

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2021</div><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                          |
|----------------------------------------------------------------------------------------------------------|------------------------------------------|
| 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

☐ special extension (enter description)

☐ the DFVC program

**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<br><u>ALS GROUP USA 401(K) PLAN</u>                                                                                                                                                                                                                                                                                                                  | 1b                                                        |
|         |                                                                                                                                                                                                                                                                                                                                                                   | Three-digit plan number (PN) ▶ <u>001</u>                 |
|         |                                                                                                                                                                                                                                                                                                                                                                   | 1c                                                        |
|         |                                                                                                                                                                                                                                                                                                                                                                   | Effective date of plan<br><u>01/01/2000</u>               |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>ALS GROUP USA, CORP.</u><br><br><u>10450 STANCLIFF ROAD, SUITE 210</u><br><u>HOUSTON, TX 77099-4338</u> | 2b                                                        |
|         |                                                                                                                                                                                                                                                                                                                                                                   | Employer Identification Number (EIN)<br><u>76-0606679</u> |
|         |                                                                                                                                                                                                                                                                                                                                                                   | 2c                                                        |
|         |                                                                                                                                                                                                                                                                                                                                                                   | Plan Sponsor's telephone number<br><u>281-530-5656</u>    |
|         |                                                                                                                                                                                                                                                                                                                                                                   | 2d                                                        |
|         |                                                                                                                                                                                                                                                                                                                                                                   | Business code (see instructions)<br><u>541990</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<br>HERE | Filed with authorized/valid electronic signature. | 10/13/2022 | SUE MACHAMER                                                 |
|              | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE | Filed with authorized/valid electronic signature. | 10/13/2022 | SUE MACHAMER                                                 |
|              | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |                                                   |            |                                                              |
|              | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1266 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 748  |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 748  |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                         |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 14   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                         |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 505  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1267 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5    |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1272 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1241 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                 |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0    |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2T 3D 3H                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                |      |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>2021</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021                                                                                                                          |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>ALS GROUP USA 401(K) PLAN                                                                                                                                                                  | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 001                                            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>ALS GROUP USA, CORP.                                                                                                                               | <b>D</b> Employer Identification Number (EIN)<br>76-0606679                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| THE VANGUARD GROUP, INC.                                                                                          |
| 23-1945930                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

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

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

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

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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)

THE VANGUARD GROUP, INC.

23-1945930

| (b)<br>Service Code(s)     | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 16 25<br>37 38 52<br>99 | NONE                                                                                              | 115637                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

LOCKTON INVEST ADVISORS LLC

20-8874282

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | NONE                                                                                              | 60000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

VANGUARD ADVISERS INC.

23-2811930

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 26                     | NONE                                                                                              | 30716                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

BEELS SOPER LLP

20-2877111

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | NONE                                                                                              | 15000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

**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<br>(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<br>(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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                                        |                     |              |
|--------------------|----------------------------------------|---------------------|--------------|
| <b>a</b> Name:     | BEELS SOPER LLP                        | <b>b</b> EIN:       | 20-2877111   |
| <b>c</b> Position: | AUDITORS                               |                     |              |
| <b>d</b> Address:  | 155 FIRST STREET<br>PETALUMA, CA 94952 | <b>e</b> Telephone: | 707-763-3888 |
|                    |                                        |                     |              |

Explanation: STAFFING RESOURCES

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |
|                    |  |                     |  |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2021</b><br><br><hr/> <b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

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

|                                                                                                     |                                                                            |            |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>ALS GROUP USA 401(K) PLAN</u>                                           | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>001</u> |
|                                                                                                     |                                                                            |            |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>ALS GROUP USA, CORP.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>76-0606679</u>         |            |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                           |                               |                                                                                                                                                       |
|-------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VFTC RETIREMENT SAVINGS TRUST III</u>   |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u> |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN <u>38-7041744-024</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>3361630</u></span> |
|                                                                                           |                               |                                                                                                                                                       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>METLIFE REL ST VAL 25053 - 50</u>       |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <u>RELIANCE TRUST COMPANY</u>           |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN <u>46-6625485-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>0</u></span>       |
|                                                                                           |                               |                                                                                                                                                       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                            |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a):                                         |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN                                                                           | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                                   |
|                                                                                           |                               |                                                                                                                                                       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                            |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a):                                         |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN                                                                           | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                                   |
|                                                                                           |                               |                                                                                                                                                       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                            |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a):                                         |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN                                                                           | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                                   |
|                                                                                           |                               |                                                                                                                                                       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                            |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a):                                         |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN                                                                           | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                                   |
|                                                                                           |                               |                                                                                                                                                       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                            |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a):                                         |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN                                                                           | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                                   |
|                                                                                           |                               |                                                                                                                                                       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                            |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a):                                         |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN                                                                           | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                                   |
|                                                                                           |                               |                                                                                                                                                       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                            |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a):                                         |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN                                                                           | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                                   |
|                                                                                           |                               |                                                                                                                                                       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                            |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a):                                         |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN                                                                           | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                                   |
|                                                                                           |                               |                                                                                                                                                       |

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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <b>01/01/2021</b> and ending <b>12/31/2021</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>ALS GROUP USA 401(K) PLAN</b>                                                | <b>B</b> Three-digit plan number (PN) ►                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>ALS GROUP USA, CORP.</b>             | <b>D</b> Employer Identification Number (EIN)<br><b>76-0606679</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 45689                 | 46296           |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    | 118661                | 111266          |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 1296630               | 1162817         |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 3647797               | 3361629         |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 97882520              | 107639594       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year     |
|--------------------|------------------------------------------------------------------|-----------------------|---------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                     |
| (1)                | Employer securities.....                                         | <b>1d(1)</b>          |                     |
| (2)                | Employer real property.....                                      | <b>1d(2)</b>          |                     |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                     |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 102991297 112321602 |
| <b>Liabilities</b> |                                                                  |                       |                     |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                     |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                     |
| <b>i</b>           | Acquisition indebtedness.....                                    | <b>1i</b>             |                     |
| <b>j</b>           | Other liabilities.....                                           | <b>1j</b>             |                     |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 0 0                 |
| <b>Net Assets</b>  |                                                                  |                       |                     |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 102991297 112321602 |

