

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>RIVERSIDE INTEGRATED SOLUTIONS 401(K) PLAN</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>RIVERSIDE ELECTRONICS LTD.</u> <u>ONE RIVERSIDE DRIVE</u> <u>ONE RIVERSIDE DRIVE</u> <u>LEWISTON, MN 55952-0730</u>	1b Three-digit plan number (PN) ▶ <u>001</u>	
	1c Effective date of plan <u>01/01/1996</u>	
	2b Employer Identification Number (EIN) <u>41-1489336</u>	
	2c Plan Sponsor's telephone number <u>507-523-3220</u>	
	2d Business code (see instructions) <u>335900</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	CASSY FITTERER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2022	CASSY FITTERER
	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.

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	336
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)	311
a(2) Total number of active participants at the end of the plan year		6a(2)	317
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	40
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	357
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	
f Total. Add lines 6d and 6e		6f	357
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	213
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	12
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D 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) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan RIVERSIDE INTEGRATED SOLUTIONS 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 RIVERSIDE ELECTRONICS LTD.	D Employer Identification Number (EIN) 41-1489336

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

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	816621	216	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid 27330	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
NORTHWESTERN MUTUAL INVESTMENT SERV 720 E WISCONSIN AVE #N14
MILWAUKEE, WI 53202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
27330			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	547955
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	14094285

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

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

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

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

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

b	Balance at the end of the previous year	7b	552706
c	Additions: (1) Contributions deposited during the year	7c(1)	24373
	(2) Dividends and credits.....	7c(2)	
	(3) Interest credited during the year.....	7c(3)	5562
	(4) Transferred from separate account.....	7c(4)	
	(5) Other (specify below)	7c(5)	1683
	▶		
	(6) Total additions	7c(6)	31618
d	Total of balance and additions (add lines 7b and 7c(6))	7d	584324
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	36070
	(2) Administration charge made by carrier.....	7e(2)	197
	(3) Transferred to separate account.....	7e(3)	51
	(4) Other (specify below)	7e(4)	51
	▶		
	(5) Total deductions	7e(5)	36369
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	547955

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan RIVERSIDE INTEGRATED SOLUTIONS 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 RIVERSIDE ELECTRONICS LTD.	D Employer Identification Number (EIN) 41-1489336	

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	
VOYA RETIREMENT INSURANCE AND ANN.	PO BOX 990067 HARTFORD, CT 06199-0067
71-0294708	

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

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

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

NORTHWESTERN WISCONSIN ASSOCIATE

PO BOX 907
WAUSAU, WI 54403

39-1444845

(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?
99	TPA	8079	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

MORNINGSTAR

36-3297908

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORY	0	Yes ☒ No ☐	Yes ☒ No ☐	2168	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>RIVERSIDE INTEGRATED SOLUTIONS 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>RIVERSIDE ELECTRONICS LTD.</u>	D Employer Identification Number (EIN) <u>41-1489336</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AB GLOBAL BOND FUND Z</u>			
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUI</u>			
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>68629</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2010 T DATE R6</u>			
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUI</u>			
c EIN-PN <u>71-0294709-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3540</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2020 T DATE R6</u>			
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUI</u>			
c EIN-PN <u>71-0294710-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8171</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2025 T DATE R6</u>			
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUI</u>			
c EIN-PN <u>71-0294711-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>28005</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2030 T DATE R6</u>			
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUI</u>			
c EIN-PN <u>71-0294712-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>221810</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2035 T DATE R6</u>			
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUI</u>			
c EIN-PN <u>71-0294713-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>214148</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS 2040 T DATE R6</u>			
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUI</u>			
c EIN-PN <u>71-0294714-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>114980</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2045 T DATE R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294715-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 90919
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2050 T DATE R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294716-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45246
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2055 T DATE R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294717-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 82813
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2060 T DATE R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294718-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31147
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2065 T DATE R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294719-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2700
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS AM BALANCED R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294720-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 438009
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS CAP INC BLD R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294721-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62070
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPACIFIC R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294722-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 104082
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS FDMNTL INV R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294723-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94424
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW WORLD R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294724-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 203842

