

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>MCGUIRE BEARING COMPANY EMPLOYEES' 401K RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1985</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>93-0570601</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>503-238-1570</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>423800</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1985</u>		2b Employer Identification Number (EIN) <u>93-0570601</u>		2c Plan Sponsor's telephone number <u>503-238-1570</u>		2d Business code (see instructions) <u>423800</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>										
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2c Plan Sponsor's telephone number <u>503-238-1570</u>											
2d Business code (see instructions) <u>423800</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>MCGUIRE BEARING COMPANY</u> <u>947 S.E. MARKET STREET</u> <u>PORTLAND, OR 97214</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.	10/10/2022	CHRISTOPHER CLARK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
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	211
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)	171
a(2) Total number of active participants at the end of the plan year		6a(2)	186
b Retired or separated participants receiving benefits.....		6b	1
c Other retired or separated participants entitled to future benefits		6c	40
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	227
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	227
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	224
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	12
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: 2F 2G 2J 2K 2E 2T 3H 3D 2R			
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 MCGUIRE BEARING COMPANY EMPLOYEES' 401K RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 MCGUIRE BEARING COMPANY	D Employer Identification Number (EIN) 93-0570601	

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
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

(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)

STRATEGIC ADVISORS, INC.

04-2654524

(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	ADVISOR	5963	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65 71	RECORDKEEPER	5025	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
COL DIVIDEND INC ADV - COLUMBIA MG 14785 PRESTON ROAD, SUITE 1000 DALLAS, TX 75254	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
PERMANENT PORTFOLIO - U.S. BANCORP 615 EAST MICHIGAN STREET, MILWAUKEE, WISCONSIN 53202 MILWAUKEE, WI 53201	0.38%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
PIMCO REAL RTN BD AD - DST ASSET M 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.25%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.	
PIMCO TOT RETURN ADM - DST ASSET M 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>MCGUIRE BEARING COMPANY EMPLOYEES' 401K RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MCGUIRE BEARING COMPANY</u>	D Employer Identification Number (EIN) <u>93-0570601</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	801860	1050000
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	564752	1811280
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	1238739	1187149
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	745782	659844
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	44013191	50336416
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	34	82585

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1) 0	0
(2)	Employer real property.....	1d(2) 0	0
e	Buildings and other property used in plan operation	1e 0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f 47364358	55127274
Liabilities			
g	Benefit claims payable	1g 0	0
h	Operating payables	1h 0	0
i	Acquisition indebtedness.....	1i 0	0
j	Other liabilities.....	1j 0	0
k	Total liabilities (add all amounts in lines 1g through 1j)	1k 0	0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l 47364358	55127274

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
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 1336814	
	(B) Participants	2a(1)(B) 1024427	
	(C) Others (including rollovers).....	2a(1)(C) 0	
(2)	Noncash contributions.....	2a(2) 0	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	2361241
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A) 156	
	(B) U.S. Government securities	2b(1)(B) 0	
	(C) Corporate debt instruments	2b(1)(C) 0	
	(D) Loans (other than to participants)	2b(1)(D) 0	
	(E) Participant loans.....	2b(1)(E) 45305	
	(F) Other	2b(1)(F) 0	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	45461
(2)	Dividends: (A) Preferred stock.....	2b(2)(A) 0	
	(B) Common stock	2b(2)(B) 4141	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C) 2354898	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	2359039
(3)	Rents	2b(3)	0
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A) 2312752	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B) 2192674	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	120078
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A) 0	
	(B) Other	2b(5)(B) -17117	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		4660921
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		9529623
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1755347	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1755347
f Corrective distributions (see instructions).....	2f		672
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	5963	
(4) Other.....	2i(4)	4725	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		10688
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1766707
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		7762916
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

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: TALBOT, KORVOLA & WARWICK, LLP

(2) EIN: 93-0954337

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n		X	
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 MCGUIRE BEARING COMPANY EMPLOYEES' 401K RETIREMENT PLAN	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 MCGUIRE BEARING COMPANY	D Employer Identification Number (EIN) 93-0570601

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
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): 04-6568107	
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 _____

**McGUIRE BEARING COMPANY
EMPLOYEES' 401(k) RETIREMENT PLAN**

**EIN #93-0570601
PLAN #002**

Financial Statements
and Supplemental Schedule

Years Ended December 31, 2021 and 2020

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INDEPENDENT AUDITOR'S REPORT

Administrative Committee
McGuire Bearing Company
Employees' 401(k) Retirement Plan
Portland, Oregon

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

We have performed an audit of the financial statements of the McGuire Bearing Company Employee's 401(k) Retirement 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 a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Information Certified by Trustee Note to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

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

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

An independently owned member
RSM US Alliance



RSM US Alliance is a premier affiliation of independent accounting and consulting firms. RSM US Alliance provides its members with access to resources of RSM US LLP. RSM US Alliance member firms are separate and independent businesses and legal entities that are responsible for their own acts and omissions, and each are separate and independent from RSM US LLP. RSM US LLP is the U.S. member firm of RSM International, a global network of independent audit, tax, and consulting firms. Visit rsmus.com/aboutus for more information regarding RSM US LLP and RSM International. RSM US®, the RSM US Alliance logo and the RSM US Alliance signatures are proprietary to RSM US LLP, while RSM™ is used under license by RSM US LLP.

