

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>PROCESS DISPLAYS, LLC 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/31/1958</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>12/31/1958</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>12/31/1958</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>PROCESS DISPLAYS, LLC</u> <u>7108 - 31ST AVENUE NORTH</u> <u>MINNEAPOLIS, MN 55427</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>41-0730126</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>763-546-1133</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>323100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>41-0730126</u>	2c Plan Sponsor's telephone number <u>763-546-1133</u>	2d Business code (see instructions) <u>323100</u>	
2b Employer Identification Number (EIN) <u>41-0730126</u>					
2c Plan Sponsor's telephone number <u>763-546-1133</u>					
2d Business code (see instructions) <u>323100</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	MICHAEL STROMMEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2022	MICHAEL STROMMEN
	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	283
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)	245
a(2) Total number of active participants at the end of the plan year		6a(2)	194
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	84
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	278
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	278
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	276
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2H 2J 2K 2S 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan PROCESS DISPLAYS, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PROCESS DISPLAYS, LLC	D Employer Identification Number (EIN) 41-0730126

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

(a) Name of insurance carrier
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	502103-01	19	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 224016**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 414750**c** Additions: (1) Contributions deposited during the year **7c(1)** 15649
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)** 2997
(4) Transferred from separate account..... **7c(4)** 281628
(5) Other (specify below) **7c(5)** 650

▶ LOAN REPAYMENTS

(6) Total additions **7c(6)** 300924**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 715674**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 188221(2) Administration charge made by carrier..... **7e(2)** -535(3) Transferred to separate account..... **7e(3)** 303972(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 491658**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 224016

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan PROCESS DISPLAYS, LLC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PROCESS DISPLAYS, LLC	D Employer Identification Number (EIN) 41-0730126	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

GREAT-WEST LIFE & ANNUITY INSURANCE

COMPANY
8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	74877	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

KESTRA ADVISORY SERVICES LLC

5707 SW PKWY BLDG 2 STE 400
AUSTIN, TX 78735

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	15000	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

TAX SHELTERED COMPENSATION, INC.

7300 METRO BLVD STE 450
EDINA, MN 55439

41-0955056

(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?
13	CONTRACT ADMIN	3950	Yes ☒ No ☐	Yes ☐ No ☒	9424	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)

PUNCH & ASSOCIATES

7701 FRANCE AVE S STE 300
EDINA, MN 55435

82-0566201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	173112	Yes ☒ No ☐	Yes ☐ No ☒	3568	Yes ☐ No ☒

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

ADVISED ASSETS GROUP LLC

8515 EAST ORCHARD RD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	2487	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 ☐

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
TAX SHELTERED COMPENSATION INC	13	9424

(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.
GREAT-WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD RD GREENWOOD, CO 80111	TPA ALLOWANCE PAYMENT

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>PROCESS DISPLAYS, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PROCESS DISPLAYS, LLC</u>	D Employer Identification Number (EIN) <u>41-0730126</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MID CAP GROWTH FUND FEE CLASS R1</u>		
b Name of sponsor of entity listed in (a): <u>AST WILMINGTON TRUST</u>		
c EIN-PN <u>38-4126247-549</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>223868</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL CAP VALUE FUND II FEE CLAS R1</u>		
b Name of sponsor of entity listed in (a): <u>AST WILMINGTON TRUST</u>		
c EIN-PN <u>38-4126250-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>94385</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERNATIONAL GROWTH FUND II FEE R1</u>		
b Name of sponsor of entity listed in (a): <u>AST WILMINGTON TRUST</u>		
c EIN-PN <u>38-4139842-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14292</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CORE PLUS BOND FUND FEE CLASS R1</u>		
b Name of sponsor of entity listed in (a): <u>AST WILMINGTON TRUST</u>		
c EIN-PN <u>38-4116854-515</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>304682</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) 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 01/01/2021 and ending 12/31/2021		
A Name of plan PROCESS DISPLAYS, LLC 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 PROCESS DISPLAYS, LLC	D Employer Identification Number (EIN) 41-0730126	

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	18942	19760
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	362638	277212
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	9335930	12912169
(5) Partnership/joint venture interests	1c(5)	3435080	4413377
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	110450	140298
(9) Value of interest in common/collective trusts	1c(9)		637227
(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)	15634664	18169138
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	414750	224016
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	29312454	36793197

