

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
---	---	---

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>INDUCTOHEAT, INC. RETIREMENT SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>08/01/2008</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>08/01/2008</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>08/01/2008</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>INDUCTOHEAT, INC.</u> <u>32251 N. AVIS DRIVE</u> <u>MADISON HEIGHTS, MI 48071</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>38-1694184</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>248-585-9393</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>335900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>38-1694184</u>	2c Plan Sponsor's telephone number <u>248-585-9393</u>	2d Business code (see instructions) <u>335900</u>	
2b Employer Identification Number (EIN) <u>38-1694184</u>					
2c Plan Sponsor's telephone number <u>248-585-9393</u>					
2d Business code (see instructions) <u>335900</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.	10/11/2022	JAMES J. AUGUSTYN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2022	JAMES J. AUGUSTYN
	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		5 143
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) 114
a(2) Total number of active participants at the end of the plan year		6a(2) 111
b Retired or separated participants receiving benefits.....		6b 0
c Other retired or separated participants entitled to future benefits		6c 30
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 141
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 141
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 135
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 2J 2F 2G 2K 3H 2T		
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
---	--	--

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan INDUCTOHEAT, INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 INDUCTOHEAT, INC.	D Employer Identification Number (EIN) 38-1694184

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

1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE 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
04-1590850	65935	MR 61938	141	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

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

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

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

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

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

(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	

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

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

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

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

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

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

b	Balance at the end of the previous year	7b	8635692
----------	---	-----------	----------------

c	Additions: (1) Contributions deposited during the year	7c(1)	123644	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	253818	
	(4) Transferred from separate account.....	7c(4)	1188353	
	(5) Other (specify below)	7c(5)	0	

▶ **OUTSIDE FUND ADJ**

(6) Total additions	7c(6)	1565815
---------------------------	--------------	----------------

d	Total of balance and additions (add lines 7b and 7c(6))	7d	10201507
----------	--	-----------	-----------------

e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	46350	
	(2) Administration charge made by carrier.....	7e(2)	71	
	(3) Transferred to separate account.....	7e(3)	0	
	(4) Other (specify below)	7e(4)	0	

(5) Total deductions	7e(5)	46421
----------------------------	--------------	--------------

f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	10155086
----------	--	-----------	-----------------

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 INDUCTOHEAT, INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 INDUCTOHEAT, INC.	D Employer Identification Number (EIN) 38-1694184	

Part I	Service Provider Information (see instructions)
---------------	--

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

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

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

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

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

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

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

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

(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

84-0467907

(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?
52 60 62 63 64 68 72	CONTRACT ADMINISTRATOR	800	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MORGAN STANLEY SMITH BARNEY LLC

26-4310632

(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 ADVISORY SERVI	0	Yes ☒ No ☐	Yes ☐ No ☒	92053	Yes ☐ No ☒

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

ABERDEEN

51-0368279

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

AMERICAN BEACON

75-2401150

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

ARTISAN

39-1811840

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

BLACKROCK

04-6171663

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

BLACKROCK

51-0318674

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

COHEN & STEERS

14-1904657

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

COLUMBIA

36-3376651

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

INVESCO

94-2362417

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

JP MORGAN

26-3613641

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

JP MORGAN

04-3400483

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

LEGG MASON

13-4146187

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

LORD ABBETT

13-3731507

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

METROPOLITAN WEST ASSET MANAGEMENT

95-4597302

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

VANGUARD

23-1999755

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

VANGUARD

23-1945930

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

VICTORY

31-6364605

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

MASSACHUSETTS MUTUAL LIFE INS. CO.

04-1590850

(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?
52 72	INVESTMENT PROVIDER	0	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 ☐

(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
MORGAN STANLEY SMITH BARNEY LLC	27	92053

(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 84-0467907	PLAN RELATED EXPENSES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SAGIC DIVERSIFIED BOND 61938 04-1590850	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MASSMUTUAL US GOVERNMENT MNY MKT FD 04-3212059	BASIS POINTS * PLAN ASSETS

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MASSMUTUAL MID CAP GROWTH FUND 04-3512596	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT WEST LIFE & ANNUITY INSURANCE	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK INFL PROTECTD BD FD 04-6171663	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT WEST LIFE & ANNUITY INSURANCE	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LORD ABBETT HIGH YIELD FUND 13-3731507	BASIS POINTS * PLAN ASSETS	

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
GREAT WEST LIFE & ANNUITY INSURANCE	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COLUMBIA GLOBAL TECHNOLOGY GR FD 36-3376651	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT WEST LIFE & ANNUITY INSURANCE	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK HLTH SCIENCES OPPORTS FD 51-0318674	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT WEST LIFE & ANNUITY INSURANCE	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK ISHARES S&P 500 INDEX FD 51-0318674	BASIS POINTS * PLAN ASSETS	

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
GREAT WEST LIFE & ANNUITY INSURANCE	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO SMALL CAP GROWTH FUND 94-2362417	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ABERDEEN	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ABRDN EMERGING MARKETS FUND 51-0368279	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN BEACON	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN BEACON INTL EQUITY FUND 75-2401150	BASIS POINTS * PLAN ASSETS	

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
ARTISAN	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ARTISAN INTERNATIONAL VALUE FUND 39-1811840	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLACKROCK	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK INFL PROTECTD BD FD 04-6171663	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLACKROCK	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK HLTH SCIENCES OPPORTS FD 51-0318674	BASIS POINTS * PLAN ASSETS	

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
BLACKROCK	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK ISHARES S&P 500 INDEX FD 51-0318674	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLACKROCK	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK MID-CAP GROWTH EQUITY FD 51-0318674	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
COHEN & STEERS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COHEN & STEERS REAL EST SCRTS FD 14-1904657	BASIS POINTS * PLAN ASSETS	

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
COLUMBIA	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COLUMBIA GLOBAL TECHNOLOGY GR FD 36-3376651	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO SMALL CAP GROWTH FUND 94-2362417	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JP MORGAN EQUITY INCOME FUND 26-3613641	BASIS POINTS * PLAN ASSETS	

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
JP MORGAN	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JP MORGAN LARGE CAP GROWTH FUND 26-3613641	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
UNDISCOVERED MGRS BEHAVIORAL VAL FD 04-3400483	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LEGG MASON	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CLEARBRIDGE INTERNATIONAL GROWTH FD 13-4146187	BASIS POINTS * PLAN ASSETS	

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
LORD ABBETT	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LORD ABBETT HIGH YIELD FUND 13-3731507	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
METROPOLITAN WEST ASSET MANAGEMENT	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
METROPOLITAN WEST TOTAL RTRN BND FD 95-4597302	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VANGUARD MID CAP INDEX FUND 23-1999755	BASIS POINTS * PLAN ASSETS	

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
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD SMALL CAP INDEX FUND 23-1999755	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VANGUARD	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VANGUARD DEVELOPED MARKETS INDEX FD 23-1945930	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VICTORY	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VICTORY SYCAMORE ESTABLISHED VAL FD 31-6364605	BASIS POINTS * PLAN ASSETS

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>INDUCTOHEAT, INC. RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>INDUCTOHEAT, INC.</u>	D Employer Identification Number (EIN) <u>38-1694184</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a 0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)	
(2) Participant contributions.....		1b(2)	
(3) Other		1b(3) 0	0
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)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans		1c(8) 0	0
(9) Value of interest in common/collective trusts		1c(9) 0	0
(10) Value of interest in pooled separate accounts		1c(10) 0	0
(11) Value of interest in master trust investment accounts.....		1c(11)	
(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) 33333769	36208040
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14) 8635691	10155087
(15) Other.....		1c(15)	

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1) 0	0
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f 41969460	46363127
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	0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l 41969460	46363127

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 875543	
	(B) Participants	2a(1)(B) 539418	
	(C) Others (including rollovers).....	2a(1)(C) 0	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	1414961
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) 0	
	(F) Other	2b(1)(F) 299287	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	299287
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B) 0	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C) 1896777	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	1896777
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A) 5556368	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B) 5272913	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	283455
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B) -68766	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-68766

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(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)		1417735
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5243449
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	848982	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		848982
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	800	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		800
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		849782
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		4393667
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: MC CLAIN, SMITH & WENZ CPA'S P.C.

