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 01/01/2021 and ending 12/31/2021

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.)
- [X] 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:
- [X] 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
MAGNETEK FLEXCARE PLUS RETIREMENT PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1988

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)
MAGNETEK, INC.

205 CROSSPOINT PARKWAY
GETZVILLE, NY 14068-1605

2b Employer Identification Number (EIN) 95-3917584

2c Plan Sponsor's telephone number 716-689-5400

2d Business code (see instructions) 333610

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.	10/12/2022	STEPHEN LAMB
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2022	STEPHEN LAMB
	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

3a Plan administrator's name and address [X] 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**	4721
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)**	56
a(2) Total number of active participants at the end of the plan year	**6a(2)**	52
b Retired or separated participants receiving benefits	**6b**	3132
c Other retired or separated participants entitled to future benefits	**6c**	603
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	3787
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	743
f Total. Add lines **6d** and **6e**	**6f**	4530
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
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:

1C 1I 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
MAGNETEK FLEXCARE PLUS RETIREMENT PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MAGNETEK, INC.

D Employer Identification Number (EIN)
95-3917584

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2021

2 Assets:

a Market value	**2a**	137739901
b Actuarial value	**2b**	129354775

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	3972	101663959	101663959
b For terminated vested participants	715	15089232	15089232
c For active participants	56	979203	1054069
d Total	4743	117732394	117807260

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.43 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	775000
c Total (line 6a + line 6b)	**6c**	775000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

Date

SUSAN M LICETTI
Type or print name of actuary

20-05180
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

212-309-3565
Telephone number (including area code)

200 LIBERTY STREET
NEW YORK, NY 10281
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 9.00 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		540190
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.19 %		28036
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		568226
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	109.80 %
15	Adjusted funding target attainment percentage	15	109.80 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.97 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code)			**21b**	4
22 Weighted average retirement age			**22**	61

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes	☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**		

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	775000
b Excess assets, if applicable, but not greater than line 31a	**31b**	775000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected	☐ 2 plus 7 years	☒ 15 years			
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009	☒ 2010	☒ 2011	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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	**B** Three-digit plan number (PN) ▶
MAGNETEK FLEXCARE PLUS RETIREMENT PENSION PLAN	002

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
MAGNETEK, INC.	95-3917584

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

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

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

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

SEI INVESTMENTS COMPANY

23-1707341

(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?
11 25 49 33 15 27 24 62 19 28 52 21	NONE	607380	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

WILLIS TOWERS WATSON US LLC

53-0181291

(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?
11 50	NONE	46750	Yes [ ] No [X]	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 [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(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 01/01/2021 and ending 12/31/2021

A Name of plan
MAGNETEK FLEXCARE PLUS RETIREMENT PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MAGNETEK, INC.

D Employer Identification Number (EIN)
95-3917584

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 reported on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	230000	
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	170349	152131
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	13387665	13174064
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	123952307	118525858
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	137740321	131852053
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	175767	127202
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	175767	127202
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	137564554	131724851

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3	
	(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)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3086597	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3086597
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	12492251	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	13243291	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-751040
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	158722	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		158722

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3179546
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		5673828
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10458306	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		10458306
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	46750	
(2) Contract administrator fees	2i(2)	194000	
(3) Investment advisory and management fees	2i(3)	291723	
(4) Other	2i(4)	522752	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1055225
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		11513531
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-5839703
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) [X] 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) [X] 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: BONADIO & CO., LLP **(2)** EIN: 16-1131146

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:

		Yes	No	Amount
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.)	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?	**4e**	X		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 432938.

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
MAGNETEK FLEXCARE PLUS RETIREMENT PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MAGNETEK, INC.

D Employer Identification Number (EIN)
95-3917584

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 23-1707341

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** 6

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**

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 _____

MAGNETEK FLEXCARE PLUS RETIREMENT PENSION PLAN

Financial Statements as of December 31, 2021 and 2020 and Supplemental Schedules Together with Independent Auditor's Report

Bonadio & Co., LLP
Certified Public Accountants

Bonadio & Co., LLP
Certified Public Accountants

INDEPENDENT AUDITOR'S REPORT

September 20, 2022

To the Benefits Committee of the
Magnetek FlexCare Plus Retirement Pension Plan:

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

Management, having determined it is permissible in the circumstances, has elected to have the audit of Magnetek FlexCare Plus Retirement Pension 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 a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 4 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 referred to above, 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 financial statements referred to above 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).

100 Corporate Parkway
Suite 200
Amherst, New York 14226
p (716) 250-6600
f (716) 250-6605

www.bonadio.com

(Continued)

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 Magnetek FlexCare Plus Retirement Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 Magnetek FlexCare Plus Retirement Pension 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 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 Magnetek FlexCare Plus Retirement Pension 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 Magnetek FlexCare Plus Retirement Pension 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.

Other Matter - Supplemental Schedules Required by ERISA
The supplemental Schedule of Assets (Held at End of Year), and Schedule of Reportable Transactions as of December 31, 2021, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of Magnetek FlexCare Plus Retirement Pension Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated September 15, 2021 we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Bonadio & Co., LLP

MAGNETEK FLEXCARE PLUS RETIREMENT PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021 AND 2020

	2021	2020
ASSETS		
INVESTMENTS, at fair value:		
Money market fund	$ 275,115	$ 271,946
Mutual funds	118,250,743	123,680,361
U.S. government securities	13,174,064	13,387,665
Total investments	131,699,922	137,339,972
RECEIVABLES:		
Employer contribution	-	230,000
Accrued interest and dividends	152,131	170,349
Total receivables	152,131	400,349
Total assets	131,852,053	137,740,321
LIABILITIES		
Accrued administrative expenses	127,202	175,767
Total liabilities	127,202	175,767
NET ASSETS AVAILABLE FOR BENEFITS	$ 131,724,851	$ 137,564,554

The accompanying notes are an integral part of these statements.

MAGNETEK FLEXCARE PLUS RETIREMENT PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

	2021	2020
ADDITIONS:		
Employer contributions	$ -	$ 565,000
Interest and dividends	3,086,600	3,103,813
Net appreciation in fair value of investments	2,587,228	9,082,676
Total additions	5,673,828	12,751,489
DEDUCTIONS:		
Benefit payments to participants	10,458,306	10,421,681
Administrative expenses	1,055,225	1,420,439
Total deductions	11,513,531	11,842,120
CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	(5,839,703)	909,369
NET ASSETS AVAILABLE FOR BENEFITS - beginning of year	137,564,554	136,655,185
NET ASSETS AVAILABLE FOR BENEFITS - end of year	$ 131,724,851	$ 137,564,554

The accompanying notes are an integral part of these statements.