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	29312454	36793197
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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.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	634490	
(B) Participants	2a(1)(B)	1240434	
(C) Others (including rollovers).....	2a(1)(C)	674806	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2549730
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	5518	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5518
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)	531570	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	493913	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1025483
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	4857308	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		4857308

		(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)		948571
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		9386610
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1629906	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)	2875	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1632781
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)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	273086	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		273086
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1905867
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		7480743
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: RSM US LLP

(2) EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

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

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

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

A Name of plan <u>PROCESS DISPLAYS, LLC 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PROCESS DISPLAYS, LLC</u>	D Employer Identification Number (EIN) <u>41-0730126</u>

Part I	Distributions
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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	<u>0</u>
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): <u>84-0467907</u>		
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.)
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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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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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 _____

Process Displays, LLC

401(k) Plan

Financial Report
December 31, 2021

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Independent Auditor's Report

Trustees and Participants
Process Displays, LLC 401(k) Plan

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

We have performed an audit of the financial statements of Process Displays, LLC 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits of December 31, 2021, 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the 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 (U.S. GAAP).
- The information in the accompanying 2021 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 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 the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the 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 judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 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 U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4a—Schedule of Delinquent Participant Contributions, Schedule H Line 4i—Schedule of assets (held at end of year), and Schedule H, Line 4j—Schedule of reportable transactions, as of or for the year ended December 31, 2021, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Auditor's Report on the 2020 Financial Statements

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

RSM US LLP

Minneapolis Minnesota
October 5, 2022

Process Displays, LLC 401(k) Plan

**Statements of Net Assets Available for Benefits
December 31, 2021 and 2020**

	2021	2020
Assets:		
Investments, at fair value:		
Common and preferred stock	\$ 12,912,169	\$ 9,335,930
Mutual funds	17,666,701	14,321,783
Partnership units	4,413,377	3,435,080
Closed-end funds	502,437	1,312,881
Collective trust funds	637,227	-
Corporate debt securities	277,212	362,638
Investments, at contract value	224,016	414,750
Total investments	36,633,139	29,183,062
Receivables:		
Employer contributions	19,760	18,942
Notes receivable from participants	140,298	110,450
	160,058	129,392
Net assets available for benefits	\$ 36,793,197	\$ 29,312,454

See notes to financial statements.

Process Displays, LLC 401(k) Plan

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2021

Additions:	
Investment results:	
Net appreciation in fair value of investments	\$ 5,805,879
Dividends and interest	1,025,483
	<u>6,831,362</u>
Interest income on notes receivable from participants	<u>5,518</u>
Contributions:	
Participants	1,240,434
Employer	634,490
Rollovers	674,806
	<u>2,549,730</u>
Total additions	<u>9,386,610</u>
Benefits paid to participants	(1,632,781)
Administrative expenses	(273,086)
Total deductions	<u>(1,905,867)</u>
Net increase in net assets available for benefits	7,480,743
Net assets available for benefits:	
Beginning of year	<u>29,312,454</u>
End of year	<u><u>\$ 36,793,197</u></u>

See notes to financial statements.

Process Displays, LLC 401(k) Plan

Notes to Financial Statements

Note 1. Plan Description

The following description of Process Displays, LLC 401(k) Plan (the Plan), provides general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering certain employees of Process Displays, LLC (the Company) who are at least 21 years of age and have completed one month of service. The Plan covers all non-represented employees of the Company, as defined in the Plan document. For purposes of receiving Company discretionary profit-sharing contributions, an employee must be at least 21 years of age, complete two years of service, and complete 1,000 hours of service during each of the two consecutive 12-month periods that are not separated by a break in service. The two-year service requirement is not satisfied until the last day of the second 12-month period. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Company serves as the Plan Administrator.

Contributions: Each year, participants can make salary deferral contributions up to 100% of their pretax and/or Roth annual compensation, as defined by the Plan, up to the maximum allowed by the Internal Revenue Code (IRC). The Plan allows participants age 50 and older to make catch-up contributions to the Plan. Participants can also contribute amounts representing distributions from other qualified defined benefits or contributions that are Roth in nature. The Plan includes an automatic enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 5% of eligible compensation and their contributions invested in a target date retirement fund unless otherwise elected by the participant.

