code ("IRC"). The plan sponsor adopted this restated volume submitter Plan document on November 30, 2018. The volume submitter plan opinion letter has been relied upon by this Plan. The plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2021, there are no uncertain positions taken or expected to be taken that would require such recognition or disclosure in the financial statements.

SUPPLEMENTAL SCHEDULE

ROTATIONAL MOLDING TECHNOLOGIES, INC. EMPLOYEES' PROFIT SHARING PLAN AND TRUST
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
Schedule H, Line 4i
Employer No. 20-0310213
Plan No. 001

December 31, 2021

(a) (b) (c)

(e)

(d)

Investment Detail - Cash and Bank Sweep

Cash		Market Value	% of Account Assets	
Total Cash		55.65	<1%	
Bank Sweep		Starting Balance	Ending Balance	% of Account Assets
CHARLES SCHWAB BANK		13,690.09	7,659.42	<1%
Total Bank Sweep ^{A,B}		13,690.09	7,659.42	<1%
Total Cash and Bank Sweep		7,715.07	<1%	

Investment Detail - Fixed Income

	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
U.S. Treasuries			<i>Cost Basis</i>				<i>Yield to Maturity</i>
US TREASU NT 1.625%05/26	30,000.0000	101.67187	30,501.56	30,904.46	2%	(402.90) ^b	487.50
UST NOTE DUE 05/15/26 CUSIP: 912828R36			31,024.16				0.93%
							Accrued Interest: 63.29
US TREASURY 2.25%08/27	40,000.0000	104.89062	41,956.25	43,239.80	2%	(1,283.55) ^b	900.00
UST BOND DUE 08/15/27 CUSIP: 912828R0			43,591.65				N/A ^y
							Accrued Interest: 339.95
US TREASUR NT 2.75%02/28	40,000.0000	108.04687	43,218.75	39,703.45	2%	3,515.30 ^b	1,100.00
UST NOTE DUE 02/15/28 CUSIP: 9128283W8			39,791.28				N/A ^y
							Accrued Interest: 415.49



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Investment Detail - Fixed Income (continued)

	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
U.S. Treasuries (continued)			<i>Cost Basis</i>				Yield to Maturity
US TREASUR NT 1.5%02/30	25,000.0000	100.48437	25,121.09	24,828.45	1%	292.64	375.00
UST NOTE DUE 02/15/30 CUSIP: 912828Z94			24,828.45				1.58%
						Accrued Interest: 141.64	
Total U.S. Treasuries	135,000.0000		140,797.65	138,676.16	8%	2,121.49 ^b	2,862.50
			Total Cost Basis:	139,235.54			
Total Accrued Interest for U.S. Treasuries: 960.37							
	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
Agency Securities			<i>Cost Basis</i>				Yield to Maturity
FFCB 1.6%23	10,000.0000	101.53190	10,153.19	10,000.66	<1%	152.53 ^b	160.00
DUE 08/14/23 CUSIP: 3133EKZK5 MOODY'S: Aaa S&P: AA+			10,001.27				1.59%
						Accrued Interest: 60.89	
FEDERAL HOME LN 2.125%29	45,000.0000	103.76090	46,692.41	45,199.73	3%	1,492.68 ^b	956.25
DUE 12/14/29 CUSIP: 3130AHKT9 MOODY'S: Aaa S&P: AA+			45,241.70				2.06%
						Accrued Interest: 45.16	
Total Agency Securities	55,000.0000		56,845.60	55,200.39	3%	1,645.21 ^b	1,116.25
			Total Cost Basis:	55,242.97			
Total Accrued Interest for Agency Securities: 106.05							



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Investment Detail - Fixed Income (continued)