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS WASH MTUAL R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294725-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 304761
a Name of MTIA, CCT, PSA, or 103-12 IE: CLRBRG SMCP GRW FD IS		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294726-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 256542
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INFL-PROT SEC PORT INS		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294727-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 67623
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA REAL ESTATE SECS PORT INS		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294728-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 167935
a Name of MTIA, CCT, PSA, or 103-12 IE: DFA US TARGETED VL PORT INS		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294729-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 303404
a Name of MTIA, CCT, PSA, or 103-12 IE: INV GLOBAL FD R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294730-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 148895
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN EQUITY INCOME FUND R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294731-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 474407
a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN LGCP GRW FND R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294732-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10623
a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERG BERM MDCP GRW FND R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294733-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 184418
a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM HIGH YIELD FUND R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294734-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39949

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO INCOME FUND INS		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294735-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 181714
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGRD 500 INDEX FUND ADM		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294736-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1316841
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGRD LIFESTRAT CNS GR FD INV		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294737-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 372945
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGRD LIFESTRAT GRW FD INV		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294738-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4688115
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGRD LIFESTRAT INC FD INV		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294739-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7081
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGRD LIFESTRAT MD GRW FD INV		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294740-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1641970
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGRD MID-CAP INDEX FUND ADM		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294741-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 186176
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGRD SMALL-CAP INDEX FND ADM		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294742-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 100516
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGRD TOT INT STK IN F ADM		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294743-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44792
a Name of MTIA, CCT, PSA, or 103-12 IE: VICTOSRYCMR EST VL FD R6		
b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI		
c EIN-PN 71-0294744-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 209774

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA FIXED ACCOUNT (4062)

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI

c EIN-PN 71-0294745-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 547955
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA GV MNY MKT F A (HLD ACCT)

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI

c EIN-PN 71-0294746-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2441
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA INTERMEDIATE BOND FUND R6

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI

c EIN-PN 71-0294747-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 156118
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a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA LARGE CAP GROWTH FUND 8

b Name of sponsor of entity listed in (a): VOYA RETIREMENT INSURANCE AND ANNUI

c EIN-PN 71-0294748-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1412710
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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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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan RIVERSIDE INTEGRATED SOLUTIONS 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 RIVERSIDE ELECTRONICS LTD.	D Employer Identification Number (EIN) 41-1489336	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	312	435
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(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)	47738	30116
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	12172031	14094285
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	552706	547955
(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	12772787 14672791
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	
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	12772787 14672791

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	66980
	(B) Participants	2a(1)(B)	534491
	(C) Others (including rollovers).....	2a(1)(C)	26057
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	627528
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	2273
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	2273
(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)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(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)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		1937799
(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)		
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		2567600
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	663054	
(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)		663054
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	4542	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		4542
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		667596
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		1900004
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: RSM US LLP

(2) EIN: 42-0714325

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
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.
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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 RIVERSIDE INTEGRATED SOLUTIONS 401(K) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 RIVERSIDE ELECTRONICS LTD.	D Employer Identification Number (EIN) 41-1489336

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): 71-0294708		
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 _____

RiverSide Integrated Solutions 401(K) Plan

Financial Report
December 31, 2021

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Independent Auditor's Report

Plan Trustees and Plan Participants
RiverSide Integrated Solutions 401(K) Plan

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

We have performed an audit of the financial statements of RiverSide Integrated Solutions 401(K) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from 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 on the 2021 Financial Statements

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

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

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

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

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

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

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

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

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

Other Matters

2021 Supplemental Schedule Required by ERISA

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

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

In our opinion:

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

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 12, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and, accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

RSM US LLP

La Crosse, Wisconsin
October 12, 2022

RiverSide Integrated Solutions 401(K) Plan

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

	2021	2020
Assets		
Investments:		
Pooled separate accounts, at fair value	\$ 14,094,285	\$ 12,172,031
Investment contract, at contract value	547,955	552,706
Total investments	14,642,240	12,724,737
Receivables:		
Employer contributions	435	312
Notes receivable from participants	30,116	47,738
Total receivables	30,551	48,050
Net assets available for benefits	\$ 14,672,791	\$ 12,772,787

See notes to financial statements.