(2) EIN: 38-3382520

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

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

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

A Name of plan INDUCTOHEAT, INC. RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 INDUCTOHEAT, INC.	D Employer Identification Number (EIN) 38-1694184

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-1590850		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

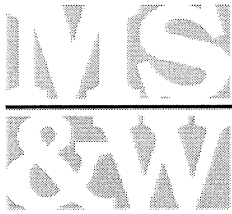
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

INDUCTOHEAT, INC. RETIREMENT SAVINGS PLAN
MADISON HEIGHTS, MICHIGAN

FINANCIAL STATEMENTS
AND
SUPPLEMENTARY INFORMATION

FOR THE YEARS ENDED
DECEMBER 31, 2021 AND 2020



McClain, Smith & Wenz, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

James T. Welch, CPA
Bryan L. Wright, CPA

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of the
Inductoheat, Inc. Retirement Savings Plan

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

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

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

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

Opinion

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

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

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Inductoheat, Inc. Retirement Savings 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 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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, including omissions, 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 Inductoheat, Inc. Retirement Savings 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 Inductoheat, Inc. Retirement Savings Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Supplemental Schedule Required by ERISA

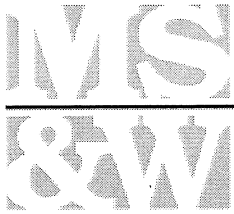
The supplemental schedule of assets held at end of year December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental 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 generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

McClain, Smith & Wong, P.C.
September 12, 2022



McClain, Smith & Wenz, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

James T. Welch, CPA
Bryan L. Wright, CPA

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of the
Inductoheat, Inc. Retirement Savings Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Inductoheat, Inc. Retirement Savings Plan, which comprise the statement of net assets available for benefits as of December 31, 2020 and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

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

Disclaimer of Opinion

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

Report on Form and Content in Compliance With DOL Rules and Regulations for 2020 Financial Statement

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

McClain, Smith & Wenz, P.C.

September 12, 2022

	2021	2020
Assets:		
Investments, at fair value:		
Mutual funds	\$ 36,208,040	\$ 33,332,413
Stable value funds, at contract value	<u>10,155,087</u>	<u>8,637,047</u>
	46,363,127	41,969,460
Receivables:		
Employer contributions	<u>791,951</u>	<u>881,734</u>
	791,951	881,734
 Total assets	 <u>\$ 47,155,078</u>	 <u>\$ 42,851,194</u>
 Net assets available for benefits	 \$ 47,155,078	 \$ 42,851,194

See accompanying notes.

INDUCTOHEAT, INC. RETIREMENT SAVINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>%</u>	<u>2020</u>	<u>%</u>
Additions to net assets:				
Investment income:				
Net appreciation				
(depreciation) in fair				
value of investments	\$ 2,771,483	54	\$ 4,377,280	69
Dividends and interest	<u>1,057,006</u>	<u>22</u>	<u>560,292</u>	<u>9</u>
	3,828,489	74	4,937,572	78
Less: investment expense	<u>(800)</u>	<u>0</u>	<u>(960)</u>	<u>0</u>
	3,827,689	74	4,936,612	78
Contributions:				
Employer	785,759	15	881,734	14
Participants	<u>539,418</u>	<u>9</u>	<u>537,406</u>	<u>8</u>
	<u>1,325,177</u>	<u>26</u>	<u>1,419,140</u>	<u>22</u>
Total additions	5,152,866	100	6,355,752	100
Deductions from net assets:				
Benefits paid directly to participants	<u>848,982</u>	<u>17</u>	<u>1,050,000</u>	<u>17</u>
Net increase (decrease)	4,303,884	<u>84</u>	5,305,752	<u>83</u>
Net assets available for benefits:				
Beginning of period	<u>42,851,194</u>		<u>37,545,442</u>	
End of period	<u>\$ 47,155,078</u>		<u>\$ 42,851,194</u>	

See accompanying notes.

INDUCTOHEAT, INC. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

Note A - Plan description

The following description of the Plan provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

1. **General** - The Plan is a defined contribution plan covering, in general, all employees of Inductoheat, Inc. (the "Employer") who complete ninety days of service, work one thousand hours, and are employed by the Company on the last day of the Plan year. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Employer absorbs some administrative costs of the plan.
2. **Contributions** - Participants are able to contribute up to 100 percent of their compensation as defined by the plan. Roth contributions are permitted under the Plan. Participants direct the investment of the contributions into various investment options offered by the Plan. The Plan offers numerous investment options with varying degrees of risk. The Employer may contribute to the Plan an amount determined in its sole discretion.
3. **Participant Accounts** - Each participant's account is credited with the participant's contributions, an allocation of the Employer's contributions and participant account earnings, less any allocated expenses.
4. **Vesting** - Every participant is immediately vested in the value of their employer, rollover and voluntary contributions, plus actual earnings thereon.
5. **Payment of Benefits** - On termination of service, subject to the Plan's provisions, the participant may request a lump-sum, partial or installments payments based on Plan rules at the time.

Note B - Summary of accounting policies

Mutual funds are valued at quoted market prices. The Plan invested in the SAGIC Diversified Bond fund which is a guaranteed investment account, and is stated at contract value. The financial statements of the plan are prepared on the accrual basis of accounting. Benefits are recorded when paid. Contributions receivable as of December 31, 2021 and 2020, are accrued based on analysis of subsequent cash receipts. Management believes all contributions are fully collectible and that no allowance for doubtful accounts is necessary.

The preparation of financial statements in conformity with generally accepted accounting principles requires management to use estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Note C - Plan termination

Although it has not expressed any intent to do so, the Employer has the right to terminate the Plan at any time, subject to the provisions of ERISA.

Note D - Subsequent events

Management has evaluated subsequent events through September 12, 2022, the date the financial statements were available to be issued.

INDUCTOHEAT, INC. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

Note E - Unaudited Information prepared and certified by Trustee

The following information at December 31, 2021 and 2020 included in the financial statements was obtained from the data that has been prepared and certified to as complete and accurate by the trustee. The following tabulation presents fair values of investments, as determined by the trustee.

	<u>2021</u>	<u>2020</u>
Investments at fair value as determined by quoted market price:		
Mutual funds	<u>\$ 36,208,040</u>	<u>\$ 33,332,413</u>
Stable value funds, at contract value	<u>\$ 10,155,087</u>	<u>\$ 8,637,047</u>
Investment income (loss)	<u>\$ 3,828,489</u>	<u>\$ 4,937,572</u>

Note F - Risks and uncertainties

In the normal course of business, all of the Plan's assets are transacted with and held by its Trustee. The Plan is subject to credit risk to the extent the Trustee is unable to fulfill contractual obligations on its behalf. The Plan has not experienced and does not expect any losses from these arrangements.