	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
Corporate Bonds			<i>Cost Basis</i>				Yield to Maturity
BERKSHIRE HATHAW 3.75%23	15,000.0000	104.35600	15,653.40	15,110.94	<1%	542.46^b	562.50
DUE 11/15/23			15,293.90				3.36%
CALLABLE 08/15/23 AT 100.00000							
CUSIP: 59562VAY3							
MOODY'S: A3 S&P: A-						Accrued Interest: 71.88	
PNC FINL SVCS GRO 3.9%24	15,000.0000	105.65360	15,848.04	15,388.88	<1%	459.16^b	585.00
DUE 04/29/24			15,731.60				2.81%
CALLABLE 03/29/24 AT 100.00000							
CUSIP: 693475AP0							
MOODY'S: A3 S&P: BBB+						Accrued Interest: 100.75	
JPMORGAN CHASE 3.875%24	10,000.0000	106.36290	10,636.29	9,819.30	<1%	816.99	387.50
DUE 09/10/24			9,819.30				4.09%
CUSIP: 46625HJY7							
MOODY'S: A3 S&P: BBB+						Accrued Interest: 119.48	
GEORGIA POWER CO 2.2%24	10,000.0000	102.07790	10,207.79	10,035.04	<1%	172.75^b	220.00
DUE 09/15/24			10,053.70				2.07%
CALLABLE 08/15/24 AT 100.00000							
CUSIP: 373334KK6							
MOODY'S: Baa1 S&P: BBB+						Accrued Interest: 64.78	



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Investment Detail - Fixed Income (continued)

	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
Corporate Bonds (continued)			<i>Cost Basis</i>				<i>Yield to Maturity</i>
AMERICAN EXPRESS CO 3%24	15,000.0000	104.72260	15,708.39	15,024.16	<1%	684.23^b	450.00
DUE 10/30/24			<i>15,041.90</i>				<i>2.94%</i>
CALLABLE 09/29/24 AT 100.00000							
CUSIP: 025816BR9							
MOODY'S: A3 S&P: BBB+						Accrued Interest: 76.25	
BECTON, DICKINS 3.734%24	10,000.0000	106.06090	10,606.09	10,160.43	<1%	445.66^b	373.40
DUE 12/15/24			<i>10,399.10</i>				<i>3.16%</i>
CALLABLE 09/15/24 AT 100.00000							
CUSIP: 075887BF5							
MOODY'S: Baa3 S&P: BBB						Accrued Interest: 16.60	
ENTERPRISE PRODU 3.75%25	10,000.0000	106.30870	10,630.87	10,193.75	<1%	437.12^b	375.00
DUE 02/15/25			<i>10,378.80</i>				<i>3.16%</i>
CALLABLE 11/15/24 AT 100.00000							
CUSIP: 29379VBE2							
MOODY'S: Baa1 S&P: BBB+						Accrued Interest: 141.67	
SHELL INTERNTNL3.25% 25F	20,000.0000	106.30780	21,261.56	19,953.00	1%	1,308.56	650.00
DUE 05/11/25			<i>19,953.00</i>				<i>3.27%</i>
CUSIP: 822582BD3							
MOODY'S: Aa2 S&P: A+						Accrued Interest: 90.28	



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Investment Detail - Fixed Income (continued)

	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
			<i>Cost Basis</i>				<i>Yield to Maturity</i>
Corporate Bonds (continued)							
XCEL ENERGY INC. 3.3%25	10,000.0000	104.92710	10,492.71	9,998.70	<1%	494.01	330.00
DUE 06/01/25			9,998.70				3.30%
CALLABLE 12/01/24 AT 100.00000							
CUSIP: 98389BAR1							
MOODY'S: Baa1 S&P: BBB+						Accrued Interest: 27.50	
CVS HEALTH CORP 3.875%25	10,000.0000	107.20820	10,720.82	10,253.32	<1%	467.50^b	387.50
DUE 07/20/25			10,472.50				3.19%
CALLABLE 04/20/25 AT 100.00000							
CUSIP: 126650CL2							
MOODY'S: Baa2 S&P: BBB						Accrued Interest: 173.30	
MORGAN STANLEY 4%25	10,000.0000	108.30070	10,830.07	11,201.15	<1%	(371.08)^b	400.00
DUE 07/23/25			11,321.20				0.93%
CUSIP: 6174468C6							
MOODY'S: A1 S&P: BBB+						Accrued Interest: 175.56	
INTERST PWR LIGHT 3.4%25	15,000.0000	105.31150	15,796.73	15,240.34	<1%	556.39^b	510.00
DUE 08/15/25			15,524.60				2.97%
CALLABLE 05/15/25 AT 100.00000							
CUSIP: 461070AM6							
MOODY'S: Baa1 S&P: A-						Accrued Interest: 192.67	