The Company will also make a safe harbor contribution of 100% of the amount of the participant's elective deferrals that do not exceed 3% of the participant's compensation plus 50% of the amount of the participant's elective deferrals that exceed 3% but do not exceed 5% of the participant's compensation. In addition, the Company may elect to make discretionary profit-sharing contributions as determined by the Company's Board of Directors. The Company did not elect to make a discretionary profit-sharing contribution for the year ended December 31, 2021.

Participant accounts: Each participant's account is credited with the participant's contributions and the Company's matching contributions, an allocation of the Company's profit-sharing contributions, if any, and investment results. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on eligible participant compensation, account balances or specified transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Investment options: Upon enrollment in the Plan, a participant may direct their contributions, profit sharing contributions and Company safe harbor contributions into a variety of investment options or to non-participant-directed investments. All funds vary in types of investments, rates of return, and investment risk and are described in more detail in the Plan's literature. Participants may elect, on a daily basis, to have all or part of their participant-directed balances and future participant and Company safe harbor contributions transferred from one participant-directed fund to another or in any combination.

Vesting: Participants are immediately vested in all contributions plus actual earnings thereon.

Process Displays, LLC 401(k) Plan

Notes to Financial Statements

Note 1. Plan Description (Continued)

Notes receivable from participants: Participants can borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance, whichever is less, for a period of up to five years. Property loans can be for a period of up to 15 years. The notes are secured by the balance in the participant's account and bear interest at a reasonable rate of interest. The notes outstanding at December 31, 2021, bear interest ranging from 5.25% to 7.50% and had terms ranging from one to five years, with notes maturing at various dates through May 2036. Principal and interest are paid ratably through payroll deductions.

Benefits paid to participants: Upon retirement at age 65 or older, death, disability or upon obtaining age 59½, participants may elect to roll over their balance to another qualified plan or individual retirement account (IRA) or receive the value of their account in the form of a lump-sum distribution or periodic payments, as defined by the Plan. Hardship withdrawals are available if the participant has not reached age 59½ but are subject to restrictions. For termination of service for other reasons, a participant may receive the value of their account as a lump-sum distribution or roll over the balance to another qualified plan or IRA. If a terminated participant does not elect to receive a lump-sum payment or rollover the balance to another account, and the participant's account balance has not exceeded \$5,000 at any time, the balance will be distributed to the participant in a single lump-sum payment for balances less than \$1,000 or will be rolled over to an IRA for balances greater than \$1,000.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The financial statements of the Plan are prepared under the accrual basis of accounting.

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

Use of estimates: The preparation of financial statements in 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 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, except for fully benefit-responsive investment contracts, which are reported at contract value. Fair value is the amount 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 Plan's trustee determines the Plan's valuation policies utilizing information provided by the Plan's investment advisors, custodians and other third parties. See Note 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends 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.

Process Displays, LLC 401(k) Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

Notes receivable: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 or 2020.

Notes receivable from participants have been classified as an investment asset for Form 5500 reporting purposes and, accordingly, have been included as an investment in the supplemental schedule, Schedule H, Line 4i—Schedule of assets (held at end of year).

Payment of benefits: Benefit payments are recorded when paid.

Administrative expenses: Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. The remaining administrative costs are paid by the Plan. Investment-related expenses are included as an offset to net appreciation in fair value of investments.

Risks and uncertainties: The Plan invests in various 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 have occurred since year-end and that such changes could materially affect participants' account balances and the amounts reported in the 2021 statement of net assets available for benefits.

Subsequent events: The Plan Administrator has evaluated subsequent events through October 5, 2022, the date the financial statements were available to be issued.

Note 3. Information Certified or Provided by the Custodians

The following is a summary of the Plan's asset information as of December 31, 2021 and 2020, and for the year ended December 31, 2021, included throughout the Plan's financial statements and ERISA-required supplemental schedules, obtained by management and agreed to or derived from information provided by Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC, the custodians of the Plan's participant-directed assets, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodians that information provided to the Plan Administrator by the custodians related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditor not to perform any auditing procedures with respect to information that appears throughout the financial statements and supplemental schedules related to the following assets:

	December 31	
	2021	2020
Investments, at fair value:		
Mutual funds	\$ 16,883,288	\$ 13,406,387
Collective trust funds	637,227	-
Investments, at contract value:		
Fixed annuity contracts	224,016	414,750
Notes receivable from participants	140,298	110,450

Process Displays, LLC 401(k) Plan

Notes to Financial Statements

Note 3. Information Certified or Provided by the Custodians (Continued)

Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC also certified to the completeness and accuracy of \$1,784,755 of net appreciation in fair value of investments, \$497,008 of dividends and interest related to the aforementioned investments, and \$5,518 of interest income on notes receivable from participants for the year ended December 31, 2021.