**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 |
|---------------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>Income</b> |                                                                                                        |                 |           |
| <b>a</b>      | <b>Contributions:</b>                                                                                  |                 |           |
| (1)           | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 1592487   |
|               | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 3653400   |
|               | <b>(C)</b> Others (including rollovers).....                                                           | <b>2a(1)(C)</b> | 321813    |
| (2)           | Noncash contributions.....                                                                             | <b>2a(2)</b>    |           |
| (3)           | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 5567700   |
| <b>b</b>      | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)           | Interest:                                                                                              |                 |           |
|               | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....    | <b>2b(1)(A)</b> |           |
|               | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|               | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|               | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|               | <b>(E)</b> Participant loans.....                                                                      | <b>2b(1)(E)</b> | 67234     |
|               | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|               | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 67234     |
| (2)           | Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |           |
|               | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|               | <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                               | <b>2b(2)(C)</b> | 10348386  |
|               | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 10348386  |
| (3)           | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)           | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|               | <b>(B)</b> Aggregate carrying amount (see instructions).....                                           | <b>2b(4)(B)</b> |           |
|               | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 0         |
| (5)           | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|               | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|               | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | 61833     |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 2429703   |
| c Other income.....                                                                            | 2c     |            | 17112     |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 18491968  |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 8942193    |           |
| (2) To insurance carriers for the provision of benefits.....                                   | 2e(2)  |            |           |
| (3) Other.....                                                                                 | 2e(3)  | 1267       |           |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                                   | 2e(4)  |            | 8943460   |
| f Corrective distributions (see instructions).....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            |           |
| h Interest expense.....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  |            |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  |            |           |
| (4) Other.....                                                                                 | 2i(4)  | 218203     |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 218203    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 9161663   |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 9330305   |
| 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: LAWRENCE R. MITCHELL & CO., CPAS

(2) EIN: 20-0545687

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>b</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.) ..... |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>c</b> 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.) .....                                                                                                                             |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>d</b> 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.) .....                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>g</b> 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? .....                                                                                                                                       |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>h</b> 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? .....                                                                                                                             |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                        | X   |    |        |
| <b>j</b> 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.) .....                                                                                     |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                        |     | X  |        |
| <b>n</b> 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. ....                                                                                                                         |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                        |     |    |        |

**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 \_\_\_\_\_.

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                              |                                                                    |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>ALS GROUP USA 401(K) PLAN</u>                                    | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>ALS GROUP USA, CORP.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>76-0606679</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> |
| <b>2</b> 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):<br><br>EIN(s): <u>23-2186884</u> |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                   | <b>3</b> |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                    |                              |                             |                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                     | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                         | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                                   | <b>6c</b>                    |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 \_\_\_\_\_

**ALS Group USA  
401(k) Plan**

**Financial Statements**

**As of December 31, 2021 and 2020**

**For the Year Ended December 31, 2021**

**and**

**Independent Auditor's Report**

**ALS Group USA 401(k) Plan**  
**Table of Contents**  
**As of December 31, 2021 and 2020**  
**For the Year Ended December 31, 2021**

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## Independent Auditor's Report

Board of Directors  
ALS Group USA  
401(k) Plan

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audit of ALS Group USA 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

### Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

### **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of ALS Group USA 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about ALS Group USA 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 ALS Group USA 401(k) 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 ALS Group USA 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

## **Other Matters**

### *Supplemental Schedules Required by ERISA*

The supplemental schedules of Schedule H Part IV Line 4i – Schedule of Assets (Held at End of Year) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial

statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

*Auditors' Report on the 2020 Financial Statements*

The 2020 financial statements of ALS Group USA 401(k) Plan were audited by predecessor auditors. 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 predecessor auditor not to perform, and they did not perform, any auditing procedures with respect to the information certified by a qualified institution. Their report dated October 14, 2021, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and supplemental schedules, and (b) the form and content of the information included in the financial statements and supplemental schedules other than that derived from the certified information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Lawrence R. Mitchell & Company*

Lawrence R. Mitchell & Company  
Certified Public Accountants  
A Professional Corporation  
El Segundo, California

October 7, 2022

**ALS Group USA 401(k) Plan**  
**Statements of Net Assets Available for Benefits**  
**For the Years Ended December 31, 2021 and 2020**

| <b>Assets</b>                                                | <b>2021</b>           | <b>2020</b>           |
|--------------------------------------------------------------|-----------------------|-----------------------|
| Participant-directed investments, at fair value:             |                       |                       |
| Investments                                                  | \$ 111,001,223        | \$ 101,530,317        |
| Receivables:                                                 |                       |                       |
| Employer contributions                                       | 46,296                | 45,689                |
| Employee contributions                                       | 111,266               | 118,661               |
| Notes receivable from participants                           | 1,162,817             | 1,311,466             |
|                                                              | <u>1,320,379</u>      | <u>1,475,816</u>      |
| Total assets                                                 | <u>\$ 112,321,602</u> | <u>\$ 103,006,133</u> |
| <br><b>Liabilities and Net Assets Available for Benefits</b> |                       |                       |
| Liabilities:                                                 | <u>\$ -</u>           | <u>\$ -</u>           |
| Net assets available for benefits, at fair value             | <u>\$ 112,321,602</u> | <u>\$ 103,006,133</u> |

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

**ALS Group USA 401(k) Plan**  
**Statement of Changes in Net Assets Available for Benefits**  
**For the Year Ended December 31, 2021**

| <b>Additions to net assets available for benefits attributed to:</b>    | <b>Amount</b>                |
|-------------------------------------------------------------------------|------------------------------|
| Investment income:                                                      |                              |
| Net appreciation in fair value of investments                           | \$ 2,446,951                 |
| Interest and dividends                                                  | 10,410,083                   |
|                                                                         | <u>12,857,034</u>            |
| Interest income from notes receivable from participants                 | 67,234                       |
| Contributions:                                                          |                              |
| Employer contributions                                                  | 1,592,487                    |
| Participant contributions                                               | 3,975,213                    |
| Total contributions                                                     | <u>5,567,700</u>             |
| Total additions                                                         | 18,491,968                   |
| <b>Deductions from net assets available for benefits attributed to:</b> |                              |
| Benefits paid to participants                                           | 8,957,029                    |
| Administrative expenses                                                 | <u>219,470</u>               |
| Total deductions                                                        | <u>9,176,499</u>             |
| Net increase in net assets available for benefits                       | 9,315,469                    |
| <b>Net assets available for benefits:</b>                               |                              |
| Beginning of year                                                       | <u>103,006,133</u>           |
| End of year                                                             | <u><u>\$ 112,321,602</u></u> |

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

**ALS Group USA 401(k) Plan**  
**Notes to the Financial Statements**  
**As of December 31, 2021 and 2020**  
**For the Year Ended December 31, 2021**

**1. Description of the Plan**

The following description of the ALS Group USA 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, established effective January 1, 2000, is a defined contribution plan established under the provisions of Section 401(k) of the Internal Revenue Code. The Plan, and related trust, are subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Board of Trustees.

The Plan covers all eligible employees of ALS Group USA, Corp., ALS Services USA, Corp., ALS USA Inc., ALS Maverick Testing Laboratories, Inc., ALS Industrial USA, LLC, ALS Marshfield, LLC, and ALS Reservoir Laboratories (collectively, the Company).