Basis for Opinion on the 2021 Financial Statements

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

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of 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 the Plan's ability to continue as a going concern for one year following the date of this report.

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

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

Auditor's Responsibilities for the Audit of the 2021 Financial Statements (Continued)

In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 Financial Statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of 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 Schedule 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.

Administrative Committee
McGuire Bearing Company
Employee's 401(k) Retirement Plan

Other Matters (Continued)

2021 Supplemental Schedule Required by ERISA (Continued)

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 their 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 a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the 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 the information certified by a qualified institution. In our report dated May 17, 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.

Talbot, Kowoloff & Warwick, LLP

Portland, Oregon
May 16, 2022

McGUIRE BEARING COMPANY
EMPLOYEES' 401(k) RETIREMENT PLAN

EIN #93-0570601
PLAN #002

STATEMENTS OF NET ASSETS
AVAILABLE FOR BENEFITS

	December 31,	
	2021	2020
ASSETS:		
Investments:		
At fair value:		
Mutual funds	\$ 47,728,192	\$ 43,124,230
Self-directed brokerage accounts	4,810,188	2,256,220
Money market funds	879,050	436,266
	<u>53,417,430</u>	<u>45,816,716</u>
Total investments		
Receivables:		
Employer contribution	1,050,000	801,860
Notes from participants	659,844	745,782
	<u>1,709,844</u>	<u>1,547,642</u>
Total receivables		
TOTAL ASSETS	<u>55,127,274</u>	<u>47,364,358</u>
LIABILITY:		
Excess employee contributions payable	-	578
TOTAL LIABILITY	<u>-</u>	<u>578</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 55,127,274</u>	<u>\$ 47,363,780</u>

See accompanying notes to financial statements.

McGUIRE BEARING COMPANY
EMPLOYEES' 401(k) RETIREMENT PLAN

EIN #93-0570601
PLAN #002

STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

	Year Ended December 31,	
	2021	2020
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation in fair value of investments	\$ 4,763,882	\$ 7,181,756
Dividends and interest	2,359,195	1,657,617
Total investment income	7,123,077	8,839,373
Interest on notes from participants	45,305	45,684
Contributions:		
Employer	1,336,814	1,087,582
Participants	1,025,005	1,039,866
Total contributions	2,361,819	2,127,448
TOTAL ADDITIONS	9,530,201	11,012,505
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	1,756,019	1,636,604
Investment management and trading commission expense	10,688	9,338
TOTAL DEDUCTIONS	1,766,707	1,645,942
NET ADDITIONS	7,763,494	9,366,563
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	47,363,780	37,997,217
End of year	\$ 55,127,274	\$ 47,363,780

See accompanying notes to financial statements.

McGUIRE BEARING COMPANY
EMPLOYEES' 401(k) RETIREMENT PLAN

EIN #93-0570601
PLAN #002

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020

DESCRIPTION OF THE PLAN

The following description of the McGuire Bearing Company Employees' 401(k) Retirement Plan (the Plan) provides only general information. Participants should refer to the Adoption Agreement and the Prototype Plan for a more complete description of the Plan.

General

The Plan was established January 1, 1985, and most recently adopted a restated Prototype Plan effective November 12, 2021. The purpose of the Plan is to provide retirement benefits to the employees of McGuire Bearing Company (Employer) and the employees of Baart Industrial Group LLC, a wholly-owned subsidiary of McGuire Bearing Company. The Plan is administered by the Administrative Committee which is appointed by the Employer's Board of Directors.

Eligibility and Vesting

Employees become eligible to participate in the Plan after completing one month of service with no minimum hours requirements and attaining the age of twenty-one. Entry dates are the first of every month following the employee's completion of one month of service. Employees become eligible for the employer discretionary contribution after three months of service. Vesting of employer matching and employer retirement contributions begins with two years of service at 20%. Thereafter, employees vest at 20% per year until six years of service at which time an employee is 100% vested. Upon termination of employment due to death or disability or attainment of normal retirement age, an employee becomes 100% vested as defined by the Plan.