Note 4. Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in inactive markets
- Inputs other than quoted prices that are observable for the asset or liability
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

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

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

The asset'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. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Common and preferred stock: Common and preferred stock includes common and preferred stock of domestic and foreign corporations. Common and preferred stock is valued at the closing price reported in the active markets in which the individual security is traded.

Mutual funds: Mutual funds include money market funds, equity funds, index funds and exchange-traded funds. Mutual funds are valued at quoted market prices for identical assets in active markets for the shares held by the Plan at year-end.

Closed-end funds: Closed-end funds are a closed-end investment. Closed-end funds are valued at quoted market prices for identical assets in active markets for the shares held by the Plan at year-end.

Process Displays, LLC 401(k) Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

Partnership units: Partnership units are valued based on the year-end net asset values (NAVs) of the underlying partnerships. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAVs of the partnerships are based on the fair values of the underlying investments of the partnerships. Quoted market prices are used to value the underlying investments of the partnerships, where the partnerships consist of the investment pools which invest primarily in common stocks. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

Collective trust funds: Investments in collective trust funds are valued at the net asset value (NAV) as reported by the invested manager.

Corporate debt securities: Corporate debt securities are invested in corporate bonds issued by corporations located in the United States, as well as notes issued by corporations located in the United States. The notes are valued at quoted market prices for identical assets in active markets for the shares held by the Plan at year-end. Corporate bonds are valued based on inputs other than quoted prices that are observable.

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
Investments measured at fair value:				
Common and preferred stock	\$ 12,912,169	\$ -	\$ -	\$ 12,912,169
Mutual funds	17,666,701	-	-	17,666,701
Closed-end funds	502,437	-	-	502,437
Collective Trust Funds	-	-	637,227	637,227
Corporate debt securities	277,212	-	-	277,212
Total investments in the fair value hierarchy	<u>\$ 31,358,519</u>	<u>\$ -</u>	<u>\$ 637,227</u>	<u>31,995,746</u>
Investments measured at net asset value (a)				<u>4,413,377</u>
Total assets at fair value				<u><u>\$ 36,409,123</u></u>

Assets at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Investments measured at fair value:				
Common and preferred stock	\$ 9,335,930	\$ -	\$ -	\$ 9,335,930
Mutual funds	14,321,783	-	-	14,321,783
Closed-end funds	1,312,881	-	-	1,312,881
Corporate debt securities	362,638	-	-	362,638
Total investments in the fair value hierarchy	<u>\$ 25,333,232</u>	<u>\$ -</u>	<u>\$ -</u>	<u>25,333,232</u>
Investments measured at net asset value (a)				<u>3,435,080</u>
Total assets at fair value				<u><u>\$ 28,768,312</u></u>

Process Displays, LLC 401(k) Plan

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

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

The following table includes partnership units where NAV is available as a practical expedient:

	Fair Value as of December 31		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2021	2020			
Partnership units	\$ 4,413,377	\$ 3,435,080	N/A	Daily	None
Collective Trust Funds	637,227	-	N/A	Daily	None

The Plan invests in partnership units of Punch Micro Cap Partners, LLC. Punch Micro Cap Partners, LLC commenced operations on July 1, 2005, for the purpose of investing and trading in long equity positions, primarily in U.S.-based micro-cap companies. In order to strategically mitigate some of the directional risk associated with long-term ownership of this asset class, the managing member of Punch Micro Cap Partners, LLC also intends to establish short positions in U.S. equities.

Note 5. Fully Benefit-Responsive Investment Contract

Under a group annuity contract with Great-West Life & Annuity Insurance Company, the Plan invests contributions in the Key Guaranteed Portfolio Fund. The Key Guaranteed Portfolio Fund is a fixed annuity general account product and meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specific interest rate that is guaranteed to the Plan.

