

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

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>RICHARD WOLF MEDICAL INSTRUMENTS CORP. PROFIT SHARING PLAN AND TRUST</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/01/1981</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>36-2732789</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>847-913-1113</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>339110</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>10/01/1981</u>		2b Employer Identification Number (EIN) <u>36-2732789</u>		2c Plan Sponsor's telephone number <u>847-913-1113</u>		2d Business code (see instructions) <u>339110</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>10/01/1981</u>											
2b Employer Identification Number (EIN) <u>36-2732789</u>											
2c Plan Sponsor's telephone number <u>847-913-1113</u>											
2d Business code (see instructions) <u>339110</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>RICHARD WOLF MEDICAL INSTRUMENTS</u> <u>353 CORPORATE WOODS PARKWAY</u> <u>VERNON HILLS, IL 60061</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	ELIZABETH BROWNING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	249
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)	198
a(2) Total number of active participants at the end of the plan year		6a(2)	186
b Retired or separated participants receiving benefits.....		6b	3
c Other retired or separated participants entitled to future benefits		6c	51
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	240
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	2
f Total. Add lines 6d and 6e		6f	242
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	231
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	21
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan RICHARD WOLF MEDICAL INSTRUMENTS CORP. PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 RICHARD WOLF MEDICAL INSTRUMENTS	D Employer Identification Number (EIN) 36-2732789	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(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?
15 52 59 60 62 63 72	RECORDKEEPER	2476	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

FUTURE PLAN BY ASCENSUS

82-3719843

(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?
70	CONSULTANT	1350	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>RICHARD WOLF MEDICAL INSTRUMENTS CORP. PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>RICHARD WOLF MEDICAL INSTRUMENTS</u>	D Employer Identification Number (EIN) <u>36-2732789</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND CLASS 75

b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY

c EIN-PN <u>04-3159710-202</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1031610</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>RICHARD WOLF MEDICAL INSTRUMENTS CORP. PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RICHARD WOLF MEDICAL INSTRUMENTS</u>	D Employer Identification Number (EIN) <u>36-2732789</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets			
a	Total noninterest-bearing cash.....	1a	50	70
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	0	0
	(2) Participant contributions.....	1b(2)	0	0
	(3) Other	1b(3)	0	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	-28857	132
	(2) U.S. Government securities	1c(2)	0	0
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	0	0
	(B) All other	1c(3)(B)	0	0
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	0	0
	(B) Common	1c(4)(B)	0	0
	(5) Partnership/joint venture interests	1c(5)	0	0
	(6) Real estate (other than employer real property)	1c(6)	0	0
	(7) Loans (other than to participants)	1c(7)	0	0
	(8) Participant loans	1c(8)	0	0
	(9) Value of interest in common/collective trusts	1c(9)	1235870	1031610
	(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)	12820185	14705661
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1) 0	0
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f 14027248	15737473
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k 0	0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l 14027248	15737473

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 159032	
	(B) Participants	2a(1)(B) 981682	
	(C) Others (including rollovers).....	2a(1)(C) 165964	
(2)	Noncash contributions.....	2a(2) 0	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	1306678
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A) 0	
	(B) U.S. Government securities	2b(1)(B) 0	
	(C) Corporate debt instruments	2b(1)(C) 0	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E) 0	
	(F) Other	2b(1)(F) 0	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	0
(2)	Dividends: (A) Preferred stock.....	2b(2)(A) 0	
	(B) Common stock	2b(2)(B) 0	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C) 991263	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	991263
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A) 0	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B) 0	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B) 0	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		19358
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		500106
c Other income.....	2c		9782
d Total income. Add all income amounts in column (b) and enter total.....	2d		2827187
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1113124	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1113124
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	3838	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		3838
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1116962
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		1710225
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: J. S. RICHTER, LTD

(2) EIN: 36-3007301

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan RICHARD WOLF MEDICAL INSTRUMENTS CORP. PROFIT SHARING PLAN AND TRUST		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 RICHARD WOLF MEDICAL INSTRUMENTS		D Employer Identification Number (EIN) 36-2732789
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 94-1687665		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2021 v. 201209		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

Independent Auditor's Report

Trustees
Richard Wolf Medical Instruments Corporation
Profit Sharing Plan and Trust
Vernon Hills, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Richard Wolf Medical Instruments Corporation Profit Sharing Plan and Trust (the "Plan"), which comprise the statements of net assets available for plan benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Bank of America N.A., the trustee and recordkeeper of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee and recordkeeper holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the investment providers and record keepers as of and for the years ended December 31, 2021 and 2020 that the information provided to the plan administrator by the investment providers and recordkeepers is complete and accurate.