RiverSide Integrated Solutions 401(K) Plan

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

Investment results:	
Net appreciation in fair value of investments	\$ 1,932,238
Interest income	5,561
Total investment results	<u>1,937,799</u>
Interest income on notes receivable from participants	<u>2,273</u>
Contributions:	
Employer	66,980
Participant deferrals	534,491
Participant rollovers	26,057
Total contributions	<u>627,528</u>
Total additions	<u>2,567,600</u>
Deductions:	
Benefits paid	(663,054)
Administrative expenses	(4,542)
Total deductions	<u>(667,596)</u>
Net increase	1,900,004
Net assets available for benefits:	
Beginning of year	<u>12,772,787</u>
End of year	<u><u>\$ 14,672,791</u></u>

See notes to financial statements.

RiverSide Integrated Solutions 401(K) Plan

Notes to Financial Statements

Note 1. Plan Description

The following brief description of RiverSide Integrated Solutions 401(K) Plan (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 the employees of RiverSide Electronics, Ltd. (the Plan Administrator), RiverStar, Inc. and RiverBend Electronics, Ltd., all of which operate under the single name and brand of RiverSide Integrated Solutions, Inc., and JMW Enterprises, Inc. (collectively referred to as the Plan Sponsor or Employer). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Sponsor has established a Plan Committee, which is responsible for oversight of the Plan.

The Plan Sponsor has a group contract with Voya Retirement Insurance and Annuity Company (Voya) and has appointed them as the custodian of the Plan. The custodian is responsible for maintaining custody of the Plan's assets, processing contributions and distributions, and executing transactions to appropriate investment options.

Eligibility: Employees who have reached 18 years of age and, effective January 1, 2021, have completed one month of consecutive service are eligible to make salary deferrals to the Plan on the first day of the month coincident with or following meeting the eligibility requirements. Eligible employees that are making salary deferrals are eligible to receive Plan Sponsor matching contributions.

Contributions: The Plan allows participants to contribute an amount of their eligible compensation up to the maximum dollar amount determined by the Internal Revenue Service (IRS) each year. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Effective January 1, 2021, the Plan has an automatic enrollment feature. Employees are automatically enrolled in the Plan upon meeting the eligibility requirements at a deferral rate of 4% of eligible compensation, unless the employee elects out or selects a different percentage. Participants may also contribute amounts representing distributions from other qualified retirement plans (rollovers). The Plan Sponsor may elect to make matching contributions to qualified participants, provided that not more than 4% of any qualified participant's compensation shall be eligible for matching contributions. For 2021, the Plan Sponsor elected to make matching contributions equal to 25% of participants' contributions to the Plan, subject to the 4% of eligible compensation limitation. Matching contributions are remitted each payroll period. The Plan Sponsor may also make true-up matching contributions on an annual basis to participants and these true-up contributions are reflected as an employer contributions receivable as of each plan year-end.

Participants can elect to defer a percentage of their compensation, or they may elect to defer a certain amount each pay period. These elections may be changed at any time. Participants are permitted to make pretax elective deferrals to the Plan, or they are permitted to designate a portion of their salary deferrals as Roth after-tax contributions.

Participant accounts and investment options: Individual accounts are maintained for each participant of the Plan. Each participant's account is credited or charged with the participant's contributions, the Plan Sponsor's matching contributions, and allocations of Plan investment results, forfeitures and administrative expenses. Allocations are based on participant contributions, eligible participant compensation, participant account balances or specific participant transactions, as defined in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

RiverSide Integrated Solutions 401(K) Plan

Notes to Financial Statements

Note 1. Plan Description (Continued)

Participants direct the investment of their accounts into various investment options offered by the Plan. Participants may elect to have all or part of their account balances and future contributions transferred from one investment option to another in any combination.