Participant Accounts

Separate account balances are maintained for individual participants and are available for distribution upon retirement, death, disability or termination. Employer retirement contributions and terminated employees' forfeitures are allocated to participating employees on the basis of total eligible compensation earned each year. An employer discretionary contribution allocation will not be made if a participant does not provide 1,000 hours of service in the Plan year or is not employed by the Employer on the allocation date. Forfeitures allocated to participant accounts for the years ended December 31, 2021 and 2020, were \$52,250 and \$47,668, respectively.

Contributions

Employees may contribute up to the lesser of 60% of their eligible compensation or the maximum statutory limit. Employee contributions are 100% vested upon deposit. The amount of discretionary retirement and matching contribution from the Employer for each Plan year is determined by the Employer's Board of Directors. The Employer made discretionary retirement contributions for 2021 and 2020 of \$1,050,000 and \$800,000, respectively. The Employer matching contributions for 2021 and 2020 totaled \$286,814 and \$287,582, respectively. The match on all employee contributions for 2021 and 2020 was 30% of their deferral amounts, up to 15% of their eligible compensation. Participants may invest in any of the mutual funds offered or, for an additional fee, may invest in a self-directed brokerage account. All employee and employer contributions are participant-directed.

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EMPLOYEES' 401(k) RETIREMENT PLAN

EIN #93-0570601
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NOTES TO FINANCIAL STATEMENTS (Continued)

YEARS ENDED DECEMBER 31, 2021 AND 2020

DESCRIPTION OF THE PLAN (Continued)

Notes Receivable from Participants

Participants may borrow against their vested balance. The minimum loan is \$1,000 and the maximum is the lesser of 50% of the vested interest in the participants account balance or \$50,000 reduced by the highest outstanding loan balance in their account during the prior twelve-month period. The loan is treated as a segregated investment of the participant and interest earned on the loan is allocated to the participant. Loan terms generally range up to five years or up to 10 years for the purchase of a primary residence. The loans are secured by the participant's vested account balances and other assets of the participant, if necessary. The loans bear interest at the prime rate plus 2%. The interest rate on outstanding loans ranges from 5.25 to 7.50%. Principal and interest is paid through payroll deduction.

Payment of Benefits

A distribution can be made to a participant upon death, disability, retirement, or termination of employment. A participant may elect to receive an amount equal to the value of the participant's vested interest in their account in either a lump sum amount, or in annual installments, as defined by the Plan. A participant may defer receipt of distribution until a later date unless their vested account balance is \$1,000 or less, in which case the Plan Administrator will direct the trustee to distribute it as a lump sum without the participant's consent. A distribution will also be made if the participant is required by law to receive minimum required distributions. Participant consent is required for distributions of vested account balances which exceed \$1,000.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using 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 and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of additions and deductions during the reporting period. 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. See the Fair Value Measurements Note for further discussion.

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 or depreciation includes the Plan's gains and losses on investments purchased and sold as well as held during the year.

Plan investments are directed by the participants who are allowed to invest in any of the mutual funds or money market funds offered or, for an additional fee, may invest in self-directed brokerage accounts.

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NOTES TO FINANCIAL STATEMENTS (Continued)

YEARS ENDED DECEMBER 31, 2021 AND 2020

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Notes Receivable from Participants

Participant loans are classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are recorded as distributions.

Payment of Benefits

Benefits are recorded when paid.

Payment of Expenses

The Employer pays all administrative expenses of the Plan except for investment management and trading commission expenses which are paid by the participants.

INFORMATION CERTIFIED BY TRUSTEE

The following is a summary of the Plan's asset information as of December 31, 2021 and 2020, and for the years then ended, included throughout the Plan's financial statements and supplemental schedule that was prepared or derived from information provided by Fidelity Management Trust Company (the trustee) and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following investments, as summarized herein, is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under Employee Retirement Income Security Act of 1974 (ERISA), the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information in the Fair Value Measurements Note and other information which appears throughout the financial statements and supplemental schedule related to the following information:

	December 31,	
	2021	2020
Investments at fair value	\$ 53,417,430	\$ 45,816,716
Notes receivable from participants	659,844	745,782
	<u>\$ 54,077,274</u>	<u>\$ 46,562,498</u>
	Year Ended December 31,	
	2021	2020
Income on certified assets:		
Net appreciation in fair value of investments	\$ 4,763,882	\$ 7,181,756
Dividends and interest	2,359,195	1,657,617
Interest on notes from participants	45,305	45,684
Total income on certified assets	<u>\$ 7,168,382</u>	<u>\$ 8,885,057</u>

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NOTES TO FINANCIAL STATEMENTS (Continued)

YEARS ENDED DECEMBER 31, 2021 AND 2020

FAIR VALUE MEASUREMENTS

The Plan follows Financial Accounting Standards Board Accounting Standards Codification (FASB ASC) Topic *Fair Value Measurement*. The Topic establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy are described below:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access at the measurement date.
- Level 2: Inputs to the valuation methodology other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3: Inputs to the valuation methodology are unobservable for the asset or liability.