Disclaimer of Opinion

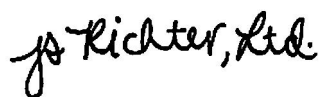
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets held for investment purposes at end of December 31, 2021 is required by the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis; it is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

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



Chicago, Illinois
August 2, 2022

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: RICHARD WOLF MEDICAL INSTRUMENTS CORP. PROFIT SHARING PLAN AND TRUST
Plan Sponsor's Name: RICHARD WOLF MEDICAL INSTRUMENTS

EIN:36-2732789
PN:001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	ACCRUED INCOME	ACCRUED INCOME	132	132
	PUTNAM STABLE VALUE FD 75 GM	COMMON / COLLECTIVE TRUSTS	295,582	295,580
	PUTNAM STABLE VALUE FUND 75	COMMON / COLLECTIVE TRUSTS	736,046	736,030
	ALGER SMALL CAP FOCUS FD A GM	MUTUAL FUNDS	307,362	264,379
	ALGER SMALL CAP FOCUS FUND A	MUTUAL FUNDS	9,170	7,695
	AMERICAN CENTY INFLAT ADJ A GM	MUTUAL FUNDS	789,007	850,991
	AMERICAN CENTY INFLAT ADJ CL A	MUTUAL FUNDS	166	162
	AMERICAN NEW PERSPECTIVE R4	MUTUAL FUNDS	351,746	384,292
	AMERICAN NEW WLD FD R4 GM	MUTUAL FUNDS	699,520	708,047
	AMERICAN NEW WORLD FUND R4	MUTUAL FUNDS	1,962	1,811
	BLACKROCK GLOBAL ALLOC A	MUTUAL FUNDS	3,343	3,386
	BLACKROCK GLOBAL ALLOC A GM	MUTUAL FUNDS	705,406	757,613
	BLACKROCK MID CAP VALUE FUND A	MUTUAL FUNDS	42,852	44,115
	BLACKROCK MID CAP VALUE FUND A	MUTUAL FUNDS	770,965	793,547
	BLACKROCK MID CP GR A	MUTUAL FUNDS	130,088	132,097
	BLACKROCK MID CP GR A GM	MUTUAL FUNDS	546,069	569,947
	COLUMBIA MIDCAP INDEX FD CL A	MUTUAL FUNDS	60,035	59,590
	DWS RREEF REAL ESTATE SECUR A	MUTUAL FUNDS	28,523	36,699

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

**Plan Name: RICHARD WOLF MEDICAL INSTRUMENTS CORP. PROFIT SHARING PLAN
AND TRUST**
Plan Sponsor's Name: RICHARD WOLF MEDICAL INSTRUMENTS

EIN:36-2732789
PN:001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	ISHARES MSCI EAFE INTRL IDX GM	MUTUAL FUNDS	641,069	802,436
	ISHARES MSCI EAFE INTRNL IDX A	MUTUAL FUNDS	93,959	113,575
	ISHARES RUSSELL 2000 SM-CP A	MUTUAL FUNDS	150,253	144,867
	ISHARES S&P 500 INDEX FD INSTL	MUTUAL FUNDS	490,662	736,971
	MFS GROWTH FUND CL A	MUTUAL FUNDS	45,313	62,066
	MFS GROWTH FUND CL A GM	MUTUAL FUNDS	653,259	1,136,122
	PGIM HIGH YIELD FUND A	MUTUAL FUNDS	72,492	71,481
	PGIM HIGH YIELD FUND A GM	MUTUAL FUNDS	406,450	409,080
	PIONEER FD INC COM GM	MUTUAL FUNDS	1,196,697	1,308,667
	PIONEER FUND INC COM	MUTUAL FUNDS	50,230	55,241
	VAN ECK CM COMMODITY INDX CL I	MUTUAL FUNDS	4,608	3,987
	VAN ECK CM COMMODITY INDX I GM	MUTUAL FUNDS	339,137	293,486
	VANGUARD INTERNATIONAL VALUE	MUTUAL FUNDS	109	106
	VANGUARD INTL GRWT ADM CL S GM	MUTUAL FUNDS	1,012,059	938,661
	VANGUARD INTL GRWT FD ADM CLAS	MUTUAL FUNDS	22,250	19,982
	VICTORY SYCAMORE SMALL COMP A	MUTUAL FUNDS	44,781	52,148
	VICTORY SYCAMORE SML COMP A GM	MUTUAL FUNDS	377,425	426,229
	VOYA INTERMEDIATE BOND FD A	MUTUAL FUNDS	65,311	66,312