1. DESCRIPTION OF THE PLAN

The Magnetek FlexCare Plus Retirement Pension Plan (the Magnetek Plan or the Plan) is a defined benefit plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Participants should refer to the Plan Document for a more complete description of the Plan's provisions. A summary of major Plan provisions is as follows:

Effective October 29, 2002, the Plan was amended to freeze participation. Prior to October 29, 2002, participation was extended to eligible non-union employees of Magnetek, Inc. (the Company) as well as eligible employees of the Company covered under certain collective bargaining agreements.

During 2002, the Plan was amended so that no employee who became an eligible employee for the first time on or after October 29, 2002 can participate in or earn benefits under the Plan. Further, the Plan was amended to freeze benefits as of June 30, 2003. Benefit service and interest will continue to accrue under the Plan. No future contribution credits will be made. The freezing of contribution credits will not change the vesting rules so participants will continue to accrue years of vesting service. Interest will also accrue in each participant's retirement account based on an indexed rate specified by the Plan. The Plan will continue to operate on a frozen basis and the Company intends to continue to make contributions to the Plan to fund benefits already earned.

Contributions
Company contributions to the Plan amounted to $565,000 for the year ended December 31, 2020. There were no company contributions for the year ended December 31, 2021.

Prior to the freezing of benefits under the Plan as of June 30, 2003, certain eligible employees covered under certain collective bargaining agreements were required to contribute 2% of their gross earnings to the Plan to be eligible to participate. These participants may have also elected to contribute an additional 1% or 2% of their gross earnings to the Plan in order to build larger pension benefits. Subsequent to June 30, 2003, no employee contributions are required or allowed.

Accumulated contributions of present employees as of January 1, 2021 and 2020, were $85,837 and $114,796, respectively, which includes employee contributions under predecessor plans. The Plan is liable for $45,781 and $76,647, respectively, of the accumulated contributions as of January 1, 2021 and 2020, with the remaining $40,056 and $38,149, respectively, being the liability of Executive Life Insurance Company, as discussed in Note 6.

Employee contributions of participants employed under collective bargaining agreements are credited at a rate of 5% per annum or the rate specified in the plan document (2.19% and 3.24% for the years ended December 31, 2021 and 2020, respectively).

1. DESCRIPTION OF THE PLAN (Continued)

Funding Policy
The Company has adopted a funding policy so that each year, the Company shall fund the minimum required contribution with the decision reviewed by the Company annually. The Plan has met the ERISA minimum funding requirements.

Pension Benefits
For Non-Bargaining Associates, a retirement account balance is maintained for each participant and is credited each year with interest based on treasury security rates. Retirement benefits are determined as a percentage of the retirement account balance. Disability retirement benefits are determined on the date of disability.

For Universal Manufacturing Bargaining (IBEW Local 2198) Associates, normal retirement benefits paid to plan participants are calculated based on an average of a participant's highest five consecutive years of compensation out of the last ten years of continuous service preceding the date of termination, as well as on total years of service and estimated social security benefits to which the participant would be entitled at age 65, subject to a minimum negotiated dollar per year of service benefit through June 30, 2003. Early retirement benefits, disability retirement benefits, and deferred vested benefits are based on normal retirement benefits reduced to reflect service to date of termination and reduced to reflect early commencement of payments.

For Drives and Systems Bargaining (Local 846) Associates, normal retirement benefits and deferred vested benefits paid to plan participants are calculated as of June 30, 2003 and are based on a percentage of employee contributions plus any prior plan benefit and also on estimated social security benefits to which the participant would be entitled at age 65. Early retirement benefits are based on normal retirement benefits as of the date of early retirement and reduced to reflect early commencement of payments. Disability retirement benefits are based on normal retirement benefits as of the date of disability, without consideration of the social security based formula.

Amendments to the Plan were adopted on February 25, 2019, which stated that any balance of a participant less than $1,000 will be automatically distributed to the participant. Any balance between $1,000 and $5,000 would be distributed to a retirement account set in the participant's name. For distributions made to surviving spouses after December 31, 2018, any balance under $5,000 would be distributed to a retirement account set in the surviving spouse's name. Such distributions would be communicated to the participant prior to the actual distribution of funds. Amendments were effective as of January 1, 2019 and February 25, 2019.

Normal Retirement Age
Normal retirement is age 65.

Vesting
Participants are 100% vested in Company contributions and interest credited to their account. Participants are also 100% vested in their own contributions; however, participants are not allowed to withdraw their contributions until retirement or termination from the Company, unless otherwise specified by the collective bargaining agreement.

1. DESCRIPTION OF THE PLAN (Continued)

Plan Termination

Although the Company has not expressed any intent to terminate the Plan, it may do so at any time except as may be provided in any agreement with a collective bargaining unit and subject to the provisions of ERISA. In the event the Plan is terminated:

- The Plan provides that the net assets of the Plan shall be allocated among the participants and beneficiaries of the Plan in the order provided for in ERISA, and
- To the extent there are unfunded vested benefits, other than benefits becoming vested by virtue of termination of the Plan, ERISA provides that such benefits are payable to participants by the Pension Benefit Guaranty Corporation, up to specified limitations.

Administrative Expenses

Substantially all administrative expenses are paid from the assets of the Plan.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements are prepared in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. It is at least reasonably possible that the significant estimates used will change within the next year, particularly given the economic disruptions and uncertainties associated with the ongoing COVID-19 pandemic.

Investment Valuation

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income are recorded when received. Net appreciation includes the Plan's gains and losses on investments bought and sold or held during the year.

Risks and Uncertainties

The Plan's assets include various types of investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to the value of such investments, changes in the values of investments will occur and such changes could materially affect the amounts reported in the accompanying financial statements.

The United States is presently in the midst of a pandemic related to a virus, commonly known as Novel Coronavirus (COVID-19). As a result of COVID-19, there has been heightened market risk and volatility associated with the pandemic, and this could materially affect the amounts reported in the financial statements. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Risks and Uncertainties (Continued)
Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Actuarial Present Value of Accumulated Plan Benefits
Accumulated Plan benefits (see Note 5) are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees through the valuation date. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and, (c) present employees or their beneficiaries. Benefits for active, retired, or terminated employees or their beneficiaries are based on formula specific under the Plan which take into account employee compensation and service with the Company through June 30, 2003. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered.

Benefit Payments
Benefit payments are recorded when paid.

3. FAIR VALUE OF FINANCIAL INSTRUMENTS

The Plan uses various valuation techniques in determining fair value. ASC 820 established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2 Inputs to the valuation methodology include:

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

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

Level 3 Inputs to the valuation methodology are unobservable and significant

3. FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

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

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

Money Market Funds: Valuations provided by an independent pricing service approved by the Trustee or valuations obtained from dealers making a market for such securities (Level 2).