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

Note G - Federal income tax status

The Plan has been determined to be exempt from Federal Income Tax, except for net income derived from unrelated business activities. Management believes that they have appropriate support for any tax positions taken, and as such, do not have any uncertain tax positions that are material to the financial statements. The Internal Revenue Service has determined and informed the Employer by a letter dated April 7, 2021 that the Empower Retirement LLC volume submitter profit sharing plan with cash or deferred arrangement that was adopted by the Inductoheat, Inc. Retirement Savings Plan is designed in accordance with applicable sections of the Internal Revenue Code (the "IRC"). Management believes that the Plan continues to qualify and operate as designed.

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

Note H - Parties-in-interest transactions

ERISA defines a party-in-interest to include, among others, fiduciaries and any person who provides services to the Plan. All Administrative Committee members are current Plan participants. The Plan held shares of a guaranteed investment contract (stable value funds) during 2021 and 2020 which were sponsored by Mass Mutual. Mass Mutual is the custodian of the Plan and, therefore, these transactions qualify as party-in-interest transactions, which are exempt from prohibited transaction rules.

INDUCTOHEAT, INC. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

Note I - Investment contract with insurance company

The Plan entered into a traditional fully benefit-responsive guaranteed investment contract with Mass Mutual. Mass Mutual maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract meets the criteria to be considered fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at contract value.

There are no reserves against the contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 0%. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the Plan's ability to transact at contract value with Mass Mutual. Such events include the following: (a) The Plan notifies Mass Mutual that the contract will be terminated. (b) Amendments to the Plan that Mass Mutual determine have an adverse effect on Mass Mutual's administrative procedures. (c) The fair value account balance is not more than \$1,000 or the contract value account balance is zero. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants or the issuer are probable of occurring.

Note J - Reconciliation of the financial statements to Schedule H of Form 5500

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

	<u>2021</u>	<u>2020</u>
Net assets available for benefits per financial statements	\$ 47,155,078	\$ 42,851,194
Less: employer contributions receivable	<u>791,951</u>	<u>881,734</u>
Net assets as reported on Form 5500	<u>\$ 46,363,127</u>	<u>\$ 41,969,460</u>

The following is a reconciliation of changes in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2021:

Changes in net assets available for benefits per financial statements	\$ 4,303,884
Net change in employer contributions receivable	<u>89,783</u>
Net change in net assets available for benefits per Form 5500	<u>\$ 4,393,667</u>

INDUCTOHEAT, INC. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

Note J - Reconciliation of the financial statements to Schedule H of Form 5500 (continued)

The following is a reconciliation of employer's contributions per the financial statements to the Form 5500 for the year ended December 31, 2021:

Employer's contributions per financial statements	\$ 785,759
Net change in employer contributions receivable	89,783
Rounding	<u>1</u>
Employer's contributions per Form 5500	<u>\$ 875,543</u>

Note K - Fair value measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures* established a framework for measuring fair value, and expands disclosures about fair value measurements. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs, the lowest priority, are utilized when Level 1 or Level 2 inputs are not available. The three levels are described as follows:

Level 1 — Quoted prices in active markets for identical securities.

Level 2 — Prices determined using other significant observable inputs. Observable inputs that other market participants would use in pricing a security, including quoted prices for similar securities.

Level 3 — Prices determined using significant unobservable inputs.

In instances where the determination of the fair value measurement is based on inputs from different levels of the fair value hierarchy, the level of the fair value hierarchy within which the entire fair value measurement falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

Following is a description of the valuation methodologies used for assets at fair value.

Mutual Funds: Valued at the closing price reported in the active market in which the mutual fund is traded.

INDUCTOHEAT, INC. RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

Note K - Fair value measurements (continued)

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits.

Fair value Measurements at Reporting Date Using:				
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Quoted Prices in Active Markets for Similar Assets (Level 2)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2021</u>				
Mutual funds	\$ 36,208,040	\$ 11,326,256	\$ 24,881,784	\$ -
	<u>\$ 36,208,040</u>	<u>\$ 11,326,256</u>	<u>\$ 24,881,784</u>	<u>\$ -</u>

Fair value Measurements at Reporting Date Using:				
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Quoted Prices in Active Markets for Similar Assets (Level 2)	Significant Unobservable Inputs (Level 3)
<u>December 31, 2020</u>				
Mutual funds	\$ 33,332,413	\$ 8,732,344	\$ 24,600,069	\$ -
	<u>\$ 33,332,413</u>	<u>\$ 8,732,344</u>	<u>\$ 24,600,069</u>	<u>\$ -</u>

SUPPLEMENTAL INFORMATION

A Name of Plan Inductoheat, Inc. Retirement Savings Plan	B Three-digit plan Number	002
C Plan sponsor's name as shown on line 2a of Form 5500 Inductoheat, Inc.	D Employer Identification Number 381694184	

Schedule H, line 4i - Schedule of Assets (Held At End of Year)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	MassMutual	Guaranteed Interest Account	10,155,085	10,155,085
*	Aberdeen	abrdn Emerging Markets Fund	138,382	122,000
*	American Beacon	American Beacon Intl Equity Fund	0	0
*	Artisan	Artisan International Value Fund	206,669	190,507
*	BlackRock	BlackRock Hlth Sciences Opports Fd	623,655	695,404
*	BlackRock	BlackRock Infl Protectd Bd Fd	469,599	479,415
*	BlackRock	BlackRock iShares S&P 500 Index Fd	1,097,900	1,431,056
*	BlackRock	BlackRock Mid-Cap Growth Equity Fd	453,903	441,893
*	Legg Mason	ClearBridge International Growth Fd	124,463	136,163
*	Cohen & Steers	Cohen & Steers Real Est Scrts Fd	172,818	229,518
*	Columbia	Columbia Global Technology Gr Fd	853,633	1,239,305
*	Invesco	Invesco Small Cap Growth Fund	110,355	93,936
*	JP Morgan	JP Morgan Equity Income Fund	733,506	847,032
*	JP Morgan	JP Morgan Large Cap Growth Fund	3,476,522	3,548,763
*	Lord Abbett	Lord Abbett High Yield Fund	77,730	80,084
*	MassMutual Select	MassMutual Mid Cap Growth Fund	0	0
*	MassMutual Premier	Holding Account - MassMutual US Gov	0	3
*	Metropolitan West Asset Management	Metropolitan West Total Rtrn Bnd Fd	359,589	344,294
*	JP Morgan	Undiscovered Mgrs Behavioral Val Fd	172,414	180,394
*	Vanguard	Vanguard Developed Markets Index Fd	258,325	257,013
*	Vanguard	Vanguard Mid Cap Index Fund	131,526	151,205
*	Vanguard	Vanguard Small Cap Index Fund	134,309	145,369
*	Victory	Victory Sycamore Established Val Fd	638,957	712,906
*		Aggressive Portfolio	1,618,615	2,520,754
*		Aberdeen Emerging Markets Fund	0	277,561
*		American Beacon Intl Equity Fund	0	416,719
*		BlackRock Infl Protectd Bd Fd	0	25,272
*		BlackRock iShares S&P 500 Index Fd	0	350,796
*		ClearBridge International Growth Fd	0	415,509
*		Invesco Small Cap Growth Fund	0	50,076
*		JP Morgan Equity Income Fund	0	227,300
*		JP Morgan Large Cap Growth Fund	0	123,749
*		Lord Abbett High Yield Fund	0	50,373
*		Metropolitan West Total Rtrn Bnd Fd	0	251,863
*	MassMutual	SAGIC Diversified Bond (61938)	0	100,766
*		Select Mid Cap Gr Fd (TRP/Frontier)	0	25,102
*		Undiscovered Mgrs Behavioral Val Fd	0	102,673
*		Victory Sycamore Established Val Fd	0	101,520
*		Aggressive Portfolio - Miscellaneou	0	1,475
*		Conservative Portfolio	1,409,775	1,516,998
*		Aberdeen Emerging Markets Fund	0	45,525
*		American Beacon Intl Equity Fund	0	68,352