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

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

Mutual funds: valued at daily closing price as reported by the fund. These funds are required to publish their daily net asset value and to transact at that price. The funds held by the Plan are deemed to be actively traded. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission.

Money market funds: valued daily at net asset value and are actively traded.

Common stocks: valued at quoted market rates and actively traded.

Precious metal trust units: valued daily at net asset value and actively traded on New York Stock Exchange or Toronto Stock Exchange.

The methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. 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.

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NOTES TO FINANCIAL STATEMENTS (Continued)

YEARS ENDED DECEMBER 31, 2021 AND 2020

FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value. There are no Level 2 or 3 investments. There were no significant transfers between levels.

<u>Assets at Fair Value at December 31, 2021</u>			
<u>Level 1</u>			
	<u>Non self-directed brokerage</u>	<u>Self-directed brokerage accounts</u>	<u>Total</u>
Mutual funds	\$ 47,728,192	\$ 1,053,856	\$ 48,782,048
Money market funds	879,050	932,230	1,811,280
Common stocks	-	1,187,149	1,187,149
Precious metal trust units	-	1,554,368	1,554,368
Other	-	82,585	82,585
Total investments at fair value	<u>\$ 48,607,242</u>	<u>\$ 4,810,188</u>	<u>\$ 53,417,430</u>

<u>Assets at Fair Value at December 31, 2020</u>			
<u>Level 1</u>			
	<u>Non self-directed brokerage</u>	<u>Self-directed brokerage accounts</u>	<u>Total</u>
Mutual funds	\$ 43,124,230	\$ 888,961	\$ 44,013,191
Money market funds	436,266	128,486	564,752
Common stocks	-	1,238,739	1,238,739
Other	-	34	34
Total investments at fair value	<u>\$ 43,560,496</u>	<u>\$ 2,256,220</u>	<u>\$ 45,816,716</u>

RISKS AND UNCERTAINTIES

The Plan provides for investment options in various investment securities, which 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 those changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefit.

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NOTES TO FINANCIAL STATEMENTS (Continued)

YEARS ENDED DECEMBER 31, 2021 AND 2020

PLAN TERMINATION

Although it has not expressed intent to do so, the Employer has the right under the Plan to suspend contributions, discontinue contributions or terminate the Plan at any time. In the event of Plan termination, all Employer contributions and forfeitures allocated to individual participants shall become fully vested. Assets are to be used first to satisfy all Plan liabilities. The remaining assets are to be allocated proportionately to participants based upon the relationship of each individual's account balance to the sum of all account balances.

INCOME TAX STATUS

The Prototype Plan obtained its latest opinion letter on June 30, 2020, in which the Internal Revenue Service stated that the Plan is acceptable under Section 401 of the Internal Revenue Code (IRC). The Plan has been amended since receiving its latest opinion letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

The Plan Administrative Committee has also considered FASB ASC Topic *Income Taxes* and believes the Plan has maintained its tax-exempt status and has taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. The tax years that remain open for examination by the appropriate taxing authorities for the Plan as of December 31, 2021, are 2020, 2019, and 2018, generally three years from the date the return was filed.

PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under DOL Regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Employer and certain others. Certain Plan assets are invested in mutual funds and money market funds managed by an affiliate of Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. Notes receivable from participants also qualify as exempt party-in-interest transactions.

Certain professional fees for the administration of the Plan were paid by the Employer on behalf of the Plan in the amount of \$17,750 for each of the years ended December 31, 2021 and 2020.

During the years ended December 31, 2021 and 2020, fees of \$10,688 and \$9,338, respectively, were paid by Plan participants to the trustee, which represent exempt party-in-interest transactions.