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Investment Detail - Fixed Income (continued)

	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
Corporate Bonds (continued)			<i>Cost Basis</i>				<i>Yield to Maturity</i>
A O N PLC 3.875% 25F	10,000.0000	108.00000	10,800.00	10,517.50	<1%	282.50^b	387.50
DUE 12/15/25			10,776.10				2.50%
CALLABLE 09/15/25 AT 100.00000							
CUSIP: 00185AAK0							
MOODY'S: Baa2 S&P: A-						Accrued Interest: 17.22	
JOHNSON CONTROLS 3.9% 26F	10,000.0000	108.10120	10,810.12	10,943.80	<1%	(133.68)	390.00
DUE 02/14/26			10,943.80				1.61%
CALLABLE 11/14/25 AT 100.00000							
CUSIP: 478375AR9							
MOODY'S: Baa2 S&P: BBB+						Accrued Interest: 148.42	
DUKE ENERGY CORP 2.65% 26	10,000.0000	103.40470	10,340.47	9,008.20	<1%	1,332.27	265.00
DUE 09/01/26			9,008.20				4.13%
CALLABLE 06/01/26 AT 100.00000							
CUSIP: 26441CAS4							
MOODY'S: Baa2 S&P: BBB						Accrued Interest: 88.33	



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Investment Detail - Fixed Income (continued)

	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
Corporate Bonds (continued)			<i>Cost Basis</i>				<i>Yield to Maturity</i>
VIRGINIA ELECTRI 2.95%26	15,000.0000	105.03240	15,754.86	15,493.53	<1%	261.33^b	442.50
DUE 11/15/26			15,660.32				2.25%
CALLABLE 08/15/26 AT 100.00000							
CUSIP: 927804FV1							
MOODY'S: A2 S&P: BBB+						Accrued Interest: 56.54	
WELLS FARGO & CO 4.3%27	20,000.0000	111.38140	22,276.28	20,728.03	1%	1,548.25^b	860.00
DUE 07/22/27			21,234.70				N/A ^y
CUSIP: 94974BGL8							
MOODY'S: A3 S&P: BBB						Accrued Interest: 379.83	
BANK OF AMERICA 3.248%27	20,000.0000	106.56970	21,313.94	19,830.00	1%	1,483.94	649.60
DUE 10/21/27			19,830.00				N/A ^y
CALLABLE 10/21/26 AT 100.00000							
CUSIP: 06051GGA1							
MOODY'S: A2 S&P: A-						Accrued Interest: 126.31	
TRUIST FINL COR 3.875%29	10,000.0000	110.12000	11,012.00	11,112.24	<1%	(100.24)^b	387.50
DUE 03/19/29			11,177.30				2.25%
CALLABLE 02/16/29 AT 100.00000							
CUSIP: 05531GAB7							
MOODY'S: A3 S&P: BBB+						Accrued Interest: 109.79	



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Investment Detail - Fixed Income (continued)

	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
Corporate Bonds (continued)			<i>Cost Basis</i>				<i>Yield to Maturity</i>
EVERSOURCE ENERG 4.25%29	10,000.0000	111.70090	11,170.09	11,861.39	<1%	(691.30)^b	425.00
DUE 04/01/29			<i>12,118.50</i>				1.60%
CALLABLE 01/01/29 AT 100.00000							
CUSIP: 30040WAF5							
MOODY'S: Baa1 S&P: BBB+						Accrued Interest: 106.25	
U.S. BANCORP 3%29	10,000.0000	105.71900	10,571.90	10,507.88	<1%	64.02^b	300.00
DUE 07/30/29			<i>10,526.90</i>				2.30%
CALLABLE 04/30/29 AT 100.00000							
CUSIP: 91159HHW3							
MOODY'S: A2 S&P: A						Accrued Interest: 125.83	
DOVER CORP 2.95%29	10,000.0000	105.58430	10,558.43	10,826.32	<1%	(267.89)^b	295.00
DUE 11/04/29			<i>10,895.50</i>				1.83%
CALLABLE 08/04/29 AT 100.00000							
CUSIP: 260003AP3							
MOODY'S: Baa1 S&P: BBB+						Accrued Interest: 46.71	



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Investment Detail - Fixed Income (continued)