The Plan covers all employees of the Company who reached age 18 and who are not members of a collective bargaining unit or a nonresident alien. Leased employees, independent contractors, seasonal, and temporary employees are not eligible to participate in the Plan.

The Plan provides for immediate entry following or coincident with the date the employee completes eligibility. For safe harbor employer contribution purposes, the Plan provides for immediate entry after completion of six months of service.

***Contributions***

***Participant contributions:***

Each year, participants may contribute up to 100% of their annual compensation as defined by the Plan. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds, pooled separate accounts and common collective trusts as investment options for participants. Participants may not make annual contributions in excess of the government-imposed limit, which was \$19,500 during the year ended December 31, 2021. The government-imposed limit is increased to \$26,000 for participants who reach age 50 by year-end. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover).

***Employer safe harbor matching contributions:***

The Company provides a safe harbor matching contribution to the Plan participants equal to 100% of the participant's elective deferral up to 3% of the participant's eligible compensation, plus 50% of each participant's elective deferral between 3% and 5% of the participant's eligible compensation. During the year ended December 31, 2021. The employer safe harbor matching contributions made to the Plan were \$1,592,487.

**ALS Group USA 401(k) Plan**  
**Notes to the Financial Statements**  
**As of December 31, 2021 and 2020**  
**For the Year Ended December 31, 2021**

**1. Description of the Plan (continued)**

***Participant accounts***

Each participant's account is credited with the participant's contributions and Company matching contributions, as well as allocations of the Company's profit-sharing contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

***Investment options***

Participants must direct their salary deferral contributions and their share of the Company's contributions into various investments as made available and determined by the Plan Administrator, which are more fully illustrated in the Plan's literature.

***Notes receivable from participants***

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balance (see Note 8). The loans are secured by the balance in the participant's account and bear interest which is determined by the Plan administrator. The interest rate for all loans is 4.25 - 7.50% at December 31, 2021 and 2020, respectively. Principal and interest are paid ratably through bi-weekly payroll deductions.

***Vesting***

Participants are immediately vested (100%) in their voluntary contributions plus actual earnings thereon and safe harbor matching contributions and related appreciation or depreciation thereon. A participant is also fully vested upon death, total disability, or normal retirement.

***Payment of benefits***

Upon termination of service due to death, disability, termination, or retirement, a participant or the participant's beneficiary will receive a value of the vested account balance in the form of a lump-sum amount. There is an automatic cash-out provision for participants with balances not exceeding \$5,000.

***Forfeited accounts***

Forfeitures of terminated participant's nonvested accounts are used to offset future employer contributions and pay Plan administrative expenses. Additionally, under Vanguard administrative practices covering Missing Participants and Uncashed Checks plan policy, if a check is not cashed or is returned as "undeliverable," the funds are placed in the Revenue Account and are used to offset plan expenses. At December 31, 2021 and 2020, forfeited nonvested accounts totaled \$11,803 and \$10,309, respectively. During 2021, forfeitures utilized to pay Plan expenses was \$15,000.

**ALS Group USA 401(k) Plan**  
**Notes to the Financial Statements**  
**As of December 31, 2021 and 2020**  
**For the Year Ended December 31, 2021**

**2. Summary of accounting policies**

A summary of the significant accounting policies followed by the Plan in the preparation of the accompanying financial statements is as follows:

***Basis of accounting***

The accompanying financial statements have been prepared using the accrual basis of accounting in conformity with generally accepted accounting principles in the United States of America.

***Investment valuation and income recognition***

Investments are reported at fair value which 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 Investment Committee determines the Plan's valuation policies. See Note 4 for discussion of fair value measurements.

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

***Notes receivable from participants***

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2021 and 2020, no allowance for credit losses has been recorded.

If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document. There were no participant loans considered in default and recorded as benefit payments for the year ended December 31, 2021.

***Expenses***

Certain expenses of maintaining the Plan are paid by the Company and are therefore excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments. Fees for the administration of notes receivable from participants are included in administrative expenses and are charged directly to the participant's account.

***Payment of benefits***

Benefits are recorded when paid.

***Use of Estimates***

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

**ALS Group USA 401(k) Plan**  
**Notes to the Financial Statements**  
**As of December 31, 2021 and 2020**  
**For the Year Ended December 31, 2021**

**2. Summary of accounting policies (continued)**

***Risks and uncertainties***

The Plan invests in a variety of investment funds. Investments, in general, are exposed to various risks, such as interest rate, credit, and overall volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

***Subsequent events***

The Plan has evaluated subsequent events through October 7, 2022, the date which the financial statements were available to be issued. There were no subsequent events noted that would require adjustment to or disclosure in these financial statements.

**3. Certified investments**

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2021 and 2020, and net appreciation in fair value of investments, interest, dividends and administrative expenses for the year ended December 31, 2021, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Vanguard Fiduciary Trust Company.

**4. Fair value measurements**

The framework for measuring 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) and the lowest priority to unobservable inputs (level 3).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level I – 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 II – 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 active markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

**ALS Group USA 401(k) Plan**  
**Notes to the Financial Statements**  
**As of December 31, 2021 and 2020**  
**For the Year Ended December 31, 2021**

**4. Fair value measurements (continued)**

Level III – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

- *Mutual funds*: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
- *Common collective trust fund*: Valued at the NAV of units held by the Plan at year-end, which is considered by plan management to be the best approximate fair value. The unit values of common collective trust funds with underlying equity investments are calculated based on the observable value of the underlying investments. Funds held in common collective trusts may generally be redeemed daily without restriction

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2021 and 2020:

|                                          | Level 1        | Level 2 | Level 3 | Total          |
|------------------------------------------|----------------|---------|---------|----------------|
| <i>December 31, 2021:</i>                |                |         |         |                |
| Mutual funds                             | \$ 107,639,594 | \$ -    | \$ -    | \$ 107,639,594 |
| Total assets in the fair value hierarchy | 107,639,594    | -       | -       | 107,639,594    |
| Investments measured at net asset value* | -              | -       | -       | 3,361,629      |
| Investments, at fair value               | \$ 107,639,594 | \$ -    | \$ -    | \$ 111,001,223 |
| <i>December 31, 2020:</i>                |                |         |         |                |
| Mutual funds                             | \$ 97,882,520  | \$ -    | \$ -    | \$ 97,882,520  |
| Total assets in the fair value hierarchy | 97,882,520     | -       | -       | 97,882,520     |
| Investments measured at net asset value* | -              | -       | -       | 3,647,797      |
| Investments, at fair value               | \$ 97,882,520  | \$ -    | \$ -    | \$ 101,530,317 |

*\* In accordance with the FASB ASC 820, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in the tables above are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for plan benefits.*

**ALS Group USA 401(k) Plan**  
**Notes to the Financial Statements**  
**As of December 31, 2021 and 2020**  
**For the Year Ended December 31, 2021**

**4. Fair value measurements (continued)**

Gains and losses included in changed in net assets available for benefits for the years ended December 31, 2021 and 2020, are reported in net appreciation in fair value of investments.