The Plan held \$224,016 and \$414,750 of traditional investment contracts at contract value at December 31, 2021 and 2020, respectively.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligation. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (a) amendments to the Plan document (including complete or partial Plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan Sponsor or other Plan Sponsor events that cause a significant withdrawal from the Plan or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. No events are probable that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

Process Displays, LLC 401(k) Plan

Notes to Financial Statements

Note 5. Fully Benefit-Responsive Investment Contract (Continued)

The group annuity contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

Note 6. Related-Party Transactions and Party-in-Interest Transactions

The Plan's investments are managed by the custodians and fund administrators; therefore, these transactions qualify as party-in-interest transactions.

Note 7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Note 8. Tax Status

Effective April 19, 2017, the Plan adopted a nonstandardized form of a prototype plan sponsored by Tax Sheltered Compensation, Inc. The prototype plan has received an opinion letter dated March 31, 2014, from the Internal Revenue Service (IRS) as to the prototype plan's qualified status. The prototype plan opinion letter has been relied upon by this Plan. The Plan has been amended subsequent to the version covered by the prototype plan's determination letter. However, the Plan Administrator believes the Plan is designed and being operated in compliance with the applicable provisions of the IRC.

Accounting principles generally accepted in the United States of America require the Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Process Displays, LLC 401(k) Plan

Notes to Financial Statements

Note 9. Non-Participant-Directed Investments

Non-participant-directed investments are held by Fidelity Investments and ALPS. Investment transactions are determined by the Plan's trustees in line with the Plan's investment policy. Information about the net assets and the significant components of the changes in net assets relating to the non-participant-directed investments is as follows:

	December 31	
	2021	2020
Net assets:		
Common and preferred stock	\$ 12,912,169	\$ 9,335,930
Mutual funds	783,413	915,396
Partnership units	4,413,377	3,435,080
Closed-end funds	502,437	1,312,881
Corporate debt securities	277,212	362,638
	<u>\$ 18,888,608</u>	<u>\$ 15,361,925</u>
		December 31,
		2021
Changes in net assets:		
Net appreciation in fair value of investments		\$ 4,021,124
Dividends and interest		528,475
Administrative expenses		(179,213)
Transfers to participant-directed investments		(843,703)
		<u>\$ 3,526,683</u>

Note 10. Prohibited Transactions

During 2020, the Company inadvertently failed to deposit \$45,291 of participant deferrals within the required time frame as stated by the United States Department of Labor (DOL) regulations. The Company corrected the late deferrals during the year ended December 31, 2021.

Process Displays, LLC 401(k) Plan

**Schedule H, Line 4a—Schedule of Delinquent Participant Contributions
Year Ended December 31, 2021**

Participant Contributions Transferred Late to Plan	Total That Constitute Prohibited Nonexempt Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending in VFCP	
Check here if late participant loan repayments are included: [X]				
2020	\$ -	\$ -	\$ -	\$ 45,291