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

**Plan Name: RICHARD WOLF MEDICAL INSTRUMENTS CORP. PROFIT SHARING PLAN
AND TRUST**
Plan Sponsor's Name: RICHARD WOLF MEDICAL INSTRUMENTS

EIN:36-2732789
PN:001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	VOYA INTERMEDIATE BOND FD A GM	MUTUAL FUNDS	3,413,838	3,449,875
	PENDING SETTLEMENT FUND	PENDING SETTLEMENT FUNDS	70	70
	UNINVESTED CASH	UNINVESTED CASH	0	0

RICHARD WOLF MEDICAL INSTRUMENTS CORPORATION
PROFIT SHARING PLAN AND TRUST

Statements of Net Assets Available for Plan Benefits

December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets		
Cash (Notes 4 and 5)	\$ 70	\$ 50
Investments at fair value		
Mutual funds (Notes 4 and 5)	14,705,661	12,820,185
Investments at contract value		
Short-term securities (Notes 4 and 5)	<u>1,031,610</u>	<u>1,235,870</u>
Receivables (Note 1)		
Employees' contribution	<u>-</u>	<u>28,988</u>
Accrued income	<u>132</u>	<u>131</u>
Total assets	<u>15,737,473</u>	<u>14,085,224</u>
Liabilities		
Distribution payable (Note 2)	<u>7,692</u>	<u>28,988</u>
Net assets available for plan benefits	<u>\$ 15,729,781</u>	<u>\$ 14,056,236</u>

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

RICHARD WOLF MEDICAL INSTRUMENTS CORPORATION
PROFIT SHARING PLAN AND TRUST

Statements of Changes in Net Assets Available for Plan Benefits

Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Additions and subtractions to net assets attributed to		
Investment income		
Interest and dividends (Note 4)	\$ 1,020,403	\$ 561,345
Net appreciation in fair values of investments (Note 4)	<u>500,106</u>	<u>1,184,430</u>
	<u>1,520,509</u>	<u>1,745,775</u>
Contributions		
Employer	159,032	147,823
Employees	<u>952,694</u>	<u>918,720</u>
	<u>1,111,726</u>	<u>1,066,543</u>
Rollover	<u>165,964</u>	<u>35,223</u>
Total additions	<u>2,798,199</u>	<u>2,847,541</u>
Benefits paid to participants	(1,120,828)	(3,561,576)
Administrative fees	<u>(3,826)</u>	<u>(1,495)</u>
Total subtractions	<u>(1,124,654)</u>	<u>(3,563,071)</u>
Net increase (decrease)	1,673,545	(715,530)
Net assets available for plan benefits		
Beginning of years	<u>14,056,236</u>	<u>14,771,766</u>
End of years	<u>\$ 15,729,781</u>	<u>\$ 14,056,236</u>

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

RICHARD WOLF MEDICAL INSTRUMENTS CORPORATION
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

Years Ended December 31, 2021 and 2020

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Richard Wolf Medical Instruments Corporation (the “Company”) Profit Sharing Plan and Trust (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering all employees of the Company. All employees are eligible to make contributions to the salary reduction program on the first day of the calendar month, coincident with or following the date they attain age 21 and complete 1 month of service, measured from date of hire, provided that they are an eligible employee at the end of that period. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and the applicable provisions of other legislation related to employee benefit plans.

Employer Contributions

The Company contributions to the Plan are discretionary. The matching contribution was 25% of employee salary deferrals not to exceed 8% of compensation. The Company makes matching discretionary contributions with each payroll period. Additionally, the Company may make a discretionary profit sharing contribution to the Plan as determined by the Company’s Board of Directors. The Company suspended its matching from July 1, 2020 through December 31, 2020 and resumed matching on January 1, 2021.

Participant Accounts and Allocations

Each participant’s account is credited or charged with an allocation of (a) participant’s voluntary salary reduction contribution, (b) the Company’s contribution, (c) Plan earnings and (d) forfeitures of terminated participants’ nonvested amounts.