The plan's policy is to recognize transfers from Levels 1 and 2 and into and out of Level 3 as the date of the event or change in circumstances that caused the transfer. For the year ended December 31, 2021, there were no significant transfers between Levels 1 and 2, and no transfers into or out of Level 3.

**5. Related party transactions and party-in-interest transactions**

The Plan's investment options include certain mutual funds and common collective trusts of The Vanguard Group. Vanguard Fiduciary Trust Company (Vanguard) is the record keeper and trustee of certain of the Plan's assets and, therefore, participant investments in mutual funds and common collective trusts within The Vanguard Group qualify as party-in-interest transactions. Management fees paid for investment management services are charged directly to the mutual funds and common collective trusts by Vanguard, and are reflected as a reduction of the return earned on each mutual fund. The Plan does not separately pay any management fees to The Vanguard Group. The Company pays some administrative fees related to the Plan's operations.

**6. Plan termination**

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

**7. Tax status**

The IRS has determined and informed the Company by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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

**ALS Group USA 401(k) Plan**  
**Notes to the Financial Statements**  
**As of December 31, 2021 and 2020**  
**For the Year Ended December 31, 2021**

**8. Reconciliation of financial statements to Schedule H of Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

|                                                                       | <b>2021</b>           | <b>2020</b>           |
|-----------------------------------------------------------------------|-----------------------|-----------------------|
| Net assets available for benefits per the financial statement         | \$ 112,321,602        | \$ 103,006,133        |
| Deemed distributions in 2020                                          | -                     | (14,836)              |
| Net assets available for benefits per the Schedule H to the Form 5500 | <u>\$ 112,321,602</u> | <u>\$ 102,991,297</u> |

The following is a reconciliation of corrective contributions per the financial statements for the year ended December 31, 2021, to Schedule H of Form 5500:

|                                                                   | <b>Amount</b>       |
|-------------------------------------------------------------------|---------------------|
| Benefits paid to participants per the financial statements        | \$ 8,957,029        |
| Less: Deemed distributions in 2020                                | (14,836)            |
| Benefits paid to participants per the Schedule H to the Form 5500 | <u>\$ 8,942,193</u> |

**9. Other matter**

In March 2020, certain provisions under the Coronavirus Aid, Relief, and Economic Security (CARES) Act relating to participant distributions and participants loans were enacted. During 2020, the Plan adopted the loan and distribution provisions of the CARES Act. As of the date of this report, the Plan has not yet formally amended to adopt these provisions.

**ALS Group USA 401(k) Plan**  
**Plan Number 001**  
**FEIN 76-0606679**  
**Schedule H Part IV Line 4i**  
**Schedule of Assets (Held at End of Year)**

| (a) & (b) Identity of issue, borrower, lessor, or similar party |                                   | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost     | (e) Current value     |
|-----------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------|--------------|-----------------------|
| * Vanguard                                                      | American Funds EuroPacific        | Mutual funds                                                                                               | Not required | \$ 460,866            |
| * Vanguard                                                      | BlackRock MidCap Growth Equity    | Mutual funds                                                                                               | Not required | 618,949               |
| * Vanguard                                                      | JP Morgan Mid Cap Class L         | Mutual funds                                                                                               | Not required | 1,025,613             |
| * Vanguard                                                      | JPMorgan Large Cap Growth R6      | Mutual funds                                                                                               | Not required | 3,532,140             |
| * Vanguard                                                      | JPMorgan Smart Retirement 2020 R5 | Mutual funds                                                                                               | Not required | 7,625,621             |
| * Vanguard                                                      | JPMorgan Smart Retirement 2025 R5 | Mutual funds                                                                                               | Not required | 11,612,140            |
| * Vanguard                                                      | JPMorgan Smart Retirement 2030 R5 | Mutual funds                                                                                               | Not required | 12,432,091            |
| * Vanguard                                                      | JPMorgan Smart Retirement 2035 R5 | Mutual funds                                                                                               | Not required | 10,138,884            |
| * Vanguard                                                      | JPMorgan Smart Retirement 2040 R5 | Mutual funds                                                                                               | Not required | 9,214,029             |
| * Vanguard                                                      | JPMorgan Smart Retirement 2045 R5 | Mutual funds                                                                                               | Not required | 7,622,073             |
| * Vanguard                                                      | JPMorgan Smart Retirement 2050 R5 | Mutual funds                                                                                               | Not required | 4,790,207             |
| * Vanguard                                                      | JPMorgan Smart Retirement 2055 R5 | Mutual funds                                                                                               | Not required | 1,981,386             |
| * Vanguard                                                      | JPMorgan Smart Retirement 2060 R5 | Mutual funds                                                                                               | Not required | 520,942               |
| * Vanguard                                                      | JPMorgan Smart Retirement Income  | Mutual funds                                                                                               | Not required | 4,220,137             |
| * Vanguard                                                      | MFS Value Fund Class R6           | Mutual funds                                                                                               | Not required | 255,368               |
| * Vanguard                                                      | Undiscovered Managers Behav. Val  | Mutual funds                                                                                               | Not required | 830,927               |
| * Vanguard                                                      | Vanguard 500 Idx Fund Adml        | Mutual funds                                                                                               | Not required | 8,086,771             |
| * Vanguard                                                      | Vanguard Develoted Mkts Idx Fund  | Mutual funds                                                                                               | Not required | 3,028,175             |
| * Vanguard                                                      | Vanguard Emerging Mkts Stk Idx    | Mutual funds                                                                                               | Not required | 1,565,887             |
| * Vanguard                                                      | Vanguard Extended Market Idx      | Mutual funds                                                                                               | Not required | 1,745,072             |
| * Vanguard                                                      | Vanguard FEderal Money Mkt        | Mutual funds                                                                                               | Not required | 58,093                |
| * Vanguard                                                      | Vanguard Growth Index Fund Adm    | Mutual funds                                                                                               | Not required | 4,917,334             |
| * Vanguard                                                      | Vanguard Intermediate Term Bond   | Mutual funds                                                                                               | Not required | 4,662,103             |
| * Vanguard                                                      | Vanguard MidCap Grwoth Idx Adm    | Mutual funds                                                                                               | Not required | 1,204,252             |
| * Vanguard                                                      | Vanguard MidCap Val Idx Fund      | Mutual funds                                                                                               | Not required | 1,001,492             |
| * Vanguard                                                      | Vanguard SmCap Growth Idx Fund    | Mutual funds                                                                                               | Not required | 843,104               |
| * Vanguard                                                      | Vanguard SmCap Idx Fund Adml      | Mutual funds                                                                                               | Not required | 737,042               |
| * Vanguard                                                      | Vanguard SmCap Value Idx Fund     | Mutual funds                                                                                               | Not required | 1,225,154             |
| * Vanguard                                                      | Vanguard Total Intl Bond Idx Fund | Mutual funds                                                                                               | Not required | 684,199               |
| * Vanguard                                                      | Vanguard Value Idx Fund Adml      | Mutual funds                                                                                               | Not required | 792,813               |
| * Vanguard                                                      | Virtus KAR SmCap Growth R6        | Mutual funds                                                                                               | Not required | 206,730               |
|                                                                 | Vanguard Retirement Savings Trust |                                                                                                            |              |                       |
| * Vanguard                                                      | III                               | Common collective trust                                                                                    | Not required | 3,361,629             |
| * Notes receivable from participants                            |                                   | 4.25 - 7.50%                                                                                               | Not required | 1,162,817             |
| Total assets held at end of year                                |                                   |                                                                                                            |              | <u>\$ 112,164,040</u> |