	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
Corporate Bonds (continued)			<i>Cost Basis</i>				<i>Yield to Maturity</i>
VERIZON COMMUNI 4.016%29	10,000.0000	112.09760	11,209.76	11,723.85	<1%	(514.09)^b	401.60
DUE 12/03/29			<i>11,906.20</i>				<i>1.70%</i>
CALLABLE 09/03/29 AT 100.00000							
CUSIP: 92343VEU4							
MOODY'S: Baa1 S&P: BBB+						Accrued Interest: 31.24	
THE WALT DISNEY C 3.8%30	15,000.0000	112.08430	16,812.65	17,426.64	<1%	(613.99)^b	570.00
DUE 03/22/30			<i>17,598.35</i>				<i>1.74%</i>
CUSIP: 254687FQ4							
MOODY'S: A2 S&P: BBB+						Accrued Interest: 156.75	
MCDONALD'S CORP 3.6%30	10,000.0000	110.51710	11,051.71	10,909.62	<1%	142.09^b	360.00
DUE 07/01/30			<i>10,933.60</i>				<i>2.46%</i>
CALLABLE 04/01/30 AT 100.00000							
CUSIP: 58013MFQ2							
MOODY'S: Baa1 S&P: BBB+						Accrued Interest: 180.00	
Total Corporate Bonds	310,000.0000		332,074.97	323,268.01	18%	8,806.96^b	10,964.60
		Total Cost Basis:	326,597.77				
Total Accrued Interest for Corporate Bonds: 2,823.94							



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Investment Detail - Fixed Income (continued)

	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
Municipal Bonds			<i>Cost Basis</i>				Yield to Maturity
KENTUCKY ASSET 5.339%22	5,000.0000	101.16600	5,058.30	5,048.44	<1%	9.86^b	266.95
GP DUE 04/01/22			5,621.25				3.36%
XTRO TAXBL							
CUSIP: 491189FM3							
MOODY'S: A1 S&P: A-							
						Accrued Interest: 66.74	
KS ST DEV FA RE 4.091%27	15,000.0000	112.02100	16,803.15	15,352.50	<1%	1,450.65^b	613.65
DEV AUTH DUE 04/15/27			15,588.80				3.61%
XTRO TAXBL							
CUSIP: 485429Z23							
MOODY'S: Aa3 S&P: A+							
						Accrued Interest: 129.55	
Total Municipal Bonds	20,000.0000		21,861.45	20,400.94	1%	1,460.51^b	880.60
		Total Cost Basis:	21,210.05				
Total Accrued Interest for Municipal Bonds: 196.29							
	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
Mortgage Pools			<i>Cost Basis</i>				Yield to Maturity
FNMA PL 995112 5.5%36	65,000.0000	113.78543	2,215.78	N/A	<1%	68.86	N/A
DUE 07/01/36			2,146.92				N/A
CUSIP: 31416BN53							
MOODY'S: NR S&P: NR							
FACTOR= .029958940							
REMAIN PRIN=\$1,947.33							



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Investment Detail - Fixed Income (continued)

		Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
Mortgage Pools (continued)				<i>Cost Basis</i>				<i>Yield to Maturity</i>
FNMA PL MA3337	4%38	30,000.0000	108.02516	8,241.45	N/A	<1%	343.09	N/A
DUE 04/01/38				7,898.36				N/A
CUSIP: 31418CV76								
FACTOR= .254306640								
REMAIN PRIN=\$7,629.20								
FNMA PL AJ7509	2.03%41	10,000.0000	103.08515	464.63	N/A	<1%	(11.24)	N/A
DUE 12/01/41				475.87				N/A
CUSIP: 3138E0KX6								
FACTOR= .045072860								
REMAIN PRIN=\$450.73								
Total Mortgage Pools		105,000.0000		10,921.86	N/A	<1%	400.71	N/A
				Total Cost Basis:	10,521.15			



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Investment Detail - Fixed Income (continued)

	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
CMO & Asset Backed Securities			<i>Cost Basis</i>				Yield to Maturity
FHLMC 4.5%46	35,000.0000	104.80255	14,281.59	N/A	<1%	199.68	N/A
MBS-CMO DUE 03/25/46 -1867C- CUSIP: 3136B2Q70 FACTOR= .389346850 REMAIN PRIN=\$13,627.14			<i>14,081.91</i>				N/A
Total CMO & Asset Backed Securities	35,000.0000		14,281.59	N/A	<1%	199.68	N/A
		Total Cost Basis:	14,081.91				