Allocations are based on participant earnings, years of service and account balances, as defined in the Plan.

Salary Reduction Contribution

A participant may elect to defer up to a portion of his/her compensation, subject to limitations under Section 401(k) of the Internal Revenue Service Code. The Plan includes an auto enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they have elected not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 2% of eligible compensation and their contributions invested in a designated fund until changed by the participant. The automatic deferral rate increases 1% for each year of participation.

A participant may withdraw an amount up to his/her salary contribution, excluding income earned thereon for reasons of extreme hardship, as defined in the Plan. In addition, a participant can elect to make early distributions from the Plan upon attaining the age of 59 ½.

RICHARD WOLF MEDICAL INSTRUMENTS CORPORATION
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

Years Ended December 31, 2021 and 2020

NOTE 1 – DESCRIPTION OF PLAN (Continued)

Forfeitures

Forfeitures are treated as additional employer contributions to participants' accounts. For the Plan years ended December 31, 2021 and 2020, forfeited non-vested accounts totaled \$10,282 and \$6,136, respectively. In 2021 and 2020, allocations to participant accounts were \$6,136 and \$9,151, respectively.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Participants vest in their profit sharing accounts and their discretionary matching accounts based on years of service as defined in the Plan. A participant is fully vested after four years of service. Employees who attain normal retirement age while still being employed will become 100% vested. Upon termination of service, because of disability or death of the participant, the account balance becomes fully vested. Such an account balance shall be paid as soon as administratively feasible following the date the participant becomes disabled. If a termination of service occurs for reasons other than death or disability, payment of vested benefits shall be made as soon as administratively possible following the participant's employment termination date. On retirement, the participant will receive the entire vested account balance as a lump sum.

Administrative Expenses

Administrative expenses of \$3,826 and \$1,495 were expensed to the Plan in 2021 and 2020, respectively.

CARES Act

On March 27, 2020, the CARES Act was signed into law in response to COVID-19, allowing participants impacted by the coronavirus to have greater access to their savings. Qualified individuals were permitted to take a distribution up to \$100,000 without imposition of the 10% early distribution and this distribution was not subject to the 20% tax withholding rate. Additionally, individuals taking this withdrawal had the option to have the withdrawal income taxed over three years with the ability to retribute within three years. Any such distributions are shown as benefits paid to participants; repayment will be shown as rollovers into the Plan. These provision were effective until December 31, 2021.

RICHARD WOLF MEDICAL INSTRUMENTS CORPORATION
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

Years Ended December 31, 2021 and 2020

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on an accrual basis of accounting.

Investment Valuation and Income Recognition

The investment assets of the Plan are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract 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. Investment contracts held by the Plan are required to be reported at fair value; however, contract value is the relevant measurement attribute for that portion of the net assets available for benefits that is attributable to fully benefit responsive investment contracts. Contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

See Note 5 for discussion of fair value measurements.

Use of Estimates

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

Distribution Payable

The distribution payable of \$7,692 as of December 31, 2021 represent a corrective distribution for incorrectly calculated forfeitures on distributions taken during the year. The distribution payable of \$28,988 as of December 31, 2020 represent transactions in transit.

Payment of Benefits

Benefit payments are recorded when paid.

Subsequent Events

For the year ended December 31, 2021, the Company has evaluated subsequent events for potential recognition and disclosure through August 2, 2022, the date when the financial statements were available to be issued.

NOTE 3 – INVESTMENTS

The investments consist of various funds listed at fair value under assets in Exhibit A. Each participant elects to have his/her voluntary contribution and the profit sharing contribution invested in any of the funds. A participant's fund selection can be changed on a daily basis.

RICHARD WOLF MEDICAL INSTRUMENTS CORPORATION
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

Years Ended December 31, 2021 and 2020

NOTE 4 – INFORMATION PREPARED AND CERTIFIED BY TRUSTEE AND RECORDKEEPER

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the trustee and recordkeeper as of December 31, 2021 and 2020, respectively.