Vesting: Participants are immediately vested in their contributions plus actual earnings or losses thereon. Participant vesting in Plan Sponsor contributions plus actual earnings or losses thereon is based on years of service in accordance with the following schedule:

Years of Vesting Service	Percentage
Less than 1	0%
1	20%
2	40%
3	60%
4	80%
5 or more	100%

A participant also becomes 100% vested upon attainment of retirement age of 65 (as defined by the Plan), upon Plan termination, or upon death or permanent disability while employed by the Plan Sponsor.

Notes receivable from participants: Participants may borrow from their vested account balance a minimum of \$1,000 up to a maximum equal to the lesser of 50% of their vested account balance less any existing note balance or \$50,000 less the highest outstanding note balance in the previous 12 months even if all or a portion of the note has been repaid. A participant may have no more than two notes outstanding at any one time. Note terms cannot be greater than five years; however, they may exceed this term if the proceeds received from the note are used by the participant for the purchase of a primary residence. The notes are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates. Interest rates ranged from 4.25% to 6.25% at December 31, 2021, and notes mature through 2025. Principal and interest payments are made ratably through payroll deductions.

Forfeited accounts: Amounts not vested upon termination of employment are forfeited by participants and are used to reduce administrative expenses of the Plan or to restore forfeited account balances of rehired employees. At December 31, 2021 and 2020, forfeited nonvested accounts totaled approximately \$2,400 and \$1,200, respectively.

Payment of benefits: On termination of service, a participant may elect to receive (1) a lump-sum amount equal to the value of his or her vested account or (2) payment in installments over a period of years selected by the participant that is shorter than the life expectancy of the participant. Participant balances that are less than \$1,000 at the time of termination will be paid out in a lump-sum without the need for participant consent. Balances between \$1,000 and \$5,000 may be rolled over into an individual retirement account designated by the Plan Administrator without the need for the participant's consent. The Plan allows for in-service distributions to participants under certain circumstances, including financial hardship.

RiverSide Integrated Solutions 401(K) Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The Plan's financial statements are presented on the accrual basis of accounting.

Investment valuation and income recognition: The Plan's investments are reported at fair value, except for the fully benefit-responsive investment contract, which is 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. The Plan Administrator determines the Plan's valuation policies utilizing information provided by the Plan's investment advisors, custodian and other third parties. See Note 5 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments purchased and sold, as well as held, during the year.

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 or 2020. If a participant ceases to make note repayments, and the Plan Administrator deems the participant note to be in default, the participant note balance is reduced, and a benefit payment is recorded in accordance with the Plan document.

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

Administrative expenses: The Plan's administrative expenses are paid by either the Plan or the Plan Sponsor, as determined by the Plan Administrator. Expenses that are paid by the Plan Sponsor are excluded from the financial statements. Fees related to administration of benefit payments and notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses reduce total investment results.

Payment of benefits: Benefits are recorded when paid.

Use of estimates in the preparation of financial statements: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Subsequent events: The Plan Administrator has evaluated subsequent events through October 12, 2022, the date these financial statements were available to be issued.

Note 3. Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

RiverSide Integrated Solutions 401(K) Plan

Notes to Financial Statements

Note 4. Information Certified or Provided by Voya

The following is a summary of the Plan's asset information as of December 31, 2021 and 2020, and for the year ended December 31, 2021, included throughout the Plan's financial statements and ERISA-required supplemental schedule, obtained by management and agreed to or derived from information provided by Voya, the custodian of the Plan. The Plan Administrator has obtained certifications from the custodian that information provided to the Plan Administrator by the custodian related to the following assets is complete and accurate. Accordingly, 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 the Plan's independent auditor not to perform any auditing procedures with respect to information that appears throughout the financial statements and ERISA-required supplemental schedule related to the following assets:

	2021	2020
Investments:		
Pooled separate accounts, at fair value	\$ 14,094,285	\$ 12,172,031
Investment contract, at contract value	547,955	552,706
Notes receivable from participants	30,116	47,738
	<u>\$ 14,672,356</u>	<u>\$ 12,772,475</u>

Voya also certified to the completeness and accuracy of \$1,932,238 of net appreciation in fair value of investments, \$5,561 of interest income from the aforementioned investments, and \$2,273 of interest income on notes receivable from participants for the year ended December 31, 2021.