Mutual Funds: Quoted prices in principal active markets for identical assets as of the valuation date (Level 1).

U.S. Government Agency Securities: Valued using pricing models maximizing the use of observable inputs for similar securities. (Level 2).

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Company believes the valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

	Level 1	Level 2	Level 3	Total
Money market fund	$ -	$ 275,115	$ -	$ 275,115
Mutual funds	118,250,743	-	-	118,250,743
U.S. government securities	-	13,174,064	-	13,174,064
	$118,250,743	$ 13,449,179	$ -	131,699,922

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

	Level 1	Level 2	Level 3	Total
Money market fund	$ -	$ 271,946	$ -	$ 271,946
Mutual funds	123,680,361	-	-	123,680,361
U.S. government securities	-	13,387,665	-	13,387,665
	$123,680,361	$ 13,659,611	$ -	137,339,972

4. FINANCIAL CERTIFICATION

The following investment information relating to the Plan's assets at December 31, 2021 and 2020, as well as investment income and investment transactions for the years then ended, has been derived from information provided by SEI Private Trust Company, the Trustee of the Plan, and has been certified by them as complete and accurate.

	2021	2020
Statements of Net Assets Available for Benefits		
Assets:		
Investments, at fair value	$ 131,699,922	$ 137,339,972
Statements of Change in Net Assets Available for Benefits		
Net appreciation in fair value of investments	$ 2,587,228	$ 9,082,676
Interest and dividend income	$ 3,086,600	$ 3,103,813
Schedule of Assets (Held at End of Year)	Schedule I	
Schedule of Reportable Transactions	Schedule II	

5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

An actuary from Willis Towers Watson estimates the actuarial present value of accumulated Plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The accumulated Plan benefit information as of the beginning of the Plan year as follows:

	January 1, 2021
Actuarial present value of accumulated Plan benefits:	
Vested benefits -	
Participants currently receiving payments	$ 106,052,974
Retired participants	16,539,983
Nonvested benefits	79,004
Total actuarial present value of accumulated Plan benefits	$ 122,671,961

5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The change in accumulated Plan benefits for the year ended January 1, 2021, is as follows:

Actuarial present value of accumulated benefits at beginning of year	$ 132,938,374
Increase (decrease) during the year attributable to:	
Actuarial losses	(3,551,614)
Decrease in discount period	5,939,255
Assumption changes	(2,229,151)
Benefits paid	(10,424,903)
Net increase (decrease)	(10,266,413)
Actuarial present value of accumulated benefits at end of year	$ 122,671,961

Significant assumptions and methods underlying the actuarial computations are as follows:

	2021 and 2020
Actuarial Cost Method	Unit Credit Actuarial Cost Method
Assumed Rate of Return on Investment	4.70% for 2021 and 4.65% for 2020
Cash Balance Interest Crediting Rate	2021 Actual rate of 1.10% 2022-2024 1.00% per year 2025+ 2.00% per year
Mortality Basis	For 2021, Pri-2012 Mortality Table without collar adjustments, projected forward generationally from 2012 using Scale MP-2020. For 2020, Pri-2012 Mortality Table without collar adjustments, projected forward generationally from 2012 using Scale MP-2019.
Rate of normal retirement	Age 55: 10% 56-58: 5% 59-60: 15% 61: 10% 62-63: 20% 64: 15% 65-69: 35% 70+: 100%
Retirement Age	Normal retirement – Age 65 Early retirement – Age 55 and 10 years of service

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

In 2021, the Society of Actuaries released the MP-2021 mortality improvement scale, which is an update to the MP-2020 mortality improvement scale. The MP-2021 mortality improvement scale updated the MP-2020 mortality improvement scale to reflect additional years of United States of America population mortality improvement data. The estimated effect on the plan obligation is an increase of approximately .3 percent or approximately $368,000. The Plan intends to adopt the new mortality improvement scale for the year ending after December 31, 2021.

6. ELIC ANNUITY PURCHASE AND RELATED LITIGATION

Primarily in 1985, the Company entered into agreements with Executive Life Insurance Company (ELIC) under which ELIC assumed accrued pension obligations under the Plan pursuant to an annuity purchase agreement. The Plan paid approximately $25.3 million to ELIC under these agreements.

ELIC was to begin making payments in 1985 to retired beneficiaries covered by the contract as of June 30, 1985 but due to certain delays in setting up administrative procedures the Plan continued to make certain benefit payments on behalf of ELIC through December 31, 1990. ELIC agreed to reimburse the Plan for such benefit payments plus interest after July 1, 1985. On March 6, 1990, $4,750,000 was received by the Plan from ELIC and $1,554,000 was received on August 12, 1994 as final settlement of the amount owed.

In April 1991, California Insurance Commissioner (the Commissioner) was named conservator of ELIC and the Los Angeles Superior Court issued orders providing that ELIC would pay 70% of the monthly payments due to the Company's retirees under the ELIC annuity contract. Under the terms of the approved plan of rehabilitation which includes an enhancement agreement between the Commissioner and the National Organization of Life and Health Guaranty Associates (NOLHGA) to augment the benefits paid to ELIC policyholders, individual annuitants with account values up to $100,000 will receive 100% of their benefits, resulting in the payment by the rehabilitated ELIC and NOLHGA of substantially all of the required payments to the Company's employees who are covered under the ELIC annuities.

Effective on July 22, 1992, the Company entered into agreements settling all claims with respect to two complaints filed by the Department of Labor and by a labor union against various defendants including the Company. The settlement agreements required the Company, among other things, to provide backup insurance coverage in the form of an annuity purchased from an approved insurance company equal to 30% of the obligation to existing retirees. The Company also agreed to purchase additional coverage in the event payments from third parties to annuitants fall below 70% of the required amount. If annuity benefits under the backup annuity are not needed to provide full benefit payments to covered annuitants, the proceeds will be remitted to the Company on an annual basis. On July 31, 1992, the Company purchased such an annuity from Metropolitan Life Insurance Company for approximately $9.8 million. Such annuity will only be used for retiree benefits in the event the combined payments by the rehabilitated ELIC and NOLHGA fall below 100% of the required benefits. The settlement agreements also provide that annuity payments by ELIC and NOLHGA with respect to post-1991 retirees will be paid to the Plan and that the Plan will pay the retirement benefits to such retirees.