*		BlackRock Infl Protectd Bd Fd	0	15,297
*		BlackRock iShares S&P 500 Index Fd	0	60,278
*		ClearBridge International Growth Fd	0	68,153
*		JP Morgan Equity Income Fund	0	45,568
*		JP Morgan Large Cap Growth Fund	0	14,884
*		Lord Abbett High Yield Fund	0	30,295
*		Metropolitan West Total Rtrn Bnd Fd	0	833,109
*	MassMutual	SAGIC Diversified Bond (61938)	0	287,861
*		Undiscovered Mgrs Behavioral Val Fd	0	30,879
*		Victory Sycamore Established Val Fd	0	15,265
*		Conservative Portfolio - Miscellane	0	1,532
*		Conservative-Moderate Portfolio	2,035,212	2,543,306
*		Aberdeen Emerging Markets Fund	0	127,244
*		American Beacon Intl Equity Fund	0	191,044
*		BlackRock Infl Protectd Bd Fd	0	25,489
*		BlackRock iShares S&P 500 Index Fd	0	151,629
*		ClearBridge International Growth Fd	0	190,489
*		Invesco Small Cap Growth Fund	0	25,250
*		JP Morgan Equity Income Fund	0	101,891
*		JP Morgan Large Cap Growth Fund	0	74,882
*		Lord Abbett High Yield Fund	0	50,805
*		Metropolitan West Total Rtrn Bnd Fd	0	1,143,109
*	MassMutual	SAGIC Diversified Bond (61938)	0	355,707
*		Undiscovered Mgrs Behavioral Val Fd	0	51,785
*		Victory Sycamore Established Val Fd	0	51,198
*		Conservative-Moderate Portfolio - M	0	2,511
*		Moderate Portfolio	6,433,035	9,292,176
*		Aberdeen Emerging Markets Fund	0	650,866
*		American Beacon Intl Equity Fund	0	977,200
*		BlackRock Infl Protectd Bd Fd	0	93,727
*		BlackRock iShares S&P 500 Index Fd	0	830,997
*		ClearBridge International Growth Fd	0	974,361
*		Invesco Small Cap Growth Fund	0	92,259
*		JP Morgan Equity Income Fund	0	558,402
*		JP Morgan Large Cap Growth Fund	0	273,594
*		Lord Abbett High Yield Fund	0	185,621
*		Metropolitan West Total Rtrn Bnd Fd	0	3,248,371
*	MassMutual	SAGIC Diversified Bond (61938)	0	835,468
*		Select Mid Cap Gr Fd (TRP/Frontier)	0	92,498
*		Undiscovered Mgrs Behavioral Val Fd	0	283,792
*		Victory Sycamore Established Val Fd	0	187,054
*		Moderate Portfolio - Miscellaneous	0	7,515
*		Moderate-Aggressive Portfolio	5,691,225	9,008,549
*		Aberdeen Emerging Markets Fund	0	811,592
*		American Beacon Intl Equity Fund	0	1,218,512
*		BlackRock Infl Protectd Bd Fd	0	90,318
*		BlackRock iShares S&P 500 Index Fd	0	985,039
*		ClearBridge International Growth Fd	0	1,214,973
*		Invesco Small Cap Growth Fund	0	178,956
*		JP Morgan Equity Income Fund	0	722,082
*		JP Morgan Large Cap Growth Fund	0	353,795
*		Lord Abbett High Yield Fund	0	180,024
*		Metropolitan West Total Rtrn Bnd Fd	0	2,250,293

*	MassMutual	SAGIC Diversified Bond (61938)	0	360,122
*		Select Mid Cap Gr Fd (TRP/Frontier)	0	89,710
*		Undiscovered Mgrs Behavioral Val Fd	0	275,226
*		Victory Sycamore Established Val Fd	0	272,118
*		Moderate-Aggressive Portfolio - Mis	0	5,790

If the plan offers an asset allocation plan investment option that is composed of component investments listed on the Schedule of Assets for Schedule H, line 4i: (i) there is no issuer of this plan investment option so column (b) will be left blank on the line that describes the plan investment option and the issuer of each component investment will be listed; and (ii) a cost for the plan investment option will be reported which is an aggregate of the cost of each of the component investments so no cost will be reported for the components.

A Name of Plan Inductoheat, Inc. Retirement Savings Plan	B Three-digit plan Number	002
C Plan sponsor's name as shown on line 2a of Form 5500 Inductoheat, Inc.	D Employer Identification Number 381694184	

Schedule H, line 4i - Schedule of Assets (Held At End of Year)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	MassMutual	Guaranteed Interest Account	10,155,085	10,155,085
*	Aberdeen	abrdn Emerging Markets Fund	138,382	122,000
*	American Beacon	American Beacon Intl Equity Fund	0	0
*	Artisan	Artisan International Value Fund	206,669	190,507
*	BlackRock	BlackRock Hlth Sciences Opports Fd	623,655	695,404
*	BlackRock	BlackRock Infl Protectd Bd Fd	469,599	479,415
*	BlackRock	BlackRock iShares S&P 500 Index Fd	1,097,900	1,431,056
*	BlackRock	BlackRock Mid-Cap Growth Equity Fd	453,903	441,893
*	Legg Mason	ClearBridge International Growth Fd	124,463	136,163
*	Cohen & Steers	Cohen & Steers Real Est Scrts Fd	172,818	229,518
*	Columbia	Columbia Global Technology Gr Fd	853,633	1,239,305
*	Invesco	Invesco Small Cap Growth Fund	110,355	93,936
*	JP Morgan	JP Morgan Equity Income Fund	733,506	847,032
*	JP Morgan	JP Morgan Large Cap Growth Fund	3,476,522	3,548,763
*	Lord Abbett	Lord Abbett High Yield Fund	77,730	80,084
*	MassMutual Select	MassMutual Mid Cap Growth Fund	0	0
*	MassMutual Premier	Holding Account - MassMutual US Gov	0	3
*	Metropolitan West Asset Management	Metropolitan West Total Rtrn Bnd Fd	359,589	344,294
*	JP Morgan	Undiscovered Mgrs Behavioral Val Fd	172,414	180,394
*	Vanguard	Vanguard Developed Markets Index Fd	258,325	257,013
*	Vanguard	Vanguard Mid Cap Index Fund	131,526	151,205
*	Vanguard	Vanguard Small Cap Index Fund	134,309	145,369
*	Victory	Victory Sycamore Established Val Fd	638,957	712,906
*		Aggressive Portfolio	1,618,615	2,520,754
*		Aberdeen Emerging Markets Fund	0	277,561
*		American Beacon Intl Equity Fund	0	416,719
*		BlackRock Infl Protectd Bd Fd	0	25,272
*		BlackRock iShares S&P 500 Index Fd	0	350,796
*		ClearBridge International Growth Fd	0	415,509
*		Invesco Small Cap Growth Fund	0	50,076
*		JP Morgan Equity Income Fund	0	227,300
*		JP Morgan Large Cap Growth Fund	0	123,749
*		Lord Abbett High Yield Fund	0	50,373
*		Metropolitan West Total Rtrn Bnd Fd	0	251,863
*	MassMutual	SAGIC Diversified Bond (61938)	0	100,766
*		Select Mid Cap Gr Fd (TRP/Frontier)	0	25,102
*		Undiscovered Mgrs Behavioral Val Fd	0	102,673
*		Victory Sycamore Established Val Fd	0	101,520
*		Aggressive Portfolio - Miscellaneou	0	1,475
*		Conservative Portfolio	1,409,775	1,516,998
*		Aberdeen Emerging Markets Fund	0	45,525
*		American Beacon Intl Equity Fund	0	68,352