Note 5. Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

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

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

RiverSide Integrated Solutions 401(K) Plan

Notes to Financial Statements

Note 5. Fair Value Measurements (Continued)

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

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

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

Pooled separate accounts: Pooled separate accounts are valued at the net asset value (NAV) of the units of accounts held by the Plan. The NAV is used as a practical expedient to estimate fair value. The NAV of the account is reported by the account manager at year-end and is based on the underlying quoted market price of the assets that comprise each account. This practical expedient would not be used if it is determined to be probable that the Plan will sell the investment for an amount different from the NAV. Each pooled separate account's underlying assets is composed primarily of mutual fund or collective investment fund investments.

In accordance with U.S. GAAP, the pooled separate accounts held by the Plan are not classified in the fair value hierarchy table that prioritizes the inputs to valuation techniques used to measure fair value because they are measured at NAV per share as a practical expedient.

The method 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 Plan Administrator believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain assets could result in a different fair value measurement at the reporting date.

RiverSide Integrated Solutions 401(K) Plan

Notes to Financial Statements

Note 5. Fair Value Measurements (Continued)

Investments measured using the NAV per share practical expedient: The following table summarizes investments, which are grouped by overall investment strategy, for which fair value is measured using the NAV per share practical expedient as of December 31, 2021 and 2020:

	Fair Value at December 31		Unfunded	Redemption	Redemption
	2021	2020	Commitment	Frequency	Notice Period
Pooled separate accounts:					
Large value:					
Voya Retirement J.P. Morgan Equity Income Fund	\$ 474,407	\$ 383,799	None	Immediate	None
Large blend:					
Voya Retirement American Funds Fundamental Investors Fund	94,424	85,528	None	Immediate	None
Voya Retirement American Funds Washington Mutual Investors Fund	304,761	239,286	None	Immediate	None
Voya Retirement Vanguard 500 Index Fund	1,316,841	965,784	None	Immediate	None
Large growth:					
Voya Retirement Voya Large Cap Growth Fund	1,412,710	1,215,713	None	Immediate	None
Voya Retirement J.P. Morgan Large Cap Growth Fund	10,623	-	None	Immediate	None
Mid value:					
Voya Retirement Victory Sycamore Established Value Fund	209,774	170,707	None	Immediate	None
Mid blend:					
Voya Retirement Vanguard Mid-Cap Index Fund	186,176	157,653	None	Immediate	None
Mid growth:					
Voya Retirement Neuberger Berman Mid Cap Growth Fund	184,418	150,547	None	Immediate	None
Small value:					
Voya Retirement DFA U.S. Targeted Value Portfolio Fund	303,404	194,942	None	Immediate	None
Small blend:					
Voya Retirement Vanguard Small-Cap Index Fund	100,516	110,408	None	Immediate	None
Small growth:					
Voya Retirement ClearBridge Small Cap Growth Fund	256,542	232,330	None	Immediate	None
Specialty:					
Voya Retirement DFA Real Estate Securities Portfolio Fund	167,935	122,316	None	Immediate	None
International:					
Voya Retirement American Funds EuroPacific Growth Fund	104,082	115,543	None	Immediate	None
Voya Retirement American Funds New World Fund	203,842	206,567	None	Immediate	None
Voya Retirement Invesco Global Fund	148,895	116,138	None	Immediate	None
Voya Retirement Vanguard Total International Stock Index Fund	44,792	40,784	None	Immediate	None
Asset allocation:					
Voya Retirement American Funds 2010 Target Date Retirement Fund	3,540	1,575	None	Immediate	None
Voya Retirement American Funds 2020 Target Date Retirement Fund	8,171	4,731	None	Immediate	None
Voya Retirement American Funds 2025 Target Date Retirement Fund	28,005	18,737	None	Immediate	None
Voya Retirement American Funds 2030 Target Date Retirement Fund	221,810	177,452	None	Immediate	None
Voya Retirement American Funds 2035 Target Date Retirement Fund	214,148	157,320	None	Immediate	None
Voya Retirement American Funds 2040 Target Date Retirement Fund	114,980	88,780	None	Immediate	None
Voya Retirement American Funds 2045 Target Date Retirement Fund	90,919	49,295	None	Immediate	None
Voya Retirement American Funds 2050 Target Date Retirement Fund	45,246	39,111	None	Immediate	None
Voya Retirement American Funds 2055 Target Date Retirement Fund	82,813	44,136	None	Immediate	None
Voya Retirement American Funds 2060 Target Date Retirement Fund	31,147	13,876	None	Immediate	None
Voya Retirement American Funds 2065 Target Date Retirement Fund	2,700	-	None	Immediate	None
Voya Retirement Vanguard LifeStrategy Conservative Growth Fund	372,945	350,365	None	Immediate	None
Voya Retirement Vanguard LifeStrategy Growth Fund	4,688,115	4,223,536	None	Immediate	None
Voya Retirement Vanguard LifeStrategy Income Fund	7,081	6,975	None	Immediate	None
Voya Retirement Vanguard LifeStrategy Moderate Growth Fund	1,641,970	1,570,212	None	Immediate	None
Balanced:					
Voya Retirement American Funds Balanced Fund	438,009	360,814	None	Immediate	None
Voya Retirement American Funds Capital Income Builder Fund	62,070	51,697	None	Immediate	None
Bonds:					
Voya Retirement AB Global Bond Fund	68,629	61,427	None	Immediate	None
Voya Retirement DFA Inflation-Protected Securities Portfolio Fund	67,623	77,756	None	Immediate	None
Voya Retirement PIMCO Income Institutional Fund	181,714	184,623	None	Immediate	None
Voya Retirement PGIM High Yield Fund	39,949	35,673	None	Immediate	None
Voya Retirement Voya Intermediate Bond Fund	156,118	144,725	None	Immediate	None
Money market fund:					
Voya Retirement Voya Government Money Market Fund	2,441	1,170	None	Immediate	None
	<u>\$ 14,094,285</u>	<u>\$ 12,172,031</u>			