6. ELIC ANNUITY PURCHASE AND RELATED LITIGATION (Continued)

In 1993, Aurora National Life Assurance Company (Aurora) became the successor company to ELIC. During 2021 and 2020, $3,157,507 and $3,546,420, respectively, were received from Aurora and NOLHGA with respect to post-1991 retirees and distributed to post-1991 retirees in accordance with the settlement agreement. These amounts have been excluded from the Statements of Changes in Net Assets Available for Benefits because these transactions pass through the Plan for administrative purposes only and are the responsibility of Aurora and NOLHGA pursuant to annuity contract agreements.

7. INCOME TAX STATUS

The Plan obtained its latest determination letter on September 3, 2015, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

8. PARTY-IN-INTEREST TRANSACTIONS

During the years ended December 31, 2021 and 2020, SEI Private Trust Company was the trustee of the Plan, therefore any transactions between the plan and SEI Private Trust Company qualify as party-in-interest.

9. SUBSEQUENT EVENTS

Subsequent events have been evaluated through September 20, 2022, which is the date the financial statements were available to be issued.

MAGNETEK FLEXCARE PLUS RETIREMENT PENSION PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 95-3917584 PLAN NUMBER: 002
DECEMBER 31, 2021

Identity of Issue	Description of Investment	Cost	Current Value
Money Market Fund			
* SEI Private Trust Company	SEI Daily Income Trust Prime Obligation Fund	$ 275,115	$ 275,115
U.S. Government Securities			
Federal Government	U.S. Treasury Strip - matures 11/15/26	143,038	141,683
Federal Government	U.S. Treasury Strip - matures 2/15/31	5,661,587	5,478,667
Federal Government	U.S. Treasury Strip - matures 5/5/36	5,601,868	5,871,526
Federal Government	U.S. Treasury Strip - matures 2/15/42	1,329,497	1,416,316
Federal Government	U.S. Treasury Strip - matures 11/15/28	265,453	265,872
		13,001,443	13,174,064
Mutual Funds			
* SEI Private Trust Company	SEI Intermediate Duration Credit Fund Class A	63,277,049	66,072,634
* SEI Private Trust Company	SEI Global Managed Volatility Fund Class A	26,101,463	27,649,960
* SEI Private Trust Company	SEI Long Duration Credit Fund Class A	1,810,625	1,960,008
* SEI Private Trust Company	SEI U.S. Managed Volatility Fund	7,609,148	7,547,710
* SEI Private Trust Company	SEI World Equity Ex-US Fund	5,917,678	6,282,260
* SEI Private Trust Company	SEI Emerging Markets Equity Fund Class A	2,297,386	2,503,294
* SEI Private Trust Company	SEI Emerging Markets Debt Fund - #270	2,602,994	2,508,262
* SEI Private Trust Company	SEI High Yield Bond Fund Class A	2,449,881	2,506,655
* SEI Private Trust Company	SEI Extended Market Index Class A	960,419	1,219,960
		113,026,643	118,250,743
		$ 126,303,201	$ 131,699,922

*Party-in-interest

This schedule was prepared solely from information certified by SEI Private Trust Company.
The accompanying notes are an integral part of this schedule

MAGNETEK FLEXCARE PLUS RETIREMENT PENSION PLAN

SCHEDULE H, LINE 4j, SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 95-3917584 PLAN NUMBER: 002
FOR THE YEAR ENDED DECEMBER 31, 2021

Single Transactions

Identity of Party Involved	Description of Assets (Include Interest Rate and Maturity in Case of Loan)	Sale/ Purchase	Purchase Price	Sale Price	Cost of Assets	Current Value of Asset on Transaction Date	Gain
* SEI Private Trust Company	SEI Trust Intermediate Duration Credit Fund Class A	Purchase	$ 7,166,092	$ -	$ 7,166,092	$ 7,166,092	$ -
* SEI Private Trust Company	SEI Trust Long Duration Credit Fund Class A	Sale	-	7,545,527	6,918,269	7,545,527	627,258

Series Transactions

Identity of Party Involved	Description of Assets (Include Interest Rate and Maturity in Case of Loan)	Number of Transactions	Sale/ Purchase	Purchase Price	Sale Price	Cost of Assets	Current Value of Asset on Transaction Date	Gain
* SEI Private Trust Company	SEI Trust Global Managed Volatility Fund Class A	16	Purchase	$ 5,341,907	$ -	$ 5,341,907	$ 5,341,907	$ -
* SEI Private Trust Company	SEI Trust Global Managed Volatility Fund Class A	23	Sale	-	8,550,067	7,459,724	8,550,067	1,090,343
* SEI Private Trust Company	SEI Trust Intermediate Duration Credit Fund Class A	14	Purchase	2,369,243	-	2,369,243	2,369,243	-
* SEI Private Trust Company	SEI Trust Long Duration Credit Fund Class A	14	Purchase	233,798	-	233,798	233,798	-

*Party-in-interest

This schedule was prepared solely from information certified by SEI Private Trust Company.
The accompanying notes are an integral part of this schedule

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The Magnetek Flexcare Plus Retirement Pension Plan was effective on January 1, 1988 and was amended and restated effective January 1, 2014.

Eligibility

An employee who was hired prior to October 29, 2002 and was not employed by a bargaining unit and not part of the J-Tec, Inc. or the ADS Power Resource, Inc. acquisitions became a participant upon hire. Employees who were part of the J-Tec and ADS Power Resource acquisitions became participants on July 1, 2000.

The Plan was closed to new entrants effective October 29, 2002.

Definitions

Plan Year

The calendar year.

Vesting service

Elapsed time from date of employment to date of determination.

Pensionable pay

Total cash compensation paid to a participant, including overtime, bonuses, shift differential, and commissions, but excluding severance pay, moving expenses and any other extraordinary or incentive compensation not part of the basic compensation of the participant.

Covered Compensation

The average of the Social Security taxable wage bases in effect for each calendar year during the 35-year period ending with the year in which the participant attains Social Security retirement age.

Integration Level

Prior to 2000: Covered Compensation for an individual turning 65 during the year, rounded down to the next lower $500.

After 1999: the average of the Social Security taxable wage bases in effect for each calendar year during the 35-year period ending with the year in which the participant attains age 65, rounded down to the next lower $500.

Normal Retirement Date (NRD)

Attainment of age 65. For employees hired after January 1, 1988, no earlier than the third anniversary of the date of participation.

SCHEDULE SB ATTACHMENTS

Account Balance

A notional account for each participant starting effective January 1, 1988, (some participants with a beginning balance on that date based on earlier pay and service), credited at the end of each Plan Year with:

A. Contribution Credits:

Vesting Service	Percent of Compensation	Percent of Compensation Over Integration Level
Less than 10	3.50%	3.50%
10 to 19	4.00%	4.00%
20 or more	4.50%	4.50%

Contribution Credits were frozen effective June 30, 2003, with a final credit made at that date based on compensation through that date.