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NOTES TO FINANCIAL STATEMENTS (Continued)

YEARS ENDED DECEMBER 31, 2021 AND 2020

RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits and participants' deferrals per the financial statements to Schedule H of Form 5500:

	December 31,	
	2021	2020
Net assets available for benefits per financial statements	\$ 55,127,272	\$ 47,363,780
Excess employee contributions payable	-	578
Net assets available for benefits per Form 5500	<u>\$ 55,127,272</u>	<u>\$ 47,364,358</u>

	Year Ended December 31, 2021
Participants deferrals per financial statements	\$ 1,025,005
Change in excess contributions	(578)
Participants deferrals per Form 5500	<u>\$ 1,024,427</u>

SUBSEQUENT EVENTS

FASB ASC Topic *Subsequent Events* requires disclosure of the date through which subsequent events have been evaluated, as well as whether that date is the date the financial statements were issued or the date the financial statements were available to be issued. Subsequent events have been evaluated by the Plan Administrator through May 16, 2022 which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

McGUIRE BEARING COMPANY
EMPLOYEES' 401(k) RETIREMENT PLAN

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

DECEMBER 31, 2021

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost **	(e) Current value
	Mutual Funds:			
	PIMCO TOT RETURN ADM	46,692 Shares	N/A	\$ 479,531
	COL DIVIDEND INC ADV	32,215 Shares	N/A	1,037,318
	C&S REALTY SHARES Z	1,528 Shares	N/A	127,632
	PIMCO REAL RTN BD AD	39,682 Shares	N/A	488,880
	PERMANENT PORTFOLIO	13,654 Shares	N/A	681,201
	MFS MID CAP GRTH R6	42,595 Shares	N/A	1,428,647
*	FID INTERMED BOND	46,309 Shares	N/A	510,321
*	FID INTL DISCOVERY K	26,792 Shares	N/A	1,412,502
*	FID BLUE CHIP GR K	47,415 Shares	N/A	8,737,117
*	FID NASDAQ COMP INDX	8,605 Shares	N/A	1,693,671
*	FID SMALL CAP GROWTH	16,859 Shares	N/A	534,265
*	FID SMALL CAP VALUE	23,561 Shares	N/A	509,383
*	FID LOW PRICED STK K	81,766 Shares	N/A	4,392,470
*	FID FDM IDX INC IPR	47,738 Shares	N/A	604,843
*	FID FDM IDX 2015 IPR	133,960 Shares	N/A	2,091,109
*	FID FDM IDX 2020 IPR	212,116 Shares	N/A	3,661,120
*	FID FDM IDX 2025 IPR	95,080 Shares	N/A	1,861,667
*	FID FDM IDX 2030 IPR	84,667 Shares	N/A	1,751,753
*	FID FDM IDX 2035 IPR	115,939 Shares	N/A	2,687,459
*	FID FDM IDX 2040 IPR	86,456 Shares	N/A	2,045,551
*	FID FDM IDX 2045 IPR	90,278 Shares	N/A	2,218,122
*	FID FDM IDX 2050 IPR	67,545 Shares	N/A	1,662,289
*	FID US BOND IDX	20,757 Shares	N/A	248,669
*	FID FDM IDX 2055 IPR	61,852 Shares	N/A	1,251,877
*	FID GLB EX US IDX	39,507 Shares	N/A	604,055
*	FID SM CAP IDX	43,341 Shares	N/A	1,194,480
*	FID TOTAL MKT IDX	5,365 Shares	N/A	717,687
*	FID FDM IDX 2060 IPR	19,265 Shares	N/A	330,210
*	FID FDM IDX 2065 IPR	1,683 Shares	N/A	23,308
*	FID 500 INDEX	11,125 Shares	N/A	1,839,254
*	FID EXT D MKT IDX	13,175 Shares	N/A	1,148,985
	SGI PRUDENT GROWTH FUND I	53,298 Shares	N/A	595,875
*	FIDELITY SELECT ELECTRONICS	301 Shares	N/A	7,177
*	FIDELITY SELECT MEDICAL EQUIP&SYSTEM	1,864 Shares	N/A	155,044
*	FIDELITY SELECT BUS SVC& OUTSOURCING	549 Shares	N/A	45,554
*	FIDELITY SELECT BANKING PORTFOLIO	101 Shares	N/A	3,022
				48,782,048
	Money Market Funds:			
*	FIDELITY CASH RESERVES	932,230 Shares	N/A	932,230
*	FID GOVT MMKT	879,050 Shares	N/A	879,050
				1,811,280