RiverSide Integrated Solutions 401(K) Plan

Notes to Financial Statements

Note 5. Fair Value Measurements (Continued)

Pooled separate accounts include investments in mutual funds and collective investment funds that have varying objectives including growth, capital appreciation and income. The underlying holdings differ across each fund, but include a mix of U.S. and international equity and fixed-income securities. Investments in pooled separate accounts can be redeemed daily at the current net asset value per unit of account.

Note 6. Investment Contract With Insurance Company

The Plan has a benefit-responsive investment contract, Voya Fixed Account, with Voya. Voya maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Stability of principal is the primary objective of this investment option. The investment contract issuer is contractually obligated to repay the principal and a guaranteed minimum interest rate declared for a defined period, currently one calendar year. The guaranteed interest rate to the Plan as of and for the year ended December 31, 2021, was 1%.

The Plan held \$547,955 and \$552,706 in this investment contract, which is reported at contract value, at December 31, 2021 and 2020, respectively. As described in Note 2, because the investment contract is fully benefit-responsive, the investment contract is included in the statements of net assets available for benefits at December 31, 2021 and 2020, at contract value. Contract value, as reported to the Plan by Voya, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Certain events, such as the premature termination of the contract by the Plan or the termination of the Plan, would limit the Plan's ability to transact at contract value with Voya. The Plan Administrator believes the occurrence of such events that would limit the Plan's ability to transact at contract value are not probable.

Note 7. Tax Status

The Plan has adopted a non-standardized defined contribution pre-approved plan sponsored by Northwestern Wisconsin Associates, Inc. The pre-approved plan has received an opinion letter from the IRS as to the pre-approved plan's qualified status. The pre-approved plan opinion letter has been relied upon by this Plan. The Plan Administrator believes the Plan is designed and being operated in compliance with the applicable provisions of the Internal Revenue Code.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan. The Plan Administrator evaluated the Plan's tax positions and concluded that the Plan has maintained its tax-exempt status and has taken no uncertain tax positions that require recognition or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

RiverSide Integrated Solutions 401(K) Plan

Notes to Financial Statements

Note 8. Risks and Uncertainties

Participants are allowed to invest 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 reasonably possible that changes in the values of investment balances have occurred since December 31, 2021, or will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the 2021 statement of net assets available for benefits.