B. Transition credits:

Participants Prior Plan	Transition Credits for Plan Years
ABB Electric Inc. Retirement Plan	1991 - 1995
Century Plans or Continued Universal Plan and born between 1/1/1939 and 12/31/1948	1988 - 1992
Teledyne Retirement Plan	1993 - 1997

C. Interest credits:

Lesser of the monthly average of:

- 1% plus the high rate of the 3-month U.S. T-Bill, and
- Yield on a 30-year U.S. Treasury bonds

For October preceding the Plan Year

Eligibility for Benefits

Normal retirement

Retirement on NRD.

Early retirement

Retirement before NRD and on or after both attaining age 55 and completing ten years of Vesting Service.

Late retirement

Retirement after NRD.

Vested termination

Attainment of three years of Vesting Service (five years if termination occurred prior to January 1, 2008).

SCHEDULE SB ATTACHMENTS

Disability retirement	Retirement after termination date due to total and permanent disability after attainment of three years of Vesting Service. Not available for disabilities incurred after June 30, 2003.
Preretirement death benefit	Death after having attained three years of Vesting Service, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement	The Account Balance as of the Normal Retirement Date converted into a monthly annuity using the lump sum interest and mortality basis. In no event will the benefit be less than the Account Balance as of May 14, 2000, plus subsequent interest credits, divided by 120.
Early retirement	The Account Balance as of the Early Retirement Date converted into a monthly annuity using the lump sum interest and mortality basis. In no event will the benefit be less than the Account Balance as of May 14, 2000, plus subsequent interest credits, divided by 120.
Late retirement	The Account Balance as of the Late Retirement Date converted into a monthly annuity using the lump sum interest and mortality basis. In no event will the benefit be less than the Account Balance as of May 14, 2000, plus subsequent interest credits, divided by 120.
Vested termination	The Account Balance as of termination date converted into a monthly annuity payable as of the Early or Normal Retirement Date, using the lump sum interest and mortality basis. In no event will the benefit be less than the Account Balance as of May 14, 2000, plus subsequent interest credits, divided by 120.
Disability retirement	The Account Balance as of Disability Retirement Date converted into a monthly annuity using the lump sum interest and mortality basis. In no event will the benefit be less than the Account Balance as of May 14, 2000, plus subsequent interest credits, divided by 120. Contribution credits continue between termination and the earlier of the Disability Retirement Date and June 30, 2003 based on the rate of Compensation and Integration Level in effect at the date of disability.

SCHEDULE SB ATTACHMENTS

Pre-retirement death	The eligible surviving spouse receives 50% of the benefit that would have been payable at the earliest retirement date to the participant after conversion into a 50% Joint & Survivor annuity. The spouse receives this benefit as a life annuity until death.

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Post-Retirement Spouse's Benefit	None, except as dictates by the form of retirement benefit.
Automatic Form of Payment	Single Employees – Monthly 10-Year Certain & Life Annuity Married Employees – Actuarially Equivalent monthly 50% Joint and Survivor Annuity
Optional Forms of payment	Monthly Life Annuity Monthly 50%, 67%, 75%, or 100% Joint and Survivor Annuity Lump Sum (if active after April 1, 2000, or certain other participants in other plans)
Grandfathered Participants	Certain qualified prior plan participants are guaranteed the benefit level under their respective prior plan formulas on a continuing basis.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Substantive Commitment

None

MAGNETEK FLEXCARE PLUS RETIREMENT PENSION PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN: 95-3917584 PLAN NUMBER: 002
DECEMBER 31, 2021

Identity of Issue	Description of Investment	Cost	Current Value
Money Market Fund			
* SEI Private Trust Company	SEI Daily Income Trust Prime Obligation Fund	$ 275,115	$ 275,115
U.S. Government Securities			
Federal Government	U.S. Treasury Strip - matures 11/15/26	143,038	141,683
Federal Government	U.S. Treasury Strip - matures 2/15/31	5,661,587	5,478,667
Federal Government	U.S. Treasury Strip - matures 5/5/36	5,601,868	5,871,526
Federal Government	U.S. Treasury Strip - matures 2/15/42	1,329,497	1,416,316
Federal Government	U.S. Treasury Strip - matures 11/15/28	265,453	265,872
		13,001,443	13,174,064
Mutual Funds			
* SEI Private Trust Company	SEI Intermediate Duration Credit Fund Class A	63,277,049	66,072,634
* SEI Private Trust Company	SEI Global Managed Volatility Fund Class A	26,101,463	27,649,960
* SEI Private Trust Company	SEI Long Duration Credit Fund Class A	1,810,625	1,960,008
* SEI Private Trust Company	SEI U.S. Managed Volatility Fund	7,609,148	7,547,710
* SEI Private Trust Company	SEI World Equity Ex-US Fund	5,917,678	6,282,260
* SEI Private Trust Company	SEI Emerging Markets Equity Fund Class A	2,297,386	2,503,294
* SEI Private Trust Company	SEI Emerging Markets Debt Fund - #270	2,602,994	2,508,262
* SEI Private Trust Company	SEI High Yield Bond Fund Class A	2,449,881	2,506,655
* SEI Private Trust Company	SEI Extended Market Index Class A	960,419	1,219,960
		113,026,643	118,250,743
		$ 126,303,201	$ 131,699,922

*Party-in-interest

This schedule was prepared solely from information certified by SEI Private Trust Company.
The accompanying notes are an integral part of this schedule

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26
Schedule of Active Participant Data as of January 1, 2021

	Attained Years of Credited Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	1	0	0	0	0	0	1
45-49	0	0	0	0	1	3	3	1	0	0	8
50-54	0	1	0	0	1	3	9	1	0	0	15
55-59	0	1	0	0	1	6	3	2	4	0	17
60-64	0	0	0	0	3	2	2	3	2	1	13
65-69	0	0	0	0	0	1	0	0	0	0	1
70 & over	0	0	0	0	0	0	0	1	0	0	1
Total	0	2	0	0	7	15	17	8	6	1	56

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Magnetek Flexcare Plus Retirement Pension Plan
EIN / PN: 95-3917584 / 002
Plan Sponsor: Magnetek, Inc.
Valuation Date January 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

▪ Applicable month	September
▪ Interest rate basis	3-Segment Rates

Interest rates:	**Reflecting Corridors**	**Not Reflecting Corridors**
▪ First segment rate	4.75%	2.22%
▪ Second segment rate	5.36%	3.38%
▪ Third segment rate	6.11%	3.92%
▪ Effective interest rate	5.43%	3.39%

Cash Balance Crediting Rate:

▪ 2021	Actual rate of 1.10%
▪ 2022-2024	1.00% per year
▪ 2025+	2.00% per year

Plan-related expenses — Amount included this year for plan-related expenses is $775,000. This assumption is set equal to the prior year's administrative expenses plus the expected change in PBGC premiums from the prior year to this year, rounded to the nearest $25,000.