Process Displays, LLC 401(k) Plan

**Schedule H, Line 4i—Schedule of Assets (Held at End of Year)
December 31, 2021**

Description	Cost	Current Value
Mutual funds:		
AB LARGE CAP GROWTH Z (APGZX)**	\$ 689,670	\$ 1,030,970
ALPS ETF TR ALERIAN MLP (AMLP)	65,018	121,236
AMERICAN CENTURY EMERGING MARKETS R6 (AEDMX)**	119,912	128,854
AMERICAN FUNDS CAPITAL WORLD G/I R6 (RWIGX)**	217,327	257,607
AMERICAN FUNDS INCOME FUND OF AMERICA R6 (RIDGX)**	149,228	166,447
BLACKROCK LIFEPATH INDEX 2025 K (LIBKX)**	827,659	981,588
BLACKROCK LIFEPATH INDEX 2030 K (LINKX)**	2,138,819	2,688,205
BLACKROCK LIFEPATH INDEX 2035 K (LIJKX)**	2,018,796	2,394,054
BLACKROCK LIFEPATH INDEX 2040 K (LIKKX)**	1,393,920	1,857,762
BLACKROCK LIFEPATH INDEX 2045 K (LIHKX)**	1,540,068	2,007,492
BLACKROCK LIFEPATH INDEX 2050 K (LIPKX)**	710,274	975,986
BLACKROCK LIFEPATH INDEX 2055 K (LIVKX)**	607,026	816,921
BLACKROCK LIFEPATH INDEX 2060 K (LIZKX)**	389,425	517,303
BLACKROCK LIFEPATH INDEX RETIREMENT K (LIRKX)**	581,933	605,389
COHEN & STEERS REAL ESTATE SECURITIES Z (CSZIX)**	204,830	285,283
FIDELITY CASH RESERVES (FDRXX)*, ***	232,950	232,950
ISHARES MSCI EAFE INTERNATIONAL INDEX K	226,525	243,935
ISHARES RUSSELL 2000 SMALL-CAP INDEX K (BDBKX)**	198,513	247,752
ISHARES RUSSELL MID-CAP INDEX K (BRMKX)**	237,730	323,969
ISHARES S&P 500 GROWTH ETF (IVW)	86,521	429,227
ISHARES S&P 500 INDEX K (WFSPX)**	591,481	826,942
MFS VALUE R6 (MEIKX)**	283,980	346,960
VICTORY SYCAMORE ESTABLISHED VALUE R6 (VEVRX)**	150,002	179,869
	<u>13,661,607</u>	<u>17,666,701</u>
Common and preferred stock:		
ACCENTURE PLC (ACN)	24,652	221,830
ACRES COMMERCIAL REALTY CORP 7.875	35,645	35,882
ADDUS HOMECARE CORP COM USD0.001	56,138	98,653
AGNC INVT CORP COM(AGNC)	85,850	92,045
ALAMO GROUP INC (ALG)	39,824	81,685
AMERCO COM USD0.25(UHAL)	57,767	177,926
AMERIPRISE FINANCIAL INC COM USD0.01	42,955	161,388
ANTHEM INC (ANTM)	28,157	199,322
ARBOR REALTY TRUST INC COM (ABR)	49,558	99,661
ARCOSA INC COM (ACA)	99,898	106,981
ARES CAPITAL CORP COM (ARCC)	53,716	76,178

(Continued)

Process Displays, LLC 401(k) Plan

Schedule H, Line 4i—Schedule of Assets (Held at End of Year) (Continued)
December 31, 2021

Description	Cost	Current Value
Common and preferred stock (continued):		
AT&T INC COM USD1	\$ 110,676	\$ 93,972
ATLAS CORP 7.12500% 10/30/2027 PFD (ATCOL)	42,483	46,541
ATLAS CORP PFD (ATCOPRI)	49,439	52,945
ATLAS CORP USD0.01(ATCO)	82,686	189,799
AVID BIOSERVICES INC COM(CDMO)	39,584	143,857
B. RILEY FINANCIAL INC CAL NT 26	35,020	35,238
B. RILEY FINANCIAL INC COM (RILY)	58,669	320,785
B. RILEY FINANCIAL INC SR NT	42,014	44,352
BABCOCK AND WILCOX ENTERPRISES INC SR	69,783	72,983
BAR HARBOR BANKSHARES (BHB)	80,604	83,608
BARINGS BDC INC COM (BBDC)	145,794	151,062
BARINGS BDC INC COM (BBDC)	104,042	121,220
BCE INC COM NEW ISIN #CA05534B7604 sedol (BCE)	95,582	118,651
BERKSHIRE HATHAWAY INC COM USD0.0033	95,403	207,805
BLUELINX HLDGS INC COM NEW(BXC)	71,328	202,532
BOEING CO COM USD5.00(BA)	86,337	131,865
BRIGHTVIEW HLDGS INC COM	92,784	95,814
BROADMARK RLTY CAP INC COM (BRMK)	92,740	85,672
BRUNSWICK CORP (BC)	95,731	188,365
BUILDERS FIRSTSOURCE INC	127,757	260,987
CALLAWAY GOLF CO (ELY)	95,415	219,246
CAPITAL SOUTHWEST CORPORATION COM	50,406	84,056
CARRIER GLOBAL CORPORATION COM (CARR)	70,968	123,396
CATCHMARK TIMBER TR INC CL A	86,435	77,171
CINTAS CORP (CTAS)	12,117	175,052
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CVS HEALTH CORPORATION COM	61,793	137,719
DEERE & CO (DE)	35,118	142,299
DIGI INTERNATIONAL INC(DGII)	67,100	142,260
DISNEY WALT CO COM (DIS)	150,370	199,034
DOUGLAS DYNAMICS INC COM USD0.01	46,308	80,464
E. W. SCRIPPS CO(SSP)	163,336	176,375
ECOFIN SUSTAINABLE AND SOCIAL COM SH	102,231	96,990
ENSTAR GROUP LTD (ESGR)	51,881	99,036
EQUITY COMMONWEALTH USD0.01(BNF INT) (EQC)	109,233	102,435
EQUITY COMWLTH 6.5% CNV PFD D (EQCPRD)	21,123	25,097
ETSY INC COM (ETSY)	7,114	132,459
FAIRFAX FINL HLDGS LTD SUB VTG	162,685	193,103
FARO TECHNOLOGIES INC(FARO)	66,432	93,127