Note 9. Related Party and Party-in-Interest Transactions and Administrative Expenses

Certain Plan investments are shares of pooled separate accounts or an investment contract managed by Voya, the custodian as defined by the Plan; therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to the custodian as well as other service providers are included in administrative expenses in the statement of changes in net assets available for benefits. Fees paid by the Plan for investment management services are included as a reduction of the return earned on each investment account.

Certain administrative functions are performed by employees of the Plan Sponsor. No such employee receives separate compensation from the Plan. Certain other administrative expenses are paid directly by the Plan Sponsor.

RiverSide Integrated Solutions 401(K) Plan

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

Description	Current Value
Voya Retirement Insurance and Annuity Company—investment contract*:	
Voya Fixed Account	\$ 547,955
Voya Retirement Insurance and Annuity Company—pooled separate accounts*:	
Vanguard LifeStrategy Growth Fund	4,688,115
Vanguard LifeStrategy Moderate Growth Fund	1,641,970
Voya Large Cap Growth Fund	1,412,710
Vanguard 500 Index Fund	1,316,841
J.P. Morgan Equity Income Fund	474,407
American Funds Balanced Fund	438,009
Vanguard LifeStrategy Conservative Growth Fund	372,945
American Funds Washington Mutual Investors Fund	304,761
DFA U.S. Targeted Value Portfolio Fund	303,404
ClearBridge Small Cap Growth Fund	256,542
American Funds 2030 Target Date Retirement Fund	221,810
American Funds 2035 Target Date Retirement Fund	214,148
Victory Sycamore Established Value Fund	209,774
American Funds New World Fund	203,842
Vanguard Mid-Cap Index Fund	186,176
Neuberger Berman Mid Cap Growth Fund	184,418
PIMCO Income Institutional Fund	181,714
DFA Real Estate Securities Portfolio Fund	167,935
Voya Intermediate Bond Fund	156,118
Invesco Global Fund	148,895
American Funds 2040 Target Date Retirement Fund	114,980
American Funds EuroPacific Growth Fund	104,082
Vanguard Small-Cap Index Fund	100,516
American Funds Fundamental Investors Fund	94,424
American Funds 2045 Target Date Retirement Fund	90,919
American Funds 2055 Target Date Retirement Fund	82,813
AB Global Bond Fund	68,629
DFA Inflation-Protected Securities Portfolio Fund	67,623
American Funds Capital Income Builder Fund	62,070
American Funds 2050 Target Date Retirement Fund	45,246
Vanguard Total International Stock Index Fund	44,792
PGIM High Yield Fund	39,949
American Funds 2060 Target Date Retirement Fund	31,147
American Funds 2025 Target Date Retirement Fund	28,005
J.P. Morgan Large Cap Growth Fund	10,623
American Funds 2020 Target Date Retirement Fund	8,171
Vanguard LifeStrategy Income Fund	7,081
American Funds 2010 Target Date Retirement Fund	3,540
American Funds 2065 Target Date Retirement Fund	2,700
Voya Government Money Market Fund	2,441
	14,094,285
Notes receivable from participants, interest rates from 4.25% to 6.25%, maturing through 2025*	30,116
	\$ 14,672,356

*A party-in-interest as defined by ERISA.

The above information has been certified by Voya Retirement Insurance and Annuity Company, the custodian of the Plan, as complete and accurate.