Demographic Assumptions

Inclusion date — The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees — It was assumed there will be no new or rehired employees.

SCHEDULE SB ATTACHMENTS

Healthy Mortality

Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected with generational projection using Scale MP-2019) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with generational projection using Scale MP-2019).

Disabled Mortality

Same as heathy mortality

Lump Sum Basis

Mortality: IRS Applicable Mortality Table

Interest: Funding Rates

Representative Termination Rates (not due to Disability, Retirement or Mortality)

Sample rates are shown in the following table:

Age	Rate of Withdrawal
25	7.00%
30	7.00%
35	6.00%
40	4.00%
45	4.00%
50	3.00%
55	0.00%
60	0.00%
65	0.00%

Disability Rates

None

Retirement Rates

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Representative Retirement Rates:

Age	Rate
55	10%
56-58	5%
59-60	15%
61	10%
62-63	20%
64	15%
65-69	35%
70+	100%

SCHEDULE SB ATTACHMENTS

Form of payment	70% of participants are assumed to elect a lump sum (if eligible). 30% of participants (and all participants ineligible for a lump sum) are assumed to receive their benefits in the normal annuity form.
Percent married	67% of employees are assumed to be married.
Spouse age	Spouses are assumed to be the same age as the participant.
Maximum benefit limitation	Plan benefits have been restricted to the maximum dollar limit permitted under the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA). No future increases in this amount have been assumed.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

SCHEDULE SB ATTACHMENTS

Actuarial value of assets	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan years). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, this method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	We believe that we have reflected all significant Plan provisions in this valuation.

Sources of Data and Other Information

The plan sponsor, through its third party administrator, furnished participant data as of January 1, 2021. Information on assets, contributions and plan provisions was supplied by the plan sponsor.

Data was reviewed for reasonableness and consistency, but no audit was performed. There were no significant issues found with missing or incomplete data. We are aware of no adjustments made by the data provider. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations

Assumptions Rationale - Significant Economic Assumptions

Discount rate	Segment rates were selected based on the requirements of Sections 430 and 436 of the Internal Revenue Code.
Administrative expenses	Administrative expenses expected to be paid from the trust during the fiscal year are estimated based on actual payments made during the prior year plus expected increases in PBGC premium.

SCHEDULE SB ATTACHMENTS

Cash Balance Crediting Rate	After examining historical variability in this rate, we believe that the selected assumption does not significantly conflict with what would be reasonable based on a combination of market conditions at the measurement date and future expectations consistent with other economic assumptions used, other than the discount rate.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	The mortality table was selected based on the requirements of Section 430(h)(3)(A) of the Internal Revenue Code.
Disabled Mortality	The mortality table was selected based on the requirements of Section 430(h)(3)(A) of the Internal Revenue Code.
Termination	Termination rates were selected by the plan sponsor and represent a best estimate of future experience.
Retirement	Retirement rates were selected by the plan sponsor and represent a best estimate of future experience.
Form of payment	The payment form assumption is based on plan sponsor expectations, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. A different assumption is not expected to generate significantly different results.
Percent married	The assumed percentage married was based on general population statistics on the marital status of individuals of retirement age.
Spouse age	The assumed spouse age differences were based on the Company's observations regarding its employee population.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law," as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by IRC §430.
- The assumed plan-related expenses added to the target normal cost were changed from $1,050,000 for 2020 to $775,000 for 2021.
- The cash balance crediting rate assumption was updated as shown above in this appendix.

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Magnetek, Inc.
EIN/PN	95-3917584/002
Plan Name	Magnetek Flexcare Plus Retirement Pension Plan
Valuation Date	January 1, 2021
Enrolled Actuary	Susan Licetti
Enrollment Number	20-05180

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2021

x	q_x^r	l_x	$_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.10	1,000	1.000000	0.100000	5.500000
56	0.05	900	0.900000	0.045000	2.520000
57	0.05	855	0.855000	0.042750	2.436750
58	0.05	812	0.812250	0.040613	2.355525
59	0.15	772	0.771638	0.115746	6.828992
60	0.15	656	0.655892	0.098384	5.903027
61	0.10	558	0.557508	0.055751	3.400799
62	0.20	502	0.501757	0.100351	6.221790
63	0.20	401	0.401406	0.080281	5.057713
64	0.15	321	0.321125	0.048169	3.082797
65	0.35	273	0.272956	0.095535	6.209748
66	0.35	177	0.177421	0.062097	4.098434
67	0.35	115	0.115324	0.040363	2.704345
68	0.35	75	0.074961	0.026236	1.784061
69	0.35	49	0.048724	0.017054	1.176693
70	1.00	32	0.031671	0.031671	2.216958

Average age at retirement	61.497632
Rounded for Schedule SB item 22	61

Plan Name:	Magnetek Flexcare Plus Retirement Pension Plan
EIN / PN:	95-3917584 / 002
Plan Sponsor:	Magnetek, Inc.
Valuation Date	January 1, 2021

MAGNETEK FLEXCARE PLUS RETIREMENT PENSION PLAN

SCHEDULE H, LINE 4j, SCHEDULE OF REPORTABLE TRANSACTIONS
EIN: 95-3917584 PLAN NUMBER: 002
FOR THE YEAR ENDED DECEMBER 31, 2021

Single Transactions

Identity of Party Involved	Description of Assets (Include Interest Rate and Maturity in Case of Loan)	Sale/ Purchase	Purchase Price	Sale Price	Cost of Assets	Current Value of Asset on Transaction Date	Gain
* SEI Private Trust Company	SEI Trust Intermediate Duration Credit Fund Class A	Purchase	$ 7,166,092	$ -	$ 7,166,092	$ 7,166,092	$ -
* SEI Private Trust Company	SEI Trust Long Duration Credit Fund Class A	Sale	-	7,545,527	6,918,269	7,545,527	627,258

Series Transactions

Identity of Party Involved	Description of Assets (Include Interest Rate and Maturity in Case of Loan)	Number of Transactions	Sale/ Purchase	Purchase Price	Sale Price	Cost of Assets	Current Value of Asset on Transaction Date	Gain
* SEI Private Trust Company	SEI Trust Global Managed Volatility Fund Class A	16	Purchase	$ 5,341,907	$ -	$ 5,341,907	$ 5,341,907	$ -
* SEI Private Trust Company	SEI Trust Global Managed Volatility Fund Class A	23	Sale	-	8,550,067	7,459,724	8,550,067	1,090,343
* SEI Private Trust Company	SEI Trust Intermediate Duration Credit Fund Class A	14	Purchase	2,369,243	-	2,369,243	2,369,243	-
* SEI Private Trust Company	SEI Trust Long Duration Credit Fund Class A	14	Purchase	233,798	-	233,798	233,798	-

*Party-in-interest

This schedule was prepared solely from information certified by SEI Private Trust Company.
The accompanying notes are an integral part of this schedule

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
MAGNETEK FLEXCARE PLUS RETIREMENT PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MAGNETEK, INC.