(Continued)

Process Displays, LLC 401(k) Plan

Schedule H, Line 4i—Schedule of Assets (Held at End of Year) (Continued)
December 31, 2021

Description	Cost	Current Value
Common and preferred stock (continued):		
FISERV INC (FISV)	\$ 30,272	\$ 157,761
FRANCHISE GROUP INC COM(FRG)	143,566	234,459
FRANKLIN COVEY CO (FC)	48,565	128,649
GENTHERM INC (THRM)	29,457	102,542
GLOBAL SHIP LEASE INC COM USD.01 CL A	124,051	216,843
GREEN BRICK PARTNERS INC (GRBK)	58,327	200,633
HACKETT GROUP INC (HCKT)	77,864	132,316
HEALTHSTREAM INC COM	111,386	122,047
HOOKE FURNITURE CORP(HOFT)	82,598	51,216
HORMEL FOODS CORP(HRL)	23,788	83,465
IAC INTERACTIVECORP NEW COM(IAC)	119,695	141,820
JOHNSON &JOHNSON COM USD1.00(JNJ)	86,836	153,108
JPMORGAN CHASE & CO (JPM)	49,839	186,061
KINDER MORGAN INC COM USD.01	147,100	141,630
LITHIA MTRS INC CL A (LAD)	24,415	93,539
LUMENT FINANCE TRUST INC CUM PFD A	25,020	26,370
MALIBU BOATS INC COM CL A (MBUU)	29,529	109,281
MICROSOFT CORP(MSFT)	24,583	322,867
OAKTREE SPECIALTY LENDING CORP COM (OCSL)	52,536	88,662
OPORTUN FINL CORP COM	70,457	69,458
ORACLE CORP (ORCL)	91,793	167,879
PAR PAC HOLDINGS INC COM NEW(PARR)	100,055	101,414
PHIBRO ANIMAL HEALTH CORP (PAHC)	66,837	61,975
PIMCO ENRGY TACTICAL CR OPP FD COM	107,657	173,880
PZENA INVT MGMT INC CLASS A (PZN)	57,950	79,879
QURATE RETAIL INC NT CAL 31 8.0% 03/15/2031 PFD (QRTEP)	133,057	138,831
RADNET INC (RDNT)	105,792	197,823
RANPAK HOLDINGS CORP COM CL A (PACK)	51,300	206,690
REPUBLIC SERVICES INC(RSG)	41,227	191,047
SCOTTS MIRACLE-GRO CO CL A	108,574	108,675
SEMLER SCIENTIFIC INC COM USD0.001	63,209	53,157
SLEEP NUMBER CORP COM(SNBR)	66,640	108,772
SOLAR CAP LTD COM (SLRC)	97,423	99,061
SPROUTS FARMERS MARKET INC	94,918	122,133
SS&C TECHNOLOGIES HLDGS INC COM	48,259	131,578
STEVEN MADDEN LTD (SHOO)	28,348	64,593
STONECASTLE FINL CORP COM (BANX)	72,762	88,429
STONEX GROUP INC COM(SNEX)	123,926	209,475
TARGET CORP (TGT)	45,699	189,781
TECHTARGET INC (TTGT)	27,257	153,534
THERMO FISHER SCIENTIFIC INC	128,576	176,819
THORNBURG INCM BUILDER OPP TR COM (TBLD)	34,194	34,614
VERIZON COMMUNICATIONS INC(VZ)	140,289	142,370

(Continued)