\*Party-in-interest

ALS Group USA, Corp  
10450 Stancliff Road  
Suite 210  
Houston, TX 77099 USA  
T +1 281 530 5656 F +1 713 510 1687



right solutions.  
right partner.

October 11, 2022

Beels | Soper LLP  
Certified Public Accountants  
155 First Street  
Petaluma, CA 94952

RE: Notice to Terminated Accountant or Enrolled Actuary

I, as Plan Administrator, verify that the explanation that is reproduced below or attached to this notice is the explanation concerning your termination reported on the Schedule C (Form 5500) attached to the 2021 Form 5500, Annual Return/Report of Employee Benefit Plan, for the ALS Group USA 401(k) Plan. This Form 5500 is identified in line 2b by the nine-digit EIN 76-0606679, and in line 1b by the three-digit PN 001.

You have the opportunity to comment to the Department of Labor concerning any aspect of this explanation. Comments should include the name, EIN, and PN of the plan and submitted to: Office of Enforcement, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, DC 20210.

Sue Machamer  
US Controller  
Dated October 11, 2022

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

|                                                                |                                    |
|----------------------------------------------------------------|------------------------------------|
| <b>a</b> Name: Beels Soper LLP                                 | <b>b</b> EIN: 20-2877111           |
| <b>c</b> Position: Auditors                                    |                                    |
| <b>d</b> Address:<br>155 First Street<br><br>Petaluma CA 94952 | <b>e</b> Telephone: (707) 763-3888 |
| Explanation:<br>Staffing resources                             |                                    |

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
| Explanation:       |                     |

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
| Explanation:       |                     |

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
| Explanation:       |                     |

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
| Explanation:       |                     |

**ALS Group USA  
401(k) Plan  
Financial Statements  
As of December 31, 2021 and 2020  
For the Year Ended December 31, 2021  
and  
Independent Auditor's Report**

**ALS Group USA 401(k) Plan**  
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**As of December 31, 2021 and 2020**  
**For the Year Ended December 31, 2021**

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## Independent Auditor's Report

Board of Directors  
ALS Group USA  
401(k) Plan

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audit of ALS Group USA 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

### Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

### **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of ALS Group USA 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about ALS Group USA 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 ALS Group USA 401(k) 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 ALS Group USA 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

## **Other Matters**

### *Supplemental Schedules Required by ERISA*

The supplemental schedules of Schedule H Part IV Line 4i – Schedule of Assets (Held at End of Year) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial

statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

*Auditors' Report on the 2020 Financial Statements*

The 2020 financial statements of ALS Group USA 401(k) Plan were audited by predecessor auditors. 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 predecessor auditor not to perform, and they did not perform, any auditing procedures with respect to the information certified by a qualified institution. Their report dated October 14, 2021, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and supplemental schedules, and (b) the form and content of the information included in the financial statements and supplemental schedules other than that derived from the certified information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Lawrence R. Mitchell & Company*

Lawrence R. Mitchell & Company  
Certified Public Accountants  
A Professional Corporation  
El Segundo, California

October 7, 2022

**ALS Group USA 401(k) Plan**  
**Statements of Net Assets Available for Benefits**  
**For the Years Ended December 31, 2021 and 2020**

| <b>Assets</b>                                                | <b>2021</b>           | <b>2020</b>           |
|--------------------------------------------------------------|-----------------------|-----------------------|
| Participant-directed investments, at fair value:             |                       |                       |
| Investments                                                  | \$ 111,001,223        | \$ 101,530,317        |
| Receivables:                                                 |                       |                       |
| Employer contributions                                       | 46,296                | 45,689                |
| Employee contributions                                       | 111,266               | 118,661               |
| Notes receivable from participants                           | 1,162,817             | 1,311,466             |
|                                                              | <u>1,320,379</u>      | <u>1,475,816</u>      |
| Total assets                                                 | <u>\$ 112,321,602</u> | <u>\$ 103,006,133</u> |
| <br><b>Liabilities and Net Assets Available for Benefits</b> |                       |                       |
| Liabilities:                                                 | <u>\$ -</u>           | <u>\$ -</u>           |
| Net assets available for benefits, at fair value             | <u>\$ 112,321,602</u> | <u>\$ 103,006,133</u> |

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

**ALS Group USA 401(k) Plan**  
**Statement of Changes in Net Assets Available for Benefits**  
**For the Year Ended December 31, 2021**

| <b>Additions to net assets available for benefits attributed to:</b>    | <b>Amount</b>                |
|-------------------------------------------------------------------------|------------------------------|
| Investment income:                                                      |                              |
| Net appreciation in fair value of investments                           | \$ 2,446,951                 |
| Interest and dividends                                                  | 10,410,083                   |
|                                                                         | <u>12,857,034</u>            |
| Interest income from notes receivable from participants                 | 67,234                       |
| Contributions:                                                          |                              |
| Employer contributions                                                  | 1,592,487                    |
| Participant contributions                                               | 3,975,213                    |
| Total contributions                                                     | <u>5,567,700</u>             |
| Total additions                                                         | 18,491,968                   |
| <b>Deductions from net assets available for benefits attributed to:</b> |                              |
| Benefits paid to participants                                           | 8,957,029                    |
| Administrative expenses                                                 | <u>219,470</u>               |
| Total deductions                                                        | <u>9,176,499</u>             |
| Net increase in net assets available for benefits                       | 9,315,469                    |
| <b>Net assets available for benefits:</b>                               |                              |
| Beginning of year                                                       | <u>103,006,133</u>           |
| End of year                                                             | <u><u>\$ 112,321,602</u></u> |

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

**ALS Group USA 401(k) Plan**  
**Notes to the Financial Statements**  
**As of December 31, 2021 and 2020**  
**For the Year Ended December 31, 2021**

**1. Description of the Plan**

The following description of the ALS Group USA 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, established effective January 1, 2000, is a defined contribution plan established under the provisions of Section 401(k) of the Internal Revenue Code. The Plan, and related trust, are subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Board of Trustees.