D Employer Identification Number (EIN)
95-3917584

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2021

2 Assets:

a Market value	**2a**	137,739,901
b Actuarial value	**2b**	129,354,775

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	3,972	101,663,959	101,663,959
b For terminated vested participants	715	15,089,232	15,089,232
c For active participants	56	979,203	1,054,069
d Total	4,743	117,732,394	117,807,260

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.43%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	775,000
c Total (line 6a + line 6b)	**6c**	775,000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Susan M Licetti

Signature of actuary

9-30-2022

Date

Susan M Licetti

Type or print name of actuary

2005180

Most recent enrollment number

Willis Towers Watson US LLC

Firm name

212-309-3565

Telephone number (including area code)

200 Liberty Street
Floor 6
New York NY 10281

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 9.00%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		540,190
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.19%		28,036
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		568,226
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	109.80%
15	Adjusted funding target attainment percentage	15	109.80%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	101.97%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.75 %	5.36 %	6.11 %	

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	61

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	775,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	775,000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☒ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Magnetek, Inc.
EIN/PN	95-3917584/002
Plan Name	Magnetek Flexcare Plus Retirement Pension Plan
Valuation Date	January 1, 2021
Enrolled Actuary	Susan Licetti
Enrollment Number	20-05180

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2021

x	q_x^r	l_x	$_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.10	1,000	1.000000	0.100000	5.500000
56	0.05	900	0.900000	0.045000	2.520000
57	0.05	855	0.855000	0.042750	2.436750
58	0.05	812	0.812250	0.040613	2.355525
59	0.15	772	0.771638	0.115746	6.828992
60	0.15	656	0.655892	0.098384	5.903027
61	0.10	558	0.557508	0.055751	3.400799
62	0.20	502	0.501757	0.100351	6.221790
63	0.20	401	0.401406	0.080281	5.057713
64	0.15	321	0.321125	0.048169	3.082797
65	0.35	273	0.272956	0.095535	6.209748
66	0.35	177	0.177421	0.062097	4.098434
67	0.35	115	0.115324	0.040363	2.704345
68	0.35	75	0.074961	0.026236	1.784061
69	0.35	49	0.048724	0.017054	1.176693
70	1.00	32	0.031671	0.031671	2.216958

Average age at retirement	61.497632
Rounded for Schedule SB item 22	61

Plan Name:	Magnetek Flexcare Plus Retirement Pension Plan
EIN / PN:	95-3917584 / 002
Plan Sponsor:	Magnetek, Inc.
Valuation Date	January 1, 2021

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Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

▪ Applicable month	September
▪ Interest rate basis	3-Segment Rates

Interest rates:	**Reflecting Corridors**	**Not Reflecting Corridors**
▪ First segment rate	4.75%	2.22%
▪ Second segment rate	5.36%	3.38%
▪ Third segment rate	6.11%	3.92%
▪ Effective interest rate	5.43%	3.39%

Cash Balance Crediting Rate:

▪ 2021	Actual rate of 1.10%
▪ 2022-2024	1.00% per year
▪ 2025+	2.00% per year

Plan-related expenses

Amount included this year for plan-related expenses is $775,000. This assumption is set equal to the prior year's administrative expenses plus the expected change in PBGC premiums from the prior year to this year, rounded to the nearest $25,000.

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees

It was assumed there will be no new or rehired employees.

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Healthy Mortality

Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected with generational projection using Scale MP-2019) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with generational projection using Scale MP-2019).

Disabled Mortality

Same as heathy mortality

Lump Sum Basis

Mortality: IRS Applicable Mortality Table

Interest: Funding Rates

Representative Termination Rates (not due to Disability, Retirement or Mortality)

Sample rates are shown in the following table:

Age	Rate of Withdrawal
25	7.00%
30	7.00%
35	6.00%
40	4.00%
45	4.00%
50	3.00%
55	0.00%
60	0.00%
65	0.00%

Disability Rates

None

Retirement Rates

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Representative Retirement Rates:

Age	Rate
55	10%
56-58	5%
59-60	15%
61	10%
62-63	20%
64	15%
65-69	35%
70+	100%

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Form of payment	70% of participants are assumed to elect a lump sum (if eligible). 30% of participants (and all participants ineligible for a lump sum) are assumed to receive their benefits in the normal annuity form.
Percent married	67% of employees are assumed to be married.
Spouse age	Spouses are assumed to be the same age as the participant.
Maximum benefit limitation	Plan benefits have been restricted to the maximum dollar limit permitted under the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA). No future increases in this amount have been assumed.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

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Actuarial value of assets	Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan years). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, this method has a significant bias to produce an actuarial value of assets that is below the market value of assets.
Benefits not valued	We believe that we have reflected all significant Plan provisions in this valuation.

Sources of Data and Other Information

The plan sponsor, through its third party administrator, furnished participant data as of January 1, 2021. Information on assets, contributions and plan provisions was supplied by the plan sponsor.

Data was reviewed for reasonableness and consistency, but no audit was performed. There were no significant issues found with missing or incomplete data. We are aware of no adjustments made by the data provider. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations

Assumptions Rationale - Significant Economic Assumptions

Discount rate	Segment rates were selected based on the requirements of Sections 430 and 436 of the Internal Revenue Code.
Administrative expenses	Administrative expenses expected to be paid from the trust during the fiscal year are estimated based on actual payments made during the prior year plus expected increases in PBGC premium.