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

DECEMBER 31, 2021

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost **	(e) Current value
	Common Stocks:			
	TRANSOCEAN LTD ZUG NAMEN-AKT	11 Shares	N/A	\$ 30
	ROYAL CARRIBBEAN CRUISES LTD	100 Shares	N/A	7,690
	DHT HOLDINGS INC COM USD0.01 (POST REV	109 Shares	N/A	566
	ANI PHARMACEUTICALS INC CONTINGENT VALUE	6 Shares	N/A	-
	AMC ENTERTAINMENT HOLDINGS INC COM	19,680 Shares	N/A	535,301
	ABRAXAS PETE CORP COM NEW	50 Shares	N/A	41
	ACCURAY INC DEL COM	1,000 Shares	N/A	4,770
	ACTIVISION BLIZZARD INC COM	110 Shares	N/A	7,318
	ACURA PHARMACEUTICALS INC	400 Shares	N/A	200
	ADYNXX INC COM	16 Shares	N/A	-
	ADVANCED MICRO DEVICES INC	87 Shares	N/A	12,519
	ALLIQUA BIOMEDICAL CONTRA	100 Shares	N/A	-
	AMAZON.COM INC NFS LLC IS A MARKET	25 Shares	N/A	83,359
	AMERICAN AIRLINES GROUP INC COM USD1	400 Shares	N/A	7,184
	APPLE COMPUTER INC NFS LLC IS A MARKET	1,080 Shares	N/A	191,776
	ARCH THERAPEUTICS INC COM	2,000 Shares	N/A	190
	BED BATH & BEYOND INC	1,005 Shares	N/A	14,653
	BIOLINE RX LTD SPON ADS EACH REPR 15 ORD	66 Shares	N/A	135
	BIOCEPT INC COM	3 Shares	N/A	11
	BRASIL FOODS S A SPONSORED ADR	200 Shares	N/A	818
	CANOO INC COM CL A	100 Shares	N/A	772
	CANOPY GROWTH CORPORATION COM NPV	565 Shares	N/A	4,932
	CARNIVAL CORP PAIRED CTF 1 COM	100 Shares	N/A	2,012
	CHARGEPOINT HOLDINGS INC COM CL A	398 Shares	N/A	7,578
	COSTCO WHOLESALE CORP	32 Shares	N/A	18,166
	DELTA AIR LINES INC DEL COM NEW	200 Shares	N/A	7,816
	DIGITAL WORLD ACQUISITION CORP	1,321 Shares	N/A	67,934
	DISNEY WALT CO DEL (HOLDING COMPANY)	50 Shares	N/A	7,745
	DYNATRONICS CORP COM NEW	1,000 Shares	N/A	1,000
	FREDDIE MAC NFS IS A SPECIALIST	1,500 Shares	N/A	1,245
	FANNIE MAE NFS IS A SPECIALIST	1,500 Shares	N/A	1,230
	GADSDEN PPTYS INC COM	1,200 Shares	N/A	1
	GLOBAL BLOOD THERAPEUTICS INC COM	200 Shares	N/A	5,854
	GROWLIFE INC COM NEW	36 Shares	N/A	1
	GUARDANT HEALTH INC COM	20 Shares	N/A	2,000
	HERTZ GLOBAL HLDGS INC COM	724 Shares	N/A	18,093
	JABIL CIRCUIT INC NFS IS A SPECIALIST	27 Shares	N/A	1,920
	KINROSS GOLD CORP NEW COM NO PAR	3,960 Shares	N/A	23,005
	KOHL'S CORP NFS LLC IS A SPECIAL	3 Shares	N/A	151
	KUYA SILVER CORPORATION COM NPV	3,000 Shares	N/A	2,090
	LAS VEGAS SANDS CORP	450 Shares	N/A	16,938
	LEAFBUYER TECHNOLOGIES INC COM	2,000 Shares	N/A	116
	LINEAGE CELL THERAPEUTICS INC COM	710 Shares	N/A	1,740
	LUCID GROUP INC COM	729 Shares	N/A	27,744
	MEDICAL MARIJUANA INC COM	3,000 Shares	N/A	55
	MEDMEN ENTERPRISES INC COM NPV	2,000 Shares	N/A	332
	MOTOROLA SOLUTIONS INC COM NEW	25 Shares	N/A	6,915
	NEUBASE THERAPEUTICS INC COM	300 Shares	N/A	843
	NORTHERN OIL AND GAS INC MN COM	100 Shares	N/A	2,058
	NOTIS GLOBAL INC USD0.001	100 Shares	N/A	-
	PFIZER INC NFS IS A SPECIALIST	300 Shares	N/A	17,715
	PLUG PWR INC COM NEW	84 Shares	N/A	2,366
	QUANTUMSCAPE CORP COM CL A	100 Shares	N/A	2,219
	RIVIAN AUTOMOTIVE INC COM CL A	90 Shares	N/A	9,325
	ROBINHOOD MKTS INC COM CL A	200 Shares	N/A	3,552
	SINO UTD WORLDWIDE CONSOLIDATE COM	500 Shares	N/A	185
	SNAP INC CL A	200 Shares	N/A	9,406
	SOUTHWEST AIRLNS CO NFS LLC IS A SPECIAL	104 Shares	N/A	4,455