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Investment Detail - Fixed Income (continued)

	Par	Market Price	Market Value	Adjusted Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Annual Income
CDs & BAs			<i>Cost Basis</i>				Yield to Maturity
GOLDMAN SACHS BAN 3.4%23	35,000.0000	104.93890	36,728.62	34,854.40	2%	1,874.22	1,190.00
CD FDIC INS DUE 10/17/23 US CUSIP: 38148PY27 MOODY'S: NR S&P: NR			34,854.40				3.49%
						Accrued Interest: 247.78	
Total CDs & BAs	35,000.0000		36,728.62	34,854.40	2%	1,874.22	1,190.00
		Total Cost Basis:	34,854.40				
Total Accrued Interest for CDs & BAs: 247.78							
Total Fixed Income	695,000.0000		613,511.74	572,399.90	33%	16,508.78 ^b	17,013.95
		Total Cost Basis:	601,743.79				

Accrued Interest represents the interest that would be received if the fixed income investment was sold prior to the coupon payment.

Estimated Annual Income ("EAI") and Estimated Yield ("EY") calculations are for informational purposes only. The actual income and yield might be lower or higher than the estimated amounts. EY is based upon EAI and the current price of the security and will fluctuate. For certain types of securities, the calculations could include a return of principal or capital gains in which case EAI and EY would be overstated. EY and EAI are not promptly updated to reflect when an issuer has missed a regular payment or announced changes to future payments, in which case EAI and EY will continue to display at a prior rate.

Investment Detail - Equities

	Quantity	Market Price	Market Value	% of Account Assets	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
Equities			<i>Cost Basis</i>				
ABBOTT LABORATORIES	175.0000	140.74000	24,629.50	1%	20,687.61	1.27%	315.00
SYMBOL: ABT			3,941.89 ^t				



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Investment Detail - Equities (continued)

	Quantity	Market Price	Market Value	% of Account Assets	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
Equities (continued)			<i>Cost Basis</i>				
ACCENTURE PLC F CLASS A SYMBOL: ACN	65.0000	414.55000	26,945.75 9,554.25	1%	17,391.50	0.93%	252.20
ADOBE INC SYMBOL: ADBE	45.0000	567.06000	25,517.70 20,058.74	1%	5,458.96	N/A	N/A
ALLIANT ENERGY CORP SYMBOL: LNT	365.0000	61.47000	22,436.55 14,318.45	1%	8,118.10	2.61%	587.65
ALPHABET INC. CLASS A SYMBOL: GOOGL	10.0000	2,897.04000	28,970.40 8,449.51	2%	20,520.89	N/A	N/A
AMPHENOL CORP CLASS A SYMBOL: APH	475.0000	87.46000	41,543.50 25,739.80	2%	15,803.70	0.66%	275.50
						<i>Accrued Dividend: 95.00</i>	
ANALOG DEVICES INC SYMBOL: ADI	200.0000	175.77000	35,154.00 22,917.53	2%	12,236.47	1.57%	552.00
APPLE INC SYMBOL: AAPL	150.0000	177.57000	26,635.50 1,814.36 ^t	1%	24,821.14	0.49%	132.00
AXIS CAPITAL HLDG LT F SYMBOL: AXS	300.0000	54.47000	16,341.00 11,875.16	<1%	4,465.84	3.08%	504.00
						<i>Accrued Dividend: 129.00</i>	
BANK OF AMERICA CORP SYMBOL: BAC	265.0000	44.49000	11,789.85 6,166.95	<1%	5,622.90	1.88%	222.60



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Investment Detail - Equities (continued)