The Plan covers all eligible employees of ALS Group USA, Corp., ALS Services USA, Corp., ALS USA Inc., ALS Maverick Testing Laboratories, Inc., ALS Industrial USA, LLC, ALS Marshfield, LLC, and ALS Reservoir Laboratories (collectively, the Company).

The Plan covers all employees of the Company who reached age 18 and who are not members of a collective bargaining unit or a nonresident alien. Leased employees, independent contractors, seasonal, and temporary employees are not eligible to participate in the Plan.

The Plan provides for immediate entry following or coincident with the date the employee completes eligibility. For safe harbor employer contribution purposes, the Plan provides for immediate entry after completion of six months of service.

***Contributions***

***Participant contributions:***

Each year, participants may contribute up to 100% of their annual compensation as defined by the Plan. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds, pooled separate accounts and common collective trusts as investment options for participants. Participants may not make annual contributions in excess of the government-imposed limit, which was \$19,500 during the year ended December 31, 2021. The government-imposed limit is increased to \$26,000 for participants who reach age 50 by year-end. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover).

***Employer safe harbor matching contributions:***

The Company provides a safe harbor matching contribution to the Plan participants equal to 100% of the participant's elective deferral up to 3% of the participant's eligible compensation, plus 50% of each participant's elective deferral between 3% and 5% of the participant's eligible compensation. During the year ended December 31, 2021. The employer safe harbor matching contributions made to the Plan were \$1,592,487.

**ALS Group USA 401(k) Plan**  
**Notes to the Financial Statements**  
**As of December 31, 2021 and 2020**  
**For the Year Ended December 31, 2021**

**1. Description of the Plan (continued)**

***Participant accounts***

Each participant's account is credited with the participant's contributions and Company matching contributions, as well as allocations of the Company's profit-sharing contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

***Investment options***

Participants must direct their salary deferral contributions and their share of the Company's contributions into various investments as made available and determined by the Plan Administrator, which are more fully illustrated in the Plan's literature.

***Notes receivable from participants***

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balance (see Note 8). The loans are secured by the balance in the participant's account and bear interest which is determined by the Plan administrator. The interest rate for all loans is 4.25 - 7.50% at December 31, 2021 and 2020, respectively. Principal and interest are paid ratably through bi-weekly payroll deductions.

***Vesting***

Participants are immediately vested (100%) in their voluntary contributions plus actual earnings thereon and safe harbor matching contributions and related appreciation or depreciation thereon. A participant is also fully vested upon death, total disability, or normal retirement.

***Payment of benefits***

Upon termination of service due to death, disability, termination, or retirement, a participant or the participant's beneficiary will receive a value of the vested account balance in the form of a lump-sum amount. There is an automatic cash-out provision for participants with balances not exceeding \$5,000.

***Forfeited accounts***

Forfeitures of terminated participant's nonvested accounts are used to offset future employer contributions and pay Plan administrative expenses. Additionally, under Vanguard administrative practices covering Missing Participants and Uncashed Checks plan policy, if a check is not cashed or is returned as "undeliverable," the funds are placed in the Revenue Account and are used to offset plan expenses. At December 31, 2021 and 2020, forfeited nonvested accounts totaled \$11,803 and \$10,309, respectively. During 2021, forfeitures utilized to pay Plan expenses was \$15,000.

**ALS Group USA 401(k) Plan**  
**Notes to the Financial Statements**  
**As of December 31, 2021 and 2020**  
**For the Year Ended December 31, 2021**

**2. Summary of accounting policies**

A summary of the significant accounting policies followed by the Plan in the preparation of the accompanying financial statements is as follows:

***Basis of accounting***

The accompanying financial statements have been prepared using the accrual basis of accounting in conformity with generally accepted accounting principles in the United States of America.

***Investment valuation and income recognition***

Investments are reported at fair value which 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 Investment Committee determines the Plan's valuation policies. See Note 4 for discussion of fair value measurements.

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

***Notes receivable from participants***

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2021 and 2020, no allowance for credit losses has been recorded.

If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document. There were no participant loans considered in default and recorded as benefit payments for the year ended December 31, 2021.

***Expenses***

Certain expenses of maintaining the Plan are paid by the Company and are therefore excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments. Fees for the administration of notes receivable from participants are included in administrative expenses and are charged directly to the participant's account.

***Payment of benefits***

Benefits are recorded when paid.

***Use of Estimates***

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

**ALS Group USA 401(k) Plan**  
**Notes to the Financial Statements**  
**As of December 31, 2021 and 2020**  
**For the Year Ended December 31, 2021**

**2. Summary of accounting policies (continued)**

***Risks and uncertainties***

The Plan invests in a variety of investment funds. Investments, in general, are exposed to various risks, such as interest rate, credit, and overall volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

***Subsequent events***

The Plan has evaluated subsequent events through October 7, 2022, the date which the financial statements were available to be issued. There were no subsequent events noted that would require adjustment to or disclosure in these financial statements.

**3. Certified investments**

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2021 and 2020, and net appreciation in fair value of investments, interest, dividends and administrative expenses for the year ended December 31, 2021, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Vanguard Fiduciary Trust Company.

**4. Fair value measurements**

The framework for measuring 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) and the lowest priority to unobservable inputs (level 3).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level I – 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 II – 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 active markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

**ALS Group USA 401(k) Plan**  
**Notes to the Financial Statements**  
**As of December 31, 2021 and 2020**  
**For the Year Ended December 31, 2021**

**4. Fair value measurements (continued)**

Level III – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

- *Mutual funds*: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
- *Common collective trust fund*: Valued at the NAV of units held by the Plan at year-end, which is considered by plan management to be the best approximate fair value. The unit values of common collective trust funds with underlying equity investments are calculated based on the observable value of the underlying investments. Funds held in common collective trusts may generally be redeemed daily without restriction