Process Displays, LLC 401(k) Plan

Schedule H, Line 4i—Schedule of Assets (Held at End of Year) (Continued) December 31, 2021

Description	Cost	Current Value
Common and preferred stock (continued):		
VIRTUS ALLIANZGI CONVERTIBLE COM (CBH)	\$ 104,413	\$ 114,837
WASTE MANAGEMENT INC (WM)	35,618	169,404
WEYERHAEUSER CO MTN BE COM NEW	59,709	105,833
WILLIAMS COS INC COM (WMB)	88,429	114,704
	<u>7,286,535</u>	<u>12,912,169</u>
Corporate debt securities:		
B. RILEY FINANCIAL INC FXD NT	30,010	31,044
B. RILEY FINANCIAL INC RILYM 25	37,513	39,375
GLOBAL SHIP LEASE INC 8.0% 12/31/2024 PFD (GSLD)	77,661	79,080
NORDSTOM INC NOTE CALL MAKE WHOLE	69,976	65,275
TRAVELCENTERS OF AMERICA INC SR NT	56,858	62,438
	<u>272,018</u>	<u>277,212</u>
Closed-end funds:		
DOUBLELINE YIELD OPPORTUNITIES COM (DLY)	141,811	141,933
FIRST TR HIGH YIELD OPPRT 2027 COM (FTHY)	103,884	105,346
WESTERN ASSET GLOBAL CP DEFINE COM (GDO)	113,802	124,266
WESTERN ASSET HIGH YIELD DEFIN COM (HYI)	122,254	130,892
	<u>481,751</u>	<u>502,437</u>
Collective trust funds:		
CORE PLUS BOND FUND FEE CLASS R1	305,815	304,681
INTERNATIONAL GROWTH FUND II FEE R1	14,177	14,292
MID CAP GROWTH FUND FEE CLASS R1	222,782	223,868
SMALL CAP VALUE FUND II FEE CLASS R1	89,962	94,386
	<u>632,736</u>	<u>637,227</u>
Fixed annuity:		
KEY GUARANTEED INTEREST FUND**	221,875	224,016
Partnership units:		
PUNCH MICRO CAP PARTNERS, LLC	4,413,377	4,413,377
Notes receivable from participants, due in various amounts through May 2036 with interest rates between 5.25% and 7.50%***	N/A	140,298
	<u>\$ 26,969,899</u>	<u>\$ 36,773,437</u>

*Party in interest as defined by ERISA.

**Asset certified by Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC.

***Cost information not required on participant-directed investments.

Process Displays, LLC 401(k) Plan

**Schedule H, Line 4j—Schedule of Reportable Transactions
Year Ended December 31, 2021**

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Fidelity Investments*	FIDELITY CASH RESERVES (FDRXX)	\$ 4,536,014	\$ 4,628,055	\$ 9,164,069	\$ 9,164,069	\$ -

*Party in interest as defined by ERISA.

Process Displays, LLC 401(k) Plan

**Schedule H, Line 4i—Schedule of Assets (Held at End of Year)
December 31, 2021**

Description	Cost	Current Value
Mutual funds:		
AB LARGE CAP GROWTH Z (APGZX)**	\$ 689,670	\$ 1,030,970
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(Continued)

Process Displays, LLC 401(k) Plan

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CARRIER GLOBAL CORPORATION COM (CARR)	70,968	123,396
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(Continued)

Process Displays, LLC 401(k) Plan

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(Continued)

Process Displays, LLC 401(k) Plan

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*Party in interest as defined by ERISA.

**Asset certified by Great-West Life & Annuity Insurance Company and Great-West Trust Company, LLC.

***Cost information not required on participant-directed investments.

Process Displays, LLC 401(k) Plan

**Schedule H, Line 4a—Schedule of Delinquent Participant Contributions
Year Ended December 31, 2021**

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	Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending in VFCP	
Check here if late participant loan repayments are included: [X]				
2020	\$ -	\$ -	\$ -	\$ 45,291

Process Displays, LLC 401(k) Plan

**Schedule H, Line 4j—Schedule of Reportable Transactions
Year Ended December 31, 2021**

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Fidelity Investments*	FIDELITY CASH RESERVES (FDRXX)	\$ 4,536,014	\$ 4,628,055	\$ 9,164,069	\$ 9,164,069	\$ -

*Party in interest as defined by ERISA.