	Quantity	Market Price	Market Value	% of Account Assets	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
Equities (continued)			<i>Cost Basis</i>				
CARLISLE CO	110.0000	248.12000	27,293.20	1%	15,433.37	0.87%	237.60
SYMBOL: CSL			11,859.83				
CHEVRON CORP	140.0000	117.35000	16,429.00	<1%	3,029.40	4.56%	750.40
SYMBOL: CVX			13,399.60				
COMCAST CORP	365.0000	50.33000	18,370.45	1%	203.49	1.98%	365.00
CLASS A			18,166.96				
SYMBOL: CMCSA							
COSTCO WHOLESALE CO	40.0000	567.70000	22,708.00	1%	8,691.78	0.55%	126.40
SYMBOL: COST			14,016.22				
DANAHER CORP	60.0000	329.01000	19,740.60	1%	17,346.45	0.25%	50.40
SYMBOL: DHR			2,394.15				
Accrued Dividend: 12.60							
DOLLAR GENERAL CORP	130.0000	235.83000	30,657.90	2%	5,837.56	0.71%	218.40
SYMBOL: DG			24,820.34				
FIDELITY NATL INFO	205.0000	109.15000	22,375.75	1%	525.75	1.42%	319.80
SYMBOL: FIS			21,850.00				
FIRST HORIZON CORP	2,100.0000	16.33000	34,293.00	2%	8,581.33	3.67%	1,260.00
SYMBOL: FHN			25,711.67				
Accrued Dividend: 315.00							
HONEYWELL INTL INC	100.0000	208.51000	20,851.00	1%	6,298.20	1.88%	392.00
SYMBOL: HON			14,552.80				
HUBBELL INC	135.0000	208.27000	28,116.45	2%	12,159.96	2.01%	567.00
SYMBOL: HUBB			15,956.49				



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Investment Detail - Equities (continued)

	Quantity	Market Price	Market Value	% of Account Assets	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
Equities (continued)			<i>Cost Basis</i>				
ILLINOIS TOOL WORKS	85.0000	246.80000	20,978.00	1%	2,309.82	1.97%	414.80
SYMBOL: ITW			18,668.18				
LOWES COMPANIES INC	120.0000	258.48000	31,017.60	2%	8,048.81	1.23%	384.00
SYMBOL: LOW			22,968.79				
MARSH & MC LENNAN CO	125.0000	173.82000	21,727.50	1%	17,170.17	1.23%	267.50
SYMBOL: MMC			4,557.33				
MASTERCARD INC	65.0000	359.32000	23,355.80	1%	17,493.98	0.48%	114.40
CLASS A			5,861.82				
SYMBOL: MA							
MEDTRONIC PLC F	195.0000	103.45000	20,172.75	1%	5,475.45	2.43%	491.40
SYMBOL: MDT			14,697.30				
						Accrued Dividend: 122.85	
MICROSOFT CORP	110.0000	336.32000	36,995.20	2%	33,900.60	0.73%	272.80
SYMBOL: MSFT			3,094.60				
NASDAQ INC	115.0000	210.01000	24,151.15	1%	11,988.85	1.02%	248.40
SYMBOL: NDAQ			12,162.30				
NIKE INC	75.0000	166.67000	12,500.25	<1%	11,328.47	0.73%	91.50
CLASS B			1,171.78 ^t				
SYMBOL: NKE							
NVENT ELECTRIC PLC F	790.0000	38.00000	30,020.00	2%	11,141.53	1.84%	553.00
SYMBOL: NVT			18,878.47				



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Investment Detail - Equities (continued)

	Quantity	Market Price	Market Value	% of Account Assets	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
Equities (continued)			<i>Cost Basis</i>				
PACCAR INC	200.0000	88.26000	17,652.00	<1%	5,861.47	1.54%	272.00
SYMBOL: PCAR			11,790.53				
						<i>Accrued Dividend: 300.00</i>	
PEPSICO INC	90.0000	173.71000	15,633.90	<1%	3,662.26	2.47%	387.00
SYMBOL: PEP			11,971.64				
						<i>Accrued Dividend: 96.75</i>	
PPG INDUSTRIES INC	150.0000	172.44000	25,866.00	1%	7,256.38	1.36%	354.00
SYMBOL: PPG			18,609.62				
PROCTER & GAMBLE	185.0000	163.58000	30,262.30	2%	17,091.46	2.12%	643.65
SYMBOL: PG			13,170.84 [†]				
S&P GLOBAL INC	30.0000	471.93000	14,157.90	<1%	10,226.65	0.65%	92.40
SYMBOL: SPGI			3,931.25				
STARBUCKS CORP	150.0000	116.97000	17,545.50	<1%	9,490.26	1.67%	294.00
SYMBOL: SBUX			8,055.24				
THE COCA-COLA CO	250.0000	59.21000	14,802.50	<1%	4,503.70	2.83%	420.00
SYMBOL: KO			10,298.80				
TJX COMPANIES INC	275.0000	75.92000	20,878.00	1%	10,687.28	1.36%	286.00
SYMBOL: TJX			10,190.72				
UNILEVER PLC F	600.0000	53.79000	32,274.00	2%	(3,031.10)	3.69%	1,194.00
SPONSORED ADR			35,305.10				
1 ADR REPS 1 ORD SHS							
SYMBOL: UL							