	<u>2021</u>	<u>2020</u>
Mutual funds		
Janus Henderson Enterprise	\$ -	\$ 99,476
Voya Intermediate Bond	3,516,187	3,145,754
Deutsche Real Est Sec	36,699	270,953
Vanguard International Value	106	-
American Centy Inflat Adj	851,154	652,194
American New Perspective	384,292	316,960
American New World R4	709,858	648,901
Columbia Midcap Index	59,590	619,265
Vanguard International Growth Fund Admiral Class	958,644	762,961
Deutsche Enhcd Comm Strat A	-	265,692
Van ECK CM Commodity Index	297,472	-
Alger Small Cap Focus	272,074	389,473
Ishares S&P 500 Index FD	736,971	421,569
Blackrock Mid Cap GR A	702,043	-
MFS Growth Fund	1,198,187	1,122,321
Blackrock Global Alloc	760,999	718,742
Blackrock Mid Cap Value	837,662	-
Ishares Russell 2000 SM Cap	144,867	13,858
Ishares International Index	916,011	825,817
Prudential High Yield CL	480,561	239,141
Victory Sycamore Small Comp	478,377	283,359
AllianzGI NFJ Mid-Cap VL	-	764,682
Pioneer Fund	1,363,907	1,259,067
Total mutual funds	<u>\$ 14,705,661</u>	<u>\$ 12,820,185</u>

RICHARD WOLF MEDICAL INSTRUMENTS CORPORATION
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

Years Ended December 31, 2021 and 2020

**NOTE 4 – INFORMATION PREPARED AND CERTIFIED BY TRUSTEE AND RECORDKEEPER
(Continued)**

	<u>2021</u>	<u>2020</u>
Common Collective Trusts		
Putnam Stable Value Fund	\$ <u>1,031,610</u>	\$ <u>1,235,870</u>
Other - accrued income	\$ 132	\$ 131
Other - pending settlement fund	<u>70</u>	<u>50</u>
	\$ <u>202</u>	\$ <u>181</u>
Investment earnings		
Mutual funds	\$ 500,106	\$ 1,184,430
Interest and dividends	<u>1,020,403</u>	<u>561,345</u>
Total investment earnings	\$ <u>1,520,509</u>	\$ <u>1,745,775</u>

NOTE 5 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a 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 as follows:

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

Level 2 – Inputs to valuation methodology include: inputs other than quoted prices included within Level 1 that are observable for the asset or liability either directly or indirectly, such as inputs that are derived principally from or corroborated by observable market data by correlation or other means. If an 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 to the fair value measurement.

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

RICHARD WOLF MEDICAL INSTRUMENTS CORPORATION
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

Years Ended December 31, 2021 and 2020

NOTE 5 – FAIR VALUE MEASUREMENTS (Continued)

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

Mutual funds: The fair values of mutual funds are determined by obtaining the net asset value (NAV) of shares held by the Plan at the year end.

Common collective trust (other than stable value funds): The fair values of participation units held in collective trusts, other than stable value funds, are based on the net asset values reported by fund managers as of the financial statement dates and recent transaction prices (Level 2 inputs). The collective trust held directly by the Plan provides for daily redemptions by the Plan at reported net asset values per share, with no advance notice requirement.

Stable value collective trust fund: A stable value fund is composed primarily of fully benefit-responsive investment contracts valued at the net asset value of units of the bank collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. There are certain circumstances in which a withdrawal from the fund would be redeemed at fair value rather than contract value. These circumstances may include employer-initiated events as follows: the partial or complete termination of the Participating Trust, the exclusion from coverage of a group of employees by the sponsor of the Participating Trust, the implementation of an early retirement program by the sponsor of the Participating Trust or a termination of employment. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

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

RICHARD WOLF MEDICAL INSTRUMENTS CORPORATION
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

Years Ended December 31, 2021 and 2020

NOTE 5 – FAIR VALUE MEASUREMENTS (Continued)

		Fair Value Measurement Using Inputs Considered as	
		2021	2020
Cash	Level 1	\$ 70	\$ 50
Mutual funds	Level 1	14,705,661	12,820,185
Interest in common collective trusts valued at NAV		1,031,610	1,235,870
Total assets at fair value		\$ 15,737,341	\$ 14,056,105

ASU 2015-07 allows investments that are measured at NAV per share (or its equivalent) as a practical expedient to be excluded from the fair value hierarchy. The fair value amounts presented herein are intended to permit reconciliation to the Statements of Net Assets Available for Plan Benefits.

The following table summarizes investments measured at fair value based on NAV per share:

	Fair Value	
	2021	2020
Collective trusts	\$ 1,031,610	\$ 1,235,870

Collective trusts share the common goal of growth and preservation of principal. The collective trusts indirectly invest in a mix of investment contracts, other funds and fixed income securities. These investments can be redeemed daily and there are currently no redemption restrictions or unfunded commitments on these investments.