*		BlackRock Infl Protectd Bd Fd	0	15,297
*		BlackRock iShares S&P 500 Index Fd	0	60,278
*		ClearBridge International Growth Fd	0	68,153
*		JP Morgan Equity Income Fund	0	45,568
*		JP Morgan Large Cap Growth Fund	0	14,884
*		Lord Abbett High Yield Fund	0	30,295
*		Metropolitan West Total Rtrn Bnd Fd	0	833,109
*	MassMutual	SAGIC Diversified Bond (61938)	0	287,861
*		Undiscovered Mgrs Behavioral Val Fd	0	30,879
*		Victory Sycamore Established Val Fd	0	15,265
*		Conservative Portfolio - Miscellaneous	0	1,532
*		Conservative-Moderate Portfolio	2,035,212	2,543,306
*		Aberdeen Emerging Markets Fund	0	127,244
*		American Beacon Intl Equity Fund	0	191,044
*		BlackRock Infl Protectd Bd Fd	0	25,489
*		BlackRock iShares S&P 500 Index Fd	0	151,629
*		ClearBridge International Growth Fd	0	190,489
*		Invesco Small Cap Growth Fund	0	25,250
*		JP Morgan Equity Income Fund	0	101,891
*		JP Morgan Large Cap Growth Fund	0	74,882
*		Lord Abbett High Yield Fund	0	50,805
*		Metropolitan West Total Rtrn Bnd Fd	0	1,143,109
*	MassMutual	SAGIC Diversified Bond (61938)	0	355,707
*		Undiscovered Mgrs Behavioral Val Fd	0	51,785
*		Victory Sycamore Established Val Fd	0	51,198
*		Conservative-Moderate Portfolio - M	0	2,511
*		Moderate Portfolio	6,433,035	9,292,176
*		Aberdeen Emerging Markets Fund	0	650,866
*		American Beacon Intl Equity Fund	0	977,200
*		BlackRock Infl Protectd Bd Fd	0	93,727
*		BlackRock iShares S&P 500 Index Fd	0	830,997
*		ClearBridge International Growth Fd	0	974,361
*		Invesco Small Cap Growth Fund	0	92,259
*		JP Morgan Equity Income Fund	0	558,402
*		JP Morgan Large Cap Growth Fund	0	273,594
*		Lord Abbett High Yield Fund	0	185,621
*		Metropolitan West Total Rtrn Bnd Fd	0	3,248,371
*	MassMutual	SAGIC Diversified Bond (61938)	0	835,468
*		Select Mid Cap Gr Fd (TRP/Frontier)	0	92,498
*		Undiscovered Mgrs Behavioral Val Fd	0	283,792
*		Victory Sycamore Established Val Fd	0	187,054
*		Moderate Portfolio - Miscellaneous	0	7,515
*		Moderate-Aggressive Portfolio	5,691,225	9,008,549
*		Aberdeen Emerging Markets Fund	0	811,592
*		American Beacon Intl Equity Fund	0	1,218,512
*		BlackRock Infl Protectd Bd Fd	0	90,318
*		BlackRock iShares S&P 500 Index Fd	0	985,039
*		ClearBridge International Growth Fd	0	1,214,973
*		Invesco Small Cap Growth Fund	0	178,956
*		JP Morgan Equity Income Fund	0	722,082
*		JP Morgan Large Cap Growth Fund	0	353,795
*		Lord Abbett High Yield Fund	0	180,024
*		Metropolitan West Total Rtrn Bnd Fd	0	2,250,293

*	MassMutual	SAGIC Diversified Bond (61938)	0	360,122
*		Select Mid Cap Gr Fd (TRP/Frontier)	0	89,710
*		Undiscovered Mgrs Behavioral Val Fd	0	275,226
*		Victory Sycamore Established Val Fd	0	272,118
*		Moderate-Aggressive Portfolio - Mis	0	5,790

If the plan offers an asset allocation plan investment option that is composed of component investments listed on the Schedule of Assets for Schedule H, line 4i: (i) there is no issuer of this plan investment option so column (b) will be left blank on the line that describes the plan investment option and the issuer of each component investment will be listed; and (ii) a cost for the plan investment option will be reported which is an aggregate of the cost of each of the component investments so no cost will be reported for the components.

A Name of Plan Inductoheat, Inc. Retirement Savings Plan	B Three-digit plan Number	002
C Plan sponsor's name as shown on line 2a of Form 5500 Inductoheat, Inc.	D Employer Identification Number 381694184	

Schedule C Formula Description and/or EIC Statement Description

Service Provider Name	Service Provider EIN	Service Provider Address	Formula / EIC Statement
Aberdeen	510368279		Aberdeen received estimated Investment Management Fees of 0.90% with respect to plan assets held in the abrdn Emerging Markets Fund (MR-1314).
Aberdeen	510368279		Aberdeen received estimated Investment Management Fees of 0.90% with respect to plan assets held in the abrdn Emerging Markets Fund (MR-1314) which is a component of Moderate Portfolio (OF 41612).
Aberdeen	510368279		Aberdeen received estimated Investment Management Fees of 0.90% with respect to plan assets held in the abrdn Emerging Markets Fund (MR-1314) which is a component of Aggressive Portfolio (OF 41614).
Aberdeen	510368279		Aberdeen received estimated Investment Management Fees of 0.90% with respect to plan assets held in the abrdn Emerging Markets Fund (MR-1314) which is a component of Conservative Portfolio (OF 41610).
Aberdeen	510368279		Aberdeen received estimated Investment Management Fees of 0.90% with respect to plan assets held in the abrdn Emerging Markets Fund (MR-1314) which is a component of Moderate-Aggressive Portfolio (OF 41613).
Aberdeen	510368279		Aberdeen received estimated Investment Management Fees of 0.90% with respect to plan assets held in the abrdn Emerging Markets Fund (MR-1314) which is a component of Conservative-Moderate Portfolio (OF 41611).
American Beacon	752401150		American Beacon received estimated Investment Management Fees of 0.61% with respect to plan assets held in the American Beacon Intl Equity Fund (MR-4645).
American Beacon	752401150		American Beacon received estimated Investment Management Fees of 0.61% with respect to plan assets held in the American Beacon Intl Equity Fund (MR-4645) which is a component of Moderate Portfolio (OF 41612).
American Beacon	752401150		American Beacon received estimated Investment Management Fees of 0.61% with respect to plan assets held in the American Beacon Intl Equity Fund (MR-4645) which is a component of Aggressive Portfolio (OF 41614).
American Beacon	752401150		American Beacon received estimated Investment Management Fees of 0.61% with respect to plan assets held in the American Beacon Intl Equity Fund (MR-4645) which is a component of Conservative Portfolio (OF 41610).
American Beacon	752401150		American Beacon received estimated Investment Management Fees of 0.61% with respect to plan assets held in the American Beacon Intl Equity Fund (MR-4645) which is a component of Moderate-Aggressive Portfolio (OF 41613).
American Beacon	752401150		American Beacon received estimated Investment Management Fees of 0.61% with respect to plan assets held in the American Beacon Intl Equity Fund (MR-4645) which is a component of Conservative-Moderate Portfolio (OF 41611).
Artisan	391811840		Artisan received estimated Investment Management Fees of 1.00% with respect to plan assets held in the Artisan International Value Fund (MR-3596).
BlackRock	046171663		BlackRock received estimated Investment Management Fees of 0.25% with respect to plan assets held in the BlackRock Infl Protectd Bd Fd (MR-701).
BlackRock	510318674		BlackRock received estimated Investment Management Fees of 0.01% with respect to plan assets held in the BlackRock iShares S&P 500 Index Fd (MR-2394).
BlackRock	510318674		BlackRock received estimated Investment Management Fees of 0.62% with respect to plan assets held in the BlackRock Mid-Cap Growth Equity Fd (MR-4042).
BlackRock	510318674		BlackRock received estimated Investment Management Fees of 0.67% with respect to plan assets held in the BlackRock Hlth Sciences Opports Fd (MR-1021).
BlackRock	046171663		BlackRock received estimated Investment Management Fees of 0.25% with respect to plan