Schedule H, line 4i

Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2021 and ending 12/31/2021

Name of plan

RIVERSIDE INTEGRATED SOLUTIONS 401(K) PLAN

Employer Identification Number

41-1489336

Three-digit
plan number

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 RETIREMENT INS AND ANN	AB GLOBAL BOND FUND Z		68,629
	VOYA RETIREMENT INS AND ANN	AMERICAN FUNDS 2010 T DATE R6		3,540
	VOYA RETIREMENT INS AND ANN	AMERICAN FUNDS 2020 T DATE R6		8,171
	VOYA RETIREMENT INS AND ANN	AMERICAN FUNDS 2025 T DATE R6		28,005
	VOYA RETIREMENT INS AND ANN	AMERICAN FUNDS 2030 T DATE R6		221,810
	VOYA RETIREMENT INS AND ANN	AMERICAN FUNDS 2035 T DATE R6		214,148
	VOYA RETIREMENT INS AND ANN	AMERICAN FUNDS 2040 T DATE R6		114,980
	VOYA RETIREMENT INS AND ANN	AMERICAN FUNDS 2045 T DATE R6		90,919
	VOYA RETIREMENT INS AND ANN	AMERICAN FUNDS 2050 T DATE R6		45,246
	VOYA RETIREMENT INS AND ANN	AMERICAN FUNDS 2055 T DATE R6		82,813
	VOYA RETIREMENT INS AND ANN	AMERICAN FUNDS 2060 T DATE R6		31,147
	VOYA RETIREMENT INS AND ANN	AMERICAN FUNDS 2065 T DATE R6		2,700
	VOYA RETIREMENT INS AND ANN	AMERICAN FUNDS AM BALANCED R6		438,009
	VOYA RETIREMENT INS AND ANN	AMERICAN FUNDS CAP INC BLD R6		62,070
	VOYA RETIREMENT INS AND ANN	AMERICAN FUNDS EUROPACIFIC R6		104,082
	VOYA RETIREMENT INS AND ANN	AMERICAN FUNDS FDMNTL INV R6		94,424
	VOYA RETIREMENT INS AND ANN	AMERICAN FUNDS NEW WORLD R6		203,842
	VOYA RETIREMENT INS AND ANN	AMERICAN FUNDS WASH MTUAL R6		304,761
	VOYA RETIREMENT INS AND ANN	CLRBGR SMCP GRW FD IS		256,542
	VOYA RETIREMENT INS AND ANN	DFA INFL-PROT SEC PORT INS		67,623
	VOYA RETIREMENT INS AND ANN	DFA REAL ESTATE SECS PORT INS		167,935
	VOYA RETIREMENT INS AND ANN	DFA US TARGETED VL PORT INS		303,404
	VOYA RETIREMENT INS AND ANN	INV GLOBAL FD R6		148,895
	VOYA RETIREMENT INS AND ANN	JPMORGAN EQUITY INCOME FUND R6		474,407
	VOYA RETIREMENT INS AND ANN	JPMORGAN LGCP GRW FND R6		10,623
	VOYA RETIREMENT INS AND ANN	NEUBERG BERM MDCP GRW FND R6		184,418
	VOYA RETIREMENT INS AND ANN	PGIM HIGH YIELD FUND R6		39,949
	VOYA RETIREMENT INS AND ANN	PIMCO INCOME FUND INS		181,714
	VOYA RETIREMENT INS AND ANN	VANGRD 500 INDEX FUND ADM		1,316,841
	VOYA RETIREMENT INS AND ANN	VANGRD LIFESTRAT CNS GR FD INV		372,945
	VOYA RETIREMENT INS AND ANN	VANGRD LIFESTRAT GRW FD INV		4,688,115
	VOYA RETIREMENT INS AND ANN	VANGRD LIFESTRAT INC FD INV		7,081
	VOYA RETIREMENT INS AND ANN	VANGRD LIFESTRAT MD GRW FD INV		1,641,970
	VOYA RETIREMENT INS AND ANN	VANGRD MID-CAP INDEX FUND ADM		186,176
	VOYA RETIREMENT INS AND ANN	VANGRD SMALL-CAP INDEX FND ADM		100,516
	VOYA RETIREMENT INS AND ANN	VANGRD TOT INT STK IN F ADM		44,792
	VOYA RETIREMENT INS AND ANN	VICTOSRYCMR EST VL FD R6		209,774
	VOYA RETIREMENT INS AND ANN	VOYA FIXED ACCOUNT (4062)		547,955
	VOYA RETIREMENT INS AND ANN	VOYA GV MNY MKT F A (HLD ACCT)		2,441

[illegible]