RICHARD WOLF MEDICAL INSTRUMENTS CORPORATION
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

Years Ended December 31, 2021 and 2020

NOTE 6 – PLAN TERMINATION

The Company has the right to discontinue its contributions to the Plan at any time and may terminate the Plan subject to the provisions of ERISA. In the event of a Plan termination, participants will become 100% vested.

NOTE 7 – TAX STATUS

The Plan obtained its latest determination on June 30, 2020, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and to recognize a tax liability (or asset) if the Plan has taken a position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes that the Plan is no longer subject to income tax examinations for years prior to 2018.

NOTE 8 – RISKS AND UNCERTAINTIES

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

NOTE 9 – SUBSEQUENT EVENT

The COVID-19 pandemic that emerged in early 2020 has continued to spread rapidly. Uncertain consumer behavior and disruptions to the supply chain have resulted in significant volatility in the investment markets. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Plan Benefits.

RICHARD WOLF MEDICAL INSTRUMENTS CORPORATION
PROFIT SHARING PLAN AND TRUST

Notes to Financial Statements

Years Ended December 31, 2021 and 2020

NOTE 10 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The reconciliation of net assets available for benefits per the financial statements to Form 5500 is as follows:

	<u>2021</u>	<u>2020</u>
Net assets available for benefits per financial statements	\$ 15,729,781	\$ 14,056,236
Employee contribution receivable	-	(28,988)
Distribution payable	<u>7,692</u>	<u>-</u>
Net assets available for benefits per Form 5500	<u>\$ 15,737,473</u>	<u>\$ 14,056,236</u>

The reconciliation of changes in net assets available for benefits per the financial statements to Form 5500 is as follows:

	<u>2021</u>	<u>2020</u>
Changes in net assets available for benefits per financial statements	\$ 1,673,545	\$ (715,530)
Employee contribution receivable current year	-	(28,988)
Employee contribution receivable prior year	28,988	36,870
Distribution payable	<u>7,692</u>	<u>-</u>
	36,680	7,882
Changes in net assets available for benefits per Form 5500	<u>\$ 1,710,225</u>	<u>\$ (707,648)</u>

RICHARD WOLF MEDICAL INSTRUMENTS CORPORATION
PROFIT SHARING PLAN AND TRUST

Schedule H, Line 4i - Schedule of Assets Held for Investment Purposes at End of December 31, 2021
 PLAN NO. 001
 EIN 36-2732789

(a)	(b)	(c)	(d)	(e)
	Identity of Issuer	Description of Investment	Cost	Fair Value
		Mutual Funds		
	Voya Intermediate	Voya Intermediate Bond FD A GM	**	\$ 3,516,187
	Deutsche Funds	Deutsche Real Est Sec A GM	**	36,699
	Vanguard	Vanguard International Value	**	106
	American Century	American Centy Inflt Adj	**	851,154
	American Funds	American New Perspective R4	**	384,292
	American Funds	American New World R4 GM	**	709,858
	Columbia Funds	Columbia Midcap Index CL A GM	**	59,590
	Vanguard	Vanguard International Growth Fund Admiral Class	**	958,644
	VanEck	Van ECK CM Commodity Index	**	297,472
	Alger	Alger Small Cap Focus FD A	**	272,074
	Ishares	Ishares S&P 500 Index FD	**	736,971
	Blackrock	Blackrock Mid Cap GR A	**	702,043
	MFS	MFS Growth Fund CL A GM	**	1,198,187
	Blackrock	Blackrock Global Alloc A GM	**	760,999
	Blackrock	Blackrock Mid Cap Value	**	837,662
	Ishares	Ishares Russell 2000 SM Cap A	**	144,867
	Ishares	Ishares International Index A GM	**	916,011
	Prudential Funds	Prudential High Yield CL A	**	480,561
	Victory Sycamore	Victory Sycamore Small Comp A	**	478,377
	Pioneer	Pioneer Fund	**	1,363,907
		Total mutual funds		14,705,661
		Short-term securities		
	Putnam	Putnam Stable Value Fund***	**	1,031,610
				15,737,271
		Other - pending settlement		70
		Other - accrued income		132
				202
		Total assets held for investment purposes		\$ 15,737,473

** Not applicable for participant directed funds

*** Presented at contract value