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Cash Balance Crediting Rate	After examining historical variability in this rate, we believe that the selected assumption does not significantly conflict with what would be reasonable based on a combination of market conditions at the measurement date and future expectations consistent with other economic assumptions used, other than the discount rate.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	The mortality table was selected based on the requirements of Section 430(h)(3)(A) of the Internal Revenue Code.
Disabled Mortality	The mortality table was selected based on the requirements of Section 430(h)(3)(A) of the Internal Revenue Code.
Termination	Termination rates were selected by the plan sponsor and represent a best estimate of future experience.
Retirement	Retirement rates were selected by the plan sponsor and represent a best estimate of future experience.
Form of payment	The payment form assumption is based on plan sponsor expectations, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future. A different assumption is not expected to generate significantly different results.
Percent married	The assumed percentage married was based on general population statistics on the marital status of individuals of retirement age.
Spouse age	The assumed spouse age differences were based on the Company's observations regarding its employee population.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law," as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

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Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by IRC §430.
- The assumed plan-related expenses added to the target normal cost were changed from $1,050,000 for 2020 to $775,000 for 2021.
- The cash balance crediting rate assumption was updated as shown above in this appendix.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions

The Magnetek Flexcare Plus Retirement Pension Plan was effective on January 1, 1988 and was amended and restated effective January 1, 2014.

Eligibility

An employee who was hired prior to October 29, 2002 and was not employed by a bargaining unit and not part of the J-Tec, Inc. or the ADS Power Resource, Inc. acquisitions became a participant upon hire. Employees who were part of the J-Tec and ADS Power Resource acquisitions became participants on July 1, 2000.

The Plan was closed to new entrants effective October 29, 2002.

Definitions

Plan Year

The calendar year.

Vesting service

Elapsed time from date of employment to date of determination.

Pensionable pay

Total cash compensation paid to a participant, including overtime, bonuses, shift differential, and commissions, but excluding severance pay, moving expenses and any other extraordinary or incentive compensation not part of the basic compensation of the participant.

Covered Compensation

The average of the Social Security taxable wage bases in effect for each calendar year during the 35-year period ending with the year in which the participant attains Social Security retirement age.

Integration Level

Prior to 2000: Covered Compensation for an individual turning 65 during the year, rounded down to the next lower $500.

After 1999: the average of the Social Security taxable wage bases in effect for each calendar year during the 35-year period ending with the year in which the participant attains age 65, rounded down to the next lower $500.

Normal Retirement Date (NRD)

Attainment of age 65. For employees hired after January 1, 1988, no earlier than the third anniversary of the date of participation.

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Account Balance

A notional account for each participant starting effective January 1, 1988, (some participants with a beginning balance on that date based on earlier pay and service), credited at the end of each Plan Year with:

A. Contribution Credits:

Vesting Service	Percent of Compensation	Percent of Compensation Over Integration Level
Less than 10	3.50%	3.50%
10 to 19	4.00%	4.00%
20 or more	4.50%	4.50%

Contribution Credits were frozen effective June 30, 2003, with a final credit made at that date based on compensation through that date.

B. Transition credits:

Participants Prior Plan	Transition Credits for Plan Years
ABB Electric Inc. Retirement Plan	1991 - 1995
Century Plans or Continued Universal Plan and born between 1/1/1939 and 12/31/1948	1988 - 1992
Teledyne Retirement Plan	1993 - 1997

C. Interest credits:

Lesser of the monthly average of:

- 1% plus the high rate of the 3-month U.S. T-Bill, and
- Yield on a 30-year U.S. Treasury bonds

For October preceding the Plan Year

Eligibility for Benefits

Normal retirement

Retirement on NRD.

Early retirement

Retirement before NRD and on or after both attaining age 55 and completing ten years of Vesting Service.

Late retirement

Retirement after NRD.

Vested termination

Attainment of three years of Vesting Service (five years if termination occurred prior to January 1, 2008).

SCHEDULE SB ATTACHMENTS

Disability retirement	Retirement after termination date due to total and permanent disability after attainment of three years of Vesting Service. Not available for disabilities incurred after June 30, 2003.
Preretirement death benefit	Death after having attained three years of Vesting Service, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement	The Account Balance as of the Normal Retirement Date converted into a monthly annuity using the lump sum interest and mortality basis. In no event will the benefit be less than the Account Balance as of May 14, 2000, plus subsequent interest credits, divided by 120.
Early retirement	The Account Balance as of the Early Retirement Date converted into a monthly annuity using the lump sum interest and mortality basis. In no event will the benefit be less than the Account Balance as of May 14, 2000, plus subsequent interest credits, divided by 120.
Late retirement	The Account Balance as of the Late Retirement Date converted into a monthly annuity using the lump sum interest and mortality basis. In no event will the benefit be less than the Account Balance as of May 14, 2000, plus subsequent interest credits, divided by 120.
Vested termination	The Account Balance as of termination date converted into a monthly annuity payable as of the Early or Normal Retirement Date, using the lump sum interest and mortality basis. In no event will the benefit be less than the Account Balance as of May 14, 2000, plus subsequent interest credits, divided by 120.
Disability retirement	The Account Balance as of Disability Retirement Date converted into a monthly annuity using the lump sum interest and mortality basis. In no event will the benefit be less than the Account Balance as of May 14, 2000, plus subsequent interest credits, divided by 120. Contribution credits continue between termination and the earlier of the Disability Retirement Date and June 30, 2003 based on the rate of Compensation and Integration Level in effect at the date of disability.

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Pre-retirement death The eligible surviving spouse receives 50% of the benefit that would have been payable at the earliest retirement date to the participant after conversion into a 50% Joint & Survivor annuity. The spouse receives this benefit as a life annuity until death.

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Other Plan Provisions

Post-Retirement Spouse's Benefit	None, except as dictates by the form of retirement benefit.
Automatic Form of Payment	Single Employees – Monthly 10-Year Certain & Life Annuity Married Employees – Actuarially Equivalent monthly 50% Joint and Survivor Annuity
Optional Forms of payment	Monthly Life Annuity Monthly 50%, 67%, 75%, or 100% Joint and Survivor Annuity Lump Sum (if active after April 1, 2000, or certain other participants in other plans)
Grandfathered Participants	Certain qualified prior plan participants are guaranteed the benefit level under their respective prior plan formulas on a continuing basis.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Substantive Commitment

None

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26
Schedule of Active Participant Data as of January 1, 2021

	Attained Years of Credited Service[1]										
Attained Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	1	0	0	0	0	0	1
45-49	0	0	0	0	1	3	3	1	0	0	8
50-54	0	1	0	0	1	3	9	1	0	0	15
55-59	0	1	0	0	1	6	3	2	4	0	17
60-64	0	0	0	0	3	2	2	3	2	1	13
65-69	0	0	0	0	0	1	0	0	0	0	1
70 & over	0	0	0	0	0	0	0	1	0	0	1
Total	0	2	0	0	7	15	17	8	6	1	56

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Magnetek Flexcare Plus Retirement Pension Plan
EIN / PN: 95-3917584 / 002
Plan Sponsor: Magnetek, Inc.
Valuation Date January 1, 2021