BlackRock	046171663	assets held in the BlackRock Infl Protectd Bd Fd (MR-701) which is a component of Moderate Portfolio (OF 41612). BlackRock received estimated Investment Management Fees of 0.25% with respect to plan assets held in the BlackRock Infl Protectd Bd Fd (MR-701) which is a component of Aggressive Portfolio (OF 41614).
BlackRock	046171663	BlackRock received estimated Investment Management Fees of 0.25% with respect to plan assets held in the BlackRock Infl Protectd Bd Fd (MR-701) which is a component of Conservative Portfolio (OF 41610).
BlackRock	510318674	BlackRock received estimated Investment Management Fees of 0.01% with respect to plan assets held in the BlackRock iShares S&P 500 Index Fd (MR-2394) which is a component of Moderate Portfolio (OF 41612).
BlackRock	510318674	BlackRock received estimated Investment Management Fees of 0.01% with respect to plan assets held in the BlackRock iShares S&P 500 Index Fd (MR-2394) which is a component of Aggressive Portfolio (OF 41614).
BlackRock	510318674	BlackRock received estimated Investment Management Fees of 0.01% with respect to plan assets held in the BlackRock iShares S&P 500 Index Fd (MR-2394) which is a component of Conservative Portfolio (OF 41610).
BlackRock	046171663	BlackRock received estimated Investment Management Fees of 0.25% with respect to plan assets held in the BlackRock Infl Protectd Bd Fd (MR-701) which is a component of Moderate-Aggressive Portfolio (OF 41613).
BlackRock	046171663	BlackRock received estimated Investment Management Fees of 0.25% with respect to plan assets held in the BlackRock Infl Protectd Bd Fd (MR-701) which is a component of Conservative-Moderate Portfolio (OF 41611).
BlackRock	510318674	BlackRock received estimated Investment Management Fees of 0.01% with respect to plan assets held in the BlackRock iShares S&P 500 Index Fd (MR-2394) which is a component of Moderate-Aggressive Portfolio (OF 41613).
BlackRock	510318674	BlackRock received estimated Investment Management Fees of 0.01% with respect to plan assets held in the BlackRock iShares S&P 500 Index Fd (MR-2394) which is a component of Conservative-Moderate Portfolio (OF 41611).
Cohen & Steers	141904657	Cohen & Steers received estimated Investment Management Fees of 0.68% with respect to plan assets held in the Cohen & Steers Real Est Scrts Fd (MR-3758).
Columbia	363376651	Columbia received estimated Investment Management Fees of 0.80% with respect to plan assets held in the Columbia Global Technology Gr Fd (MR-4199).
Invesco	942362417	Invesco received estimated Investment Management Fees of 0.68% with respect to plan assets held in the Invesco Small Cap Growth Fund (MR-1899).
Invesco	942362417	Invesco received estimated Investment Management Fees of 0.68% with respect to plan assets held in the Invesco Small Cap Growth Fund (MR-1899) which is a component of Moderate Portfolio (OF 41612).
Invesco	942362417	Invesco received estimated Investment Management Fees of 0.68% with respect to plan assets held in the Invesco Small Cap Growth Fund (MR-1899) which is a component of Aggressive Portfolio (OF 41614).
Invesco	942362417	Invesco received estimated Investment Management Fees of 0.68% with respect to plan assets held in the Invesco Small Cap Growth Fund (MR-1899) which is a component of Moderate-Aggressive Portfolio (OF 41613).
Invesco	942362417	Invesco received estimated Investment Management Fees of 0.68% with respect to plan assets held in the Invesco Small Cap Growth Fund (MR-1899) which is a component of Conservative-Moderate Portfolio (OF 41611).
JP Morgan	263613641	JP Morgan received estimated Investment Management Fees of 0.40% with respect to plan assets held in the JP Morgan Equity Income Fund (MR-1805).
JP Morgan	263613641	JP Morgan received estimated Investment Management Fees of 0.46% with respect to plan assets held in the JP Morgan Large Cap Growth Fund (MR-1792).
JP Morgan	043400483	JP Morgan received estimated Investment Management Fees of 0.75% with respect to plan assets held in the Undiscovered Mgrs Behavioral Val Fd (MR-3303).
JP Morgan	263613641	JP Morgan received estimated Investment Management Fees of 0.40% with respect to plan assets held in the JP Morgan Equity Income Fund (MR-1805) which is a component of Moderate Portfolio (OF 41612).
JP Morgan	263613641	JP Morgan received estimated Investment Management Fees of 0.40% with respect to plan assets held in the JP Morgan Equity Income Fund (MR-1805) which is a component of Aggressive Portfolio (OF 41614).