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2021 and 2020:

|                                          | Level 1        | Level 2 | Level 3 | Total          |
|------------------------------------------|----------------|---------|---------|----------------|
| <i>December 31, 2021:</i>                |                |         |         |                |
| Mutual funds                             | \$ 107,639,594 | \$ -    | \$ -    | \$ 107,639,594 |
| Total assets in the fair value hierarchy | 107,639,594    | -       | -       | 107,639,594    |
| Investments measured at net asset value* | -              | -       | -       | 3,361,629      |
| Investments, at fair value               | \$ 107,639,594 | \$ -    | \$ -    | \$ 111,001,223 |
| <i>December 31, 2020:</i>                |                |         |         |                |
| Mutual funds                             | \$ 97,882,520  | \$ -    | \$ -    | \$ 97,882,520  |
| Total assets in the fair value hierarchy | 97,882,520     | -       | -       | 97,882,520     |
| Investments measured at net asset value* | -              | -       | -       | 3,647,797      |
| Investments, at fair value               | \$ 97,882,520  | \$ -    | \$ -    | \$ 101,530,317 |

*\* In accordance with the FASB ASC 820, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in the tables above are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for plan benefits.*

**ALS Group USA 401(k) Plan**  
**Notes to the Financial Statements**  
**As of December 31, 2021 and 2020**  
**For the Year Ended December 31, 2021**

**4. Fair value measurements (continued)**

Gains and losses included in changed in net assets available for benefits for the years ended December 31, 2021 and 2020, are reported in net appreciation in fair value of investments.

The plan's policy is to recognize transfers from Levels 1 and 2 and into and out of Level 3 as the date of the event or change in circumstances that caused the transfer. For the year ended December 31, 2021, there were no significant transfers between Levels 1 and 2, and no transfers into or out of Level 3.

**5. Related party transactions and party-in-interest transactions**

The Plan's investment options include certain mutual funds and common collective trusts of The Vanguard Group. Vanguard Fiduciary Trust Company (Vanguard) is the record keeper and trustee of certain of the Plan's assets and, therefore, participant investments in mutual funds and common collective trusts within The Vanguard Group qualify as party-in-interest transactions. Management fees paid for investment management services are charged directly to the mutual funds and common collective trusts by Vanguard, and are reflected as a reduction of the return earned on each mutual fund. The Plan does not separately pay any management fees to The Vanguard Group. The Company pays some administrative fees related to the Plan's operations.

**6. Plan termination**

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

**7. Tax status**

The IRS has determined and informed the Company by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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

**ALS Group USA 401(k) Plan**  
**Notes to the Financial Statements**  
**As of December 31, 2021 and 2020**  
**For the Year Ended December 31, 2021**

**8. Reconciliation of financial statements to Schedule H of Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

|                                                                       | <b>2021</b>           | <b>2020</b>           |
|-----------------------------------------------------------------------|-----------------------|-----------------------|
| Net assets available for benefits per the financial statement         | \$ 112,321,602        | \$ 103,006,133        |
| Deemed distributions in 2020                                          | -                     | (14,836)              |
| Net assets available for benefits per the Schedule H to the Form 5500 | <u>\$ 112,321,602</u> | <u>\$ 102,991,297</u> |

The following is a reconciliation of corrective contributions per the financial statements for the year ended December 31, 2021, to Schedule H of Form 5500:

|                                                                   | <b>Amount</b>       |
|-------------------------------------------------------------------|---------------------|
| Benefits paid to participants per the financial statements        | \$ 8,957,029        |
| Less: Deemed distributions in 2020                                | (14,836)            |
| Benefits paid to participants per the Schedule H to the Form 5500 | <u>\$ 8,942,193</u> |

**9. Other matter**

In March 2020, certain provisions under the Coronavirus Aid, Relief, and Economic Security (CARES) Act relating to participant distributions and participants loans were enacted. During 2020, the Plan adopted the loan and distribution provisions of the CARES Act. As of the date of this report, the Plan has not yet formally amended to adopt these provisions.

**ALS Group USA 401(k) Plan**  
**Plan Number 001**  
**FEIN 76-0606679**  
**Schedule H Part IV Line 4i**  
**Schedule of Assets (Held at End of Year)**

| (a) & (b) Identity of issue, borrower, lessor, or similar party |                                   | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost     | (e) Current value     |
|-----------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------|--------------|-----------------------|
| * Vanguard                                                      | American Funds EuroPacific        | Mutual funds                                                                                               | Not required | \$ 460,866            |
| * Vanguard                                                      | BlackRock MidCap Growth Equity    | Mutual funds                                                                                               | Not required | 618,949               |
| * Vanguard                                                      | JP Morgan Mid Cap Class L         | Mutual funds                                                                                               | Not required | 1,025,613             |
| * Vanguard                                                      | JPMorgan Large Cap Growth R6      | Mutual funds                                                                                               | Not required | 3,532,140             |
| * Vanguard                                                      | JPMorgan Smart Retirement 2020 R5 | Mutual funds                                                                                               | Not required | 7,625,621             |
| * Vanguard                                                      | JPMorgan Smart Retirement 2025 R5 | Mutual funds                                                                                               | Not required | 11,612,140            |
| * Vanguard                                                      | JPMorgan Smart Retirement 2030 R5 | Mutual funds                                                                                               | Not required | 12,432,091            |
| * Vanguard                                                      | JPMorgan Smart Retirement 2035 R5 | Mutual funds                                                                                               | Not required | 10,138,884            |
| * Vanguard                                                      | JPMorgan Smart Retirement 2040 R5 | Mutual funds                                                                                               | Not required | 9,214,029             |
| * Vanguard                                                      | JPMorgan Smart Retirement 2045 R5 | Mutual funds                                                                                               | Not required | 7,622,073             |
| * Vanguard                                                      | JPMorgan Smart Retirement 2050 R5 | Mutual funds                                                                                               | Not required | 4,790,207             |
| * Vanguard                                                      | JPMorgan Smart Retirement 2055 R5 | Mutual funds                                                                                               | Not required | 1,981,386             |
| * Vanguard                                                      | JPMorgan Smart Retirement 2060 R5 | Mutual funds                                                                                               | Not required | 520,942               |
| * Vanguard                                                      | JPMorgan Smart Retirement Income  | Mutual funds                                                                                               | Not required | 4,220,137             |
| * Vanguard                                                      | MFS Value Fund Class R6           | Mutual funds                                                                                               | Not required | 255,368               |
| * Vanguard                                                      | Undiscovered Managers Behav. Val  | Mutual funds                                                                                               | Not required | 830,927               |
| * Vanguard                                                      | Vanguard 500 Idx Fund Adml        | Mutual funds                                                                                               | Not required | 8,086,771             |
| * Vanguard                                                      | Vanguard Develoted Mkts Idx Fund  | Mutual funds                                                                                               | Not required | 3,028,175             |
| * Vanguard                                                      | Vanguard Emerging Mkts Stk Idx    | Mutual funds                                                                                               | Not required | 1,565,887             |
| * Vanguard                                                      | Vanguard Extended Market Idx      | Mutual funds                                                                                               | Not required | 1,745,072             |
| * Vanguard                                                      | Vanguard FEderal Money Mkt        | Mutual funds                                                                                               | Not required | 58,093                |
| * Vanguard                                                      | Vanguard Growth Index Fund Adm    | Mutual funds                                                                                               | Not required | 4,917,334             |
| * Vanguard                                                      | Vanguard Intermediate Term Bond   | Mutual funds                                                                                               | Not required | 4,662,103             |
| * Vanguard                                                      | Vanguard MidCap Grwoth Idx Adm    | Mutual funds                                                                                               | Not required | 1,204,252             |
| * Vanguard                                                      | Vanguard MidCap Val Idx Fund      | Mutual funds                                                                                               | Not required | 1,001,492             |
| * Vanguard                                                      | Vanguard SmCap Growth Idx Fund    | Mutual funds                                                                                               | Not required | 843,104               |
| * Vanguard                                                      | Vanguard SmCap Idx Fund Adml      | Mutual funds                                                                                               | Not required | 737,042               |
| * Vanguard                                                      | Vanguard SmCap Value Idx Fund     | Mutual funds                                                                                               | Not required | 1,225,154             |
| * Vanguard                                                      | Vanguard Total Intl Bond Idx Fund | Mutual funds                                                                                               | Not required | 684,199               |
| * Vanguard                                                      | Vanguard Value Idx Fund Adml      | Mutual funds                                                                                               | Not required | 792,813               |
| * Vanguard                                                      | Virtus KAR SmCap Growth R6        | Mutual funds                                                                                               | Not required | 206,730               |
|                                                                 | Vanguard Retirement Savings Trust |                                                                                                            |              |                       |
| * Vanguard                                                      | III                               | Common collective trust                                                                                    | Not required | 3,361,629             |
| * Notes receivable from participants                            |                                   | 4.25 - 7.50%                                                                                               | Not required | 1,162,817             |
| Total assets held at end of year                                |                                   |                                                                                                            |              | <u>\$ 112,164,040</u> |