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Investment Detail - Equities (continued)

	Quantity	Market Price	Market Value	% of Account Assets	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
Equities (continued)			<i>Cost Basis</i>				
UNITEDHEALTH GRP INC	65.0000	502.14000	32,639.10	2%	6,615.06	1.15%	377.00
SYMBOL: UNH			26,024.04				
VF CORP	300.0000	73.22000	21,966.00	1%	933.83	2.73%	600.00
SYMBOL: VFC			21,032.17				
VISA INC	180.0000	216.71000	39,007.80	2%	2,240.17	0.69%	270.00
CLASS A SYMBOL: V			36,767.63				
WALT DISNEY CO	50.0000	154.89000	7,744.50	<1%	2,122.27	N/A	N/A
SYMBOL: DIS			5,622.23				
WASTE MANAGEMENT INC	145.0000	166.90000	24,200.50	1%	12,306.59	1.37%	333.50
SYMBOL: WM			11,893.91				
WILLIAMS COMPANIES	800.0000	26.04000	20,832.00	1%	1,507.44	6.29%	1,312.00
SYMBOL: WMB			19,324.56				
WILLIS TOWERS WATSON P F	100.0000	237.49000	23,749.00	1%	5,132.78	1.34%	320.00
SYMBOL: WLTW			18,616.22				
ZIMMER BIOMET HLDGS	225.0000	127.04000	28,584.00	2%	6,395.01	0.75%	216.00
SYMBOL: ZBH			22,188.99				
Accrued Dividend: 54.00							



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Investment Detail - Equities (continued)

	Quantity	Market Price	Market Value	% of Account Assets	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
Equities (continued)			<i>Cost Basis</i>				
ZOETIS INC CLASS A SYMBOL: ZTS	95.0000	244.03000	23,182.85 4,827.99	1%	18,354.86	0.40%	95.00
Total Equities	11,005.0000		1,132,695.20	62%	453,448.45		17,432.30
		Total Cost Basis:	679,246.75				

Total Accrued Dividend for Equities: 1,125.20

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Investment Detail - Mutual Funds

Equity Funds	Quantity	Market Price	Market Value	Cost Basis	Unrealized Gain or (Loss)	% of Account Assets
AMERICAN CENTURY SMALL C AP VALUE I SYMBOL: ACVIX	3,327.7130	11.11000	36,970.89	15,444.71	21,526.18	2%
Total Equity Funds	3,327.7130		36,970.89	15,444.71	21,526.18	2%
Total Mutual Funds	3,327.7130		36,970.89	15,444.71	21,526.18	2%



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Investment Detail - Other Assets

	Quantity	Market Price	Market Value	% of Account Assets	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
Other Assets			<i>Cost Basis</i>				
AMERN TOWER CORP	120.0000	292.50000	35,100.00	2%	9,371.79	1.79%	628.80
REIT			25,728.21				
SYMBOL: AMT						Accrued Dividend: 166.80	
THE ALLSTATE COR 5.1%PFD	400.0000	26.41000	10,564.00	<1%	261.00	N/A	N/A
DUE 01/15/53			10,303.00				
SUBJ TO XTRO REDEMPTION							
SYMBOL: ALL+B							
Total Other Assets	520.0000		45,664.00	2%	9,632.79		628.80
		Total Cost Basis:	36,031.21				

Total Accrued Dividend for Other Assets: 166.80

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Total Investment Detail	1,836,556.90
Total Account Value	1,836,556.90
Total Cost Basis	1,332,466.46

* Represents a party-in-interest as defined by ERISA.