JP Morgan	263613641	JP Morgan received estimated Investment Management Fees of 0.46% with respect to plan assets held in the JP Morgan Large Cap Growth Fund (MR-1792) which is a component of Moderate Portfolio (OF 41612).
JP Morgan	263613641	JP Morgan received estimated Investment Management Fees of 0.40% with respect to plan assets held in the JP Morgan Equity Income Fund (MR-1805) which is a component of Conservative Portfolio (OF 41610).
JP Morgan	263613641	JP Morgan received estimated Investment Management Fees of 0.46% with respect to plan assets held in the JP Morgan Large Cap Growth Fund (MR-1792) which is a component of Aggressive Portfolio (OF 41614).
JP Morgan	043400483	JP Morgan received estimated Investment Management Fees of 0.75% with respect to plan assets held in the Undiscovered Mgrs Behavioral Val Fd (MR-3303) which is a component of Moderate Portfolio (OF 41612).
JP Morgan	263613641	JP Morgan received estimated Investment Management Fees of 0.46% with respect to plan assets held in the JP Morgan Large Cap Growth Fund (MR-1792) which is a component of Conservative Portfolio (OF 41610).
JP Morgan	043400483	JP Morgan received estimated Investment Management Fees of 0.75% with respect to plan assets held in the Undiscovered Mgrs Behavioral Val Fd (MR-3303) which is a component of Aggressive Portfolio (OF 41614).
JP Morgan	043400483	JP Morgan received estimated Investment Management Fees of 0.75% with respect to plan assets held in the Undiscovered Mgrs Behavioral Val Fd (MR-3303) which is a component of Conservative Portfolio (OF 41610).
JP Morgan	263613641	JP Morgan received estimated Investment Management Fees of 0.40% with respect to plan assets held in the JP Morgan Equity Income Fund (MR-1805) which is a component of Moderate-Aggressive Portfolio (OF 41613).
JP Morgan	263613641	JP Morgan received estimated Investment Management Fees of 0.40% with respect to plan assets held in the JP Morgan Equity Income Fund (MR-1805) which is a component of Conservative-Moderate Portfolio (OF 41611).
JP Morgan	263613641	JP Morgan received estimated Investment Management Fees of 0.46% with respect to plan assets held in the JP Morgan Large Cap Growth Fund (MR-1792) which is a component of Moderate-Aggressive Portfolio (OF 41613).
JP Morgan	263613641	JP Morgan received estimated Investment Management Fees of 0.46% with respect to plan assets held in the JP Morgan Large Cap Growth Fund (MR-1792) which is a component of Conservative-Moderate Portfolio (OF 41611).
JP Morgan	043400483	JP Morgan received estimated Investment Management Fees of 0.75% with respect to plan assets held in the Undiscovered Mgrs Behavioral Val Fd (MR-3303) which is a component of Moderate-Aggressive Portfolio (OF 41613).
JP Morgan	043400483	JP Morgan received estimated Investment Management Fees of 0.75% with respect to plan assets held in the Undiscovered Mgrs Behavioral Val Fd (MR-3303) which is a component of Conservative-Moderate Portfolio (OF 41611).
Legg Mason	134146187	Legg Mason received estimated Investment Management Fees of 0.66% with respect to plan assets held in the ClearBridge International Growth Fd (MR-4621).
Legg Mason	134146187	Legg Mason received estimated Investment Management Fees of 0.66% with respect to plan assets held in the ClearBridge International Growth Fd (MR-4621) which is a component of Moderate Portfolio (OF 41612).
Legg Mason	134146187	Legg Mason received estimated Investment Management Fees of 0.66% with respect to plan assets held in the ClearBridge International Growth Fd (MR-4621) which is a component of Aggressive Portfolio (OF 41614).
Legg Mason	134146187	Legg Mason received estimated Investment Management Fees of 0.66% with respect to plan assets held in the ClearBridge International Growth Fd (MR-4621) which is a component of Conservative Portfolio (OF 41610).
Legg Mason	134146187	Legg Mason received estimated Investment Management Fees of 0.66% with respect to plan assets held in the ClearBridge International Growth Fd (MR-4621) which is a component of Moderate-Aggressive Portfolio (OF 41613).
Legg Mason	134146187	Legg Mason received estimated Investment Management Fees of 0.66% with respect to plan assets held in the ClearBridge International Growth Fd (MR-4621) which is a component of Conservative-Moderate Portfolio (OF 41611).
Lord Abbett	133731507	Lord Abbett received estimated Investment Management Fees of 0.52% with respect to plan assets held in the Lord Abbett High Yield Fund (MR-1463).
Lord Abbett	133731507	Lord Abbett received estimated Investment Management Fees of 0.52% with respect to

Lord Abbett	133731507	plan assets held in the Lord Abbett High Yield Fund (MR-833) which is a component of Moderate Portfolio (OF 41612).
Lord Abbett	133731507	Lord Abbett received estimated Investment Management Fees of 0.52% with respect to plan assets held in the Lord Abbett High Yield Fund (MR-833) which is a component of Aggressive Portfolio (OF 41614).
Lord Abbett	133731507	Lord Abbett received estimated Investment Management Fees of 0.52% with respect to plan assets held in the Lord Abbett High Yield Fund (MR-833) which is a component of Conservative Portfolio (OF 41610).
Lord Abbett	133731507	Lord Abbett received estimated Investment Management Fees of 0.52% with respect to plan assets held in the Lord Abbett High Yield Fund (MR-833) which is a component of Moderate-Aggressive Portfolio (OF 41613).
Massachusetts Mutual Life Insurance Company	041590850	Lord Abbett received estimated Investment Management Fees of 0.52% with respect to plan assets held in the Lord Abbett High Yield Fund (MR-833) which is a component of Conservative-Moderate Portfolio (OF 41611).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the Plan with the required written disclosure for float revenue received by MassMutual.
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.10% with respect to plan assets held in the Lord Abbett High Yield Fund (MR-1463).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of 0.44% with respect to plan assets held in the SAGIC Diversified Bond (61938).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.20% with respect to plan assets held in the BlackRock Infl Protectd Bd Fd (MR-701).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.35% with respect to plan assets held in the Invesco Small Cap Growth Fund (MR-1899).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.10% with respect to plan assets held in the Columbia Global Technology Gr Fd (MR-4199).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.05% with respect to plan assets held in the BlackRock iShares S&P 500 Index Fd (MR-2394).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.20% with respect to plan assets held in the BlackRock Hlth Sciences Opports Fd (MR-1021).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.86% with respect to plan assets held in the SAGIC Diversified Bond (61938).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of 0.10% with respect to plan assets held in the MassMutual US Government Mny Mkt Fd (MR-G).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.68% with respect to plan assets held in the MassMutual Mid Cap Growth Fund (MR-UH).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.35% with respect to plan assets held in the MassMutual US Government Mny Mkt Fd (MR-G).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for soft dollar compensation received by the subadviser with respect to MassMutual Mid Cap Growth Fund (MR-UH).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.20% with respect to plan assets held in the Lord Abbett High Yield Fund (MR-833) which is a component of Moderate Portfolio (OF 41612).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.10% with respect to plan assets held in the Lord Abbett High Yield Fund (MR-833) which is a component of Moderate Portfolio (OF 41612).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.20% with respect to plan assets held in the Lord Abbett High Yield Fund (MR-833) which is a component of Aggressive Portfolio (OF 41614).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of 0.44% with respect to plan assets held in the SAGIC Diversified Bond (61938) which is a component of Moderate Portfolio (OF 41612).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.10% with respect to plan assets held in the Lord Abbett High Yield Fund (MR-833) which is a component of Aggressive Portfolio (OF 41614).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.20% with respect to plan assets held in the BlackRock Infl Protectd Bd Fd (MR-701) which is a component of Moderate Portfolio (OF 41612).

Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.20% with respect to plan assets held in the Lord Abbett High Yield Fund (MR-833) which is a component of Conservative Portfolio (OF 41610).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.35% with respect to plan assets held in the Invesco Small Cap Growth Fund (MR-1899) which is a component of Moderate Portfolio (OF 41612).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of 0.44% with respect to plan assets held in the SAGIC Diversified Bond (61938) which is a component of Aggressive Portfolio (OF 41614).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.10% with respect to plan assets held in the Lord Abbett High Yield Fund (MR-833) which is a component of Conservative Portfolio (OF 41610).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.20% with respect to plan assets held in the BlackRock Infl Protectd Bd Fd (MR-701) which is a component of Aggressive Portfolio (OF 41614).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.35% with respect to plan assets held in the Invesco Small Cap Growth Fund (MR-1899) which is a component of Aggressive Portfolio (OF 41614).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of 0.44% with respect to plan assets held in the SAGIC Diversified Bond (61938) which is a component of Conservative Portfolio (OF 41610).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.20% with respect to plan assets held in the BlackRock Infl Protectd Bd Fd (MR-701) which is a component of Conservative Portfolio (OF 41610).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.05% with respect to plan assets held in the BlackRock iShares S&P 500 Index Fd (MR-2394) which is a component of Moderate Portfolio (OF 41612).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.86% with respect to plan assets held in the SAGIC Diversified Bond (61938) which is a component of Moderate Portfolio (OF 41612).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.20% with respect to plan assets held in the Lord Abbett High Yield Fund (MR-833) which is a component of Moderate-Aggressive Portfolio (OF 41613).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.05% with respect to plan assets held in the BlackRock iShares S&P 500 Index Fd (MR-2394) which is a component of Aggressive Portfolio (OF 41614).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.86% with respect to plan assets held in the SAGIC Diversified Bond (61938) which is a component of Aggressive Portfolio (OF 41614).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.10% with respect to plan assets held in the Lord Abbett High Yield Fund (MR-833) which is a component of Moderate-Aggressive Portfolio (OF 41613).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated 12b-1 Fees of 0.20% with respect to plan assets held in the Lord Abbett High Yield Fund (MR-833) which is a component of Conservative-Moderate Portfolio (OF 41611).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.05% with respect to plan assets held in the BlackRock iShares S&P 500 Index Fd (MR-2394) which is a component of Conservative Portfolio (OF 41610).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of 0.44% with respect to plan assets held in the SAGIC Diversified Bond (61938) which is a component of Moderate-Aggressive Portfolio (OF 41613).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.86% with respect to plan assets held in the SAGIC Diversified Bond (61938) which is a component of Conservative Portfolio (OF 41610).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.10% with respect to plan assets held in the Lord Abbett High Yield Fund (MR-833) which is a component of Conservative-Moderate Portfolio (OF 41611).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.20% with respect to plan assets held in the BlackRock Infl Protectd Bd Fd (MR-701) which is a component of Moderate-Aggressive