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

DECEMBER 31, 2021

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost **	(e) Current value
	Common Stocks (continued):			
	TESLA MOTORS INC COM USD0.001	20 Shares	N/A	\$ 20,746
	TIMKENSTEEL CORP COM NPV	100 Shares	N/A	1,650
	TRAEGER INC COMMON STOCK	150 Shares	N/A	1,824
	TREVENA INC COM USD0.001	1,000 Shares	N/A	583
	UBER TECHNOLOGIES INC COM	200 Shares	N/A	8,386
	UNRIVALED BRANDS INC COM	3,000 Shares	N/A	799
	VIACOMCBS INC CL B	85 Shares	N/A	2,577
	VOLKSWAGEN AG UNSPON ADS EACH REP 0.1 ORD	147 Shares	N/A	4,320
	WHITING PETE CORP NEW COM NEW	3 Shares	N/A	194
				1,187,149
	Rights and Warrants:			
	WHITING PETE CORP SER B	6 Shares	N/A	71
	WHITING PETE CORP SER A	13 Shares	N/A	180
	HERTZ GLOBAL HLDGS INC	5,162 Shares	N/A	82,334
				82,585
	Precious Metal Trust Units:			
	SPROTT PHYSICAL GOLD TR UNITS	48,108 Units	N/A	690,836
	SPROTT PHYSICAL SILVER TRUST TRUST	107,672 Units	N/A	863,532
				1,554,368
*	Notes Receivable from Participants	Interest rate of 5.25- 7.50%, maturing at various dates through 2028.	-0-	659,844
				\$ 54,077,274

The above information has been certified by Fidelity Management Trust Company, the trustee, as complete and accurate.

* Column (a): party-in-interest

** Column (d): cost information is omitted as all investments are participant-directed.

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SUPPLEMENTAL SCHEDULES NOT REQUIRED

Below is a summary of Department of Labor supplemental schedules that were not applicable as of or for the year ended December 31, 2021:

- Schedule G, Part I - Schedule of loans or fixed income obligations in default or classified as uncollectible
- Schedule G, Part II - Schedule of leases in default or classified as uncollectible
- Schedule G, Part III - Schedule of non-exempt (prohibited) transactions
- Schedule H, Part IV, Line 4a - Schedule of delinquent participant contributions
- Schedule H, Part IV, Line 4i - Schedule of assets (acquired and disposed of within the year)
- Schedule H, Part IV, Line 4j - Schedule of reportable (5%) transactions