Massachusetts Mutual Life Insurance Company	041590850	Portfolio (OF 41613). MassMutual received estimated Sub-TA Fees of 0.35% with respect to plan assets held in the Invesco Small Cap Growth Fund (MR-1899) which is a component of Moderate-Aggressive Portfolio (OF 41613).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Administrative Fees of 0.44% with respect to plan assets held in the SAGIC Diversified Bond (61938) which is a component of Conservative-Moderate Portfolio (OF 41611).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.20% with respect to plan assets held in the BlackRock Infl Protectd Bd Fd (MR-701) which is a component of Conservative-Moderate Portfolio (OF 41611).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.35% with respect to plan assets held in the Invesco Small Cap Growth Fund (MR-1899) which is a component of Conservative-Moderate Portfolio (OF 41611).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.68% with respect to plan assets held in the MassMutual Mid Cap Growth Fund (MR-UH) which is a component of Moderate Portfolio (OF 41612).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.68% with respect to plan assets held in the MassMutual Mid Cap Growth Fund (MR-UH) which is a component of Aggressive Portfolio (OF 41614).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.05% with respect to plan assets held in the BlackRock iShares S&P 500 Index Fd (MR-2394) which is a component of Moderate-Aggressive Portfolio (OF 41613).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.86% with respect to plan assets held in the SAGIC Diversified Bond (61938) which is a component of Moderate-Aggressive Portfolio (OF 41613).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Sub-TA Fees of 0.05% with respect to plan assets held in the BlackRock iShares S&P 500 Index Fd (MR-2394) which is a component of Conservative-Moderate Portfolio (OF 41611).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.86% with respect to plan assets held in the SAGIC Diversified Bond (61938) which is a component of Conservative-Moderate Portfolio (OF 41611).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual received estimated Investment Management Fees of 0.68% with respect to plan assets held in the MassMutual Mid Cap Growth Fund (MR-UH) which is a component of Moderate-Aggressive Portfolio (OF 41613).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for soft dollar compensation received by the subadviser with respect to MassMutual Mid Cap Growth Fund (MR-UH) which is a component of Moderate Portfolio (OF 41612).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for soft dollar compensation received by the subadviser with respect to MassMutual Mid Cap Growth Fund (MR-UH) which is a component of Aggressive Portfolio (OF 41614).
Massachusetts Mutual Life Insurance Company	041590850	MassMutual provided the plan with the required written disclosure for soft dollar compensation received by the subadviser with respect to MassMutual Mid Cap Growth Fund (MR-UH) which is a component of Moderate-Aggressive Portfolio (OF 41613).
Metropolitan West Asset Management	954597302	Metropolitan West Asset Management received estimated Investment Management Fees of 0.35% with respect to plan assets held in the Metropolitan West Total Rtrn Bnd Fd (MR-2515).
Metropolitan West Asset Management	954597302	Metropolitan West Asset Management received estimated Investment Management Fees of 0.35% with respect to plan assets held in the Metropolitan West Total Rtrn Bnd Fd (MR-2515) which is a component of Moderate Portfolio (OF 41612).
Metropolitan West Asset Management	954597302	Metropolitan West Asset Management received estimated Investment Management Fees of 0.35% with respect to plan assets held in the Metropolitan West Total Rtrn Bnd Fd (MR-2515) which is a component of Aggressive Portfolio (OF 41614).
Metropolitan West Asset Management	954597302	Metropolitan West Asset Management received estimated Investment Management Fees of 0.35% with respect to plan assets held in the Metropolitan West Total Rtrn Bnd Fd (MR-2515) which is a component of Conservative Portfolio (OF 41610).
Metropolitan West Asset Management	954597302	Metropolitan West Asset Management received estimated Investment Management Fees of 0.35% with respect to plan assets held in the Metropolitan West Total Rtrn Bnd Fd (MR-2515) which is a component of Moderate-Aggressive Portfolio (OF 41613).
Metropolitan West Asset Management	954597302	Metropolitan West Asset Management received estimated Investment Management Fees of

Vanguard	231999755	0.35% with respect to plan assets held in the Metropolitan West Total Rtrn Bnd Fd (MR-2515) which is a component of Conservative-Moderate Portfolio (OF 41611). Vanguard received estimated Investment Management Fees of 0.04% with respect to plan assets held in the Vanguard Mid Cap Index Fund (MR-2070).
Vanguard	231999755	Vanguard received estimated Investment Management Fees of 0.04% with respect to plan assets held in the Vanguard Small Cap Index Fund (MR-2065).
Vanguard	231945930	Vanguard received estimated Investment Management Fees of 0.06% with respect to plan assets held in the Vanguard Developed Markets Index Fd (MR-2087).
Victory	316364605	Victory received estimated Investment Management Fees of 0.45% with respect to plan assets held in the Victory Sycamore Established Val Fd (MR-2948).
Victory	316364605	Victory received estimated Investment Management Fees of 0.45% with respect to plan assets held in the Victory Sycamore Established Val Fd (MR-2948) which is a component of Moderate Portfolio (OF 41612).
Victory	316364605	Victory received estimated Investment Management Fees of 0.45% with respect to plan assets held in the Victory Sycamore Established Val Fd (MR-2948) which is a component of Aggressive Portfolio (OF 41614).
Victory	316364605	Victory received estimated Investment Management Fees of 0.45% with respect to plan assets held in the Victory Sycamore Established Val Fd (MR-2948) which is a component of Conservative Portfolio (OF 41610).
Victory	316364605	Victory received estimated Investment Management Fees of 0.45% with respect to plan assets held in the Victory Sycamore Established Val Fd (MR-2948) which is a component of Moderate-Aggressive Portfolio (OF 41613).
Victory	316364605	Victory received estimated Investment Management Fees of 0.45% with respect to plan assets held in the Victory Sycamore Established Val Fd (MR-2948) which is a component of Conservative-Moderate Portfolio (OF 41611).

Schedule C Soft Dollar Compensation Eligible Indirect Compensation (“EIC”) Statement

Mutual fund investments with a retirement plan (whether held directly or indirectly through a separate investment account) can have soft dollar arrangements pursuant to which the investment advisor or sub-advisor of the mutual fund (and/or its affiliates) may direct trades to certain brokers in exchange for research and other services. The Securities and Exchange Act of 1934 contains guidance regarding the use of soft dollar arrangements.

For plans that invest directly or indirectly in the MassMutual Funds, soft dollar compensation is disclosed on the Schedule C and the Schedule C Formula Description and/or EIC Statement Description Attachment. For all other mutual funds, a Schedule C Soft Dollar Compensation Disclosure Attachment is provided and should be filed along with the Form 5500.

For additional information regarding soft dollar compensation, refer to the respective mutual fund’s Statement of Additional Information (“SAI”) for details regarding brokerage allocation and other practices.