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

DECEMBER 31, 2021

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost **	(e) Current value
	Common Stocks:			
	TRANSOCEAN LTD ZUG NAMEN-AKT	11 Shares	N/A	\$ 30
	ROYAL CARRIBBEAN CRUISES LTD	100 Shares	N/A	7,690
	DHT HOLDINGS INC COM USD0.01 (POST REV	109 Shares	N/A	566
	ANI PHARMACEUTICALS INC CONTINGENT VALUE	6 Shares	N/A	-
	AMC ENTERTAINMENT HOLDINGS INC COM	19,680 Shares	N/A	535,301
	ABRAXAS PETE CORP COM NEW	50 Shares	N/A	41
	ACCURAY INC DEL COM	1,000 Shares	N/A	4,770
	ACTIVISION BLIZZARD INC COM	110 Shares	N/A	7,318
	ACURA PHARMACEUTICALS INC	400 Shares	N/A	200
	ADYNXX INC COM	16 Shares	N/A	-
	ADVANCED MICRO DEVICES INC	87 Shares	N/A	12,519
	ALLIQUA BIOMEDICAL CONTRA	100 Shares	N/A	-
	AMAZON.COM INC NFS LLC IS A MARKET	25 Shares	N/A	83,359
	AMERICAN AIRLINES GROUP INC COM USD1	400 Shares	N/A	7,184
	APPLE COMPUTER INC NFS LLC IS A MARKET	1,080 Shares	N/A	191,776
	ARCH THERAPEUTICS INC COM	2,000 Shares	N/A	190
	BED BATH & BEYOND INC	1,005 Shares	N/A	14,653
	BIOLINE RX LTD SPON ADS EACH REPR 15 ORD	66 Shares	N/A	135
	BIOCEPT INC COM	3 Shares	N/A	11
	BRASIL FOODS S A SPONSORED ADR	200 Shares	N/A	818
	CANOO INC COM CL A	100 Shares	N/A	772
	CANOPY GROWTH CORPORATION COM NPV	565 Shares	N/A	4,932
	CARNIVAL CORP PAIRED CTF 1 COM	100 Shares	N/A	2,012
	CHARGEPOINT HOLDINGS INC COM CL A	398 Shares	N/A	7,578
	COSTCO WHOLESALE CORP	32 Shares	N/A	18,166
	DELTA AIR LINES INC DEL COM NEW	200 Shares	N/A	7,816
	DIGITAL WORLD ACQUISITION CORP	1,321 Shares	N/A	67,934
	DISNEY WALT CO DEL (HOLDING COMPANY)	50 Shares	N/A	7,745
	DYNATRONICS CORP COM NEW	1,000 Shares	N/A	1,000
	FREDDIE MAC NFS IS A SPECIALIST	1,500 Shares	N/A	1,245
	FANNIE MAE NFS IS A SPECIALIST	1,500 Shares	N/A	1,230
	GADSDEN PPTYS INC COM	1,200 Shares	N/A	1
	GLOBAL BLOOD THERAPEUTICS INC COM	200 Shares	N/A	5,854
	GROWLIFE INC COM NEW	36 Shares	N/A	1
	GUARDANT HEALTH INC COM	20 Shares	N/A	2,000
	HERTZ GLOBAL HLDGS INC COM	724 Shares	N/A	18,093
	JABIL CIRCUIT INC NFS IS A SPECIALIST	27 Shares	N/A	1,920
	KINROSS GOLD CORP NEW COM NO PAR	3,960 Shares	N/A	23,005
	KOHL'S CORP NFS LLC IS A SPECIAL	3 Shares	N/A	151
	KUYA SILVER CORPORATION COM NPV	3,000 Shares	N/A	2,090
	LAS VEGAS SANDS CORP	450 Shares	N/A	16,938
	LEAFBUYER TECHNOLOGIES INC COM	2,000 Shares	N/A	116
	LINEAGE CELL THERAPEUTICS INC COM	710 Shares	N/A	1,740
	LUCID GROUP INC COM	729 Shares	N/A	27,744
	MEDICAL MARIJUANA INC COM	3,000 Shares	N/A	55
	MEDMEN ENTERPRISES INC COM NPV	2,000 Shares	N/A	332
	MOTOROLA SOLUTIONS INC COM NEW	25 Shares	N/A	6,915
	NEUBASE THERAPEUTICS INC COM	300 Shares	N/A	843
	NORTHERN OIL AND GAS INC MN COM	100 Shares	N/A	2,058
	NOTIS GLOBAL INC USD0.001	100 Shares	N/A	-
	PFIZER INC NFS IS A SPECIALIST	300 Shares	N/A	17,715
	PLUG PWR INC COM NEW	84 Shares	N/A	2,366
	QUANTUMSCAPE CORP COM CL A	100 Shares	N/A	2,219
	RIVIAN AUTOMOTIVE INC COM CL A	90 Shares	N/A	9,325
	ROBINHOOD MKTS INC COM CL A	200 Shares	N/A	3,552
	SINO UTD WORLDWIDE CONSOLIDATE COM	500 Shares	N/A	185
	SNAP INC CL A	200 Shares	N/A	9,406
	SOUTHWEST AIRLNS CO NFS LLC IS A SPECIAL	104 Shares	N/A	4,455

McGUIRE BEARING COMPANY
EMPLOYEES' 401(k) RETIREMENT PLAN

EIN #93 - 0570601

PLAN #002

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

DECEMBER 31, 2021

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost **	(e) Current value
	Common Stocks (continued):			
	TESLA MOTORS INC COM USD0.001	20 Shares	N/A	\$ 20,746
	TIMKENSTEEL CORP COM NPV	100 Shares	N/A	1,650
	TRAEGER INC COMMON STOCK	150 Shares	N/A	1,824
	TREVENA INC COM USD0.001	1,000 Shares	N/A	583
	UBER TECHNOLOGIES INC COM	200 Shares	N/A	8,386
	UNRIVALED BRANDS INC COM	3,000 Shares	N/A	799
	VIACOMCBS INC CL B	85 Shares	N/A	2,577
	VOLKSWAGEN AG UNSPON ADS EACH REP 0.1 ORD	147 Shares	N/A	4,320
	WHITING PETE CORP NEW COM NEW	3 Shares	N/A	194
				1,187,149
	Rights and Warrants:			
	WHITING PETE CORP SER B	6 Shares	N/A	71
	WHITING PETE CORP SER A	13 Shares	N/A	180
	HERTZ GLOBAL HLDGS INC	5,162 Shares	N/A	82,334
				82,585
	Precious Metal Trust Units:			
	SPROTT PHYSICAL GOLD TR UNITS	48,108 Units	N/A	690,836
	SPROTT PHYSICAL SILVER TRUST TRUST	107,672 Units	N/A	863,532
				1,554,368
*	Notes Receivable from Participants	Interest rate of 5.25- 7.50%, maturing at various dates through 2028.	-0-	659,844
				\$ 54,077,274

The above information has been certified by Fidelity Management Trust Company, the trustee, as complete and accurate.

* Column (a): party-in-interest

** Column (d): cost information is omitted as all investments are participant-directed.