\*Party-in-interest

ALS Group USA, Corp  
10450 Stancliff Road  
Suite 210  
Houston, TX 77099 USA  
T +1 281 530 5656 F +1 713 510 1687



right solutions.  
right partner.

October 11, 2022

Beels | Soper LLP  
Certified Public Accountants  
155 First Street  
Petaluma, CA 94952

RE: Notice to Terminated Accountant or Enrolled Actuary

I, as Plan Administrator, verify that the explanation that is reproduced below or attached to this notice is the explanation concerning your termination reported on the Schedule C (Form 5500) attached to the 2021 Form 5500, Annual Return/Report of Employee Benefit Plan, for the ALS Group USA 401(k) Plan. This Form 5500 is identified in line 2b by the nine-digit EIN 76-0606679, and in line 1b by the three-digit PN 001.

You have the opportunity to comment to the Department of Labor concerning any aspect of this explanation. Comments should include the name, EIN, and PN of the plan and submitted to: Office of Enforcement, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, DC 20210.

Sue Machamer  
US Controller  
Dated October 11, 2022

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

|                                                                |                                    |
|----------------------------------------------------------------|------------------------------------|
| <b>a</b> Name: Beels Soper LLP                                 | <b>b</b> EIN: 20-2877111           |
| <b>c</b> Position: Auditors                                    |                                    |
| <b>d</b> Address:<br>155 First Street<br><br>Petaluma CA 94952 | <b>e</b> Telephone: (707) 763-3888 |
| Explanation:<br>Staffing resources                             |                                    |

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
| Explanation:       |                     |

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
| Explanation:       |                     |

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
| Explanation:       |                     |

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
| Explanation:       |                     |

**ALS Group USA  
401(k) Plan**

**Financial Statements**

**As of December 31, 2021 and 2020**

**For the Year Ended December 31, 2021**

**and**

**Independent Auditor's Report**

**ALS Group USA 401(k) Plan**  
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**As of December 31, 2021 and 2020**  
**For the Year Ended December 31, 2021**

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## Independent Auditor's Report

Board of Directors  
ALS Group USA  
401(k) Plan

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audit of ALS Group USA 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

### Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

### **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of ALS Group USA 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Responsibilities of Management for the Financial Statements**

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about ALS Group USA 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 ALS Group USA 401(k) 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 ALS Group USA 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

## **Other Matters**

### *Supplemental Schedules Required by ERISA*

The supplemental schedules of Schedule H Part IV Line 4i – Schedule of Assets (Held at End of Year) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial

statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

*Auditors' Report on the 2020 Financial Statements*

The 2020 financial statements of ALS Group USA 401(k) Plan were audited by predecessor auditors. 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 predecessor auditor not to perform, and they did not perform, any auditing procedures with respect to the information certified by a qualified institution. Their report dated October 14, 2021, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and supplemental schedules, and (b) the form and content of the information included in the financial statements and supplemental schedules other than that derived from the certified information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Lawrence R. Mitchell & Company*

Lawrence R. Mitchell & Company  
Certified Public Accountants  
A Professional Corporation  
El Segundo, California

October 7, 2022

**ALS Group USA 401(k) Plan**  
**Statements of Net Assets Available for Benefits**  
**For the Years Ended December 31, 2021 and 2020**

| <b>Assets</b>                                                | <b>2021</b>           | <b>2020</b>           |
|--------------------------------------------------------------|-----------------------|-----------------------|
| Participant-directed investments, at fair value:             |                       |                       |
| Investments                                                  | \$ 111,001,223        | \$ 101,530,317        |
| Receivables:                                                 |                       |                       |
| Employer contributions                                       | 46,296                | 45,689                |
| Employee contributions                                       | 111,266               | 118,661               |
| Notes receivable from participants                           | 1,162,817             | 1,311,466             |
|                                                              | <u>1,320,379</u>      | <u>1,475,816</u>      |
| Total assets                                                 | <u>\$ 112,321,602</u> | <u>\$ 103,006,133</u> |
| <br><b>Liabilities and Net Assets Available for Benefits</b> |                       |                       |
| Liabilities:                                                 | <u>\$ -</u>           | <u>\$ -</u>           |
| Net assets available for benefits, at fair value             | <u>\$ 112,321,602</u> | <u>\$ 103,006,133</u> |

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

**ALS Group USA 401(k) Plan**  
**Statement of Changes in Net Assets Available for Benefits**  
**For the Year Ended December 31, 2021**

| <b>Additions to net assets available for benefits attributed to:</b>    | <b>Amount</b>                |
|-------------------------------------------------------------------------|------------------------------|
| Investment income:                                                      |                              |
| Net appreciation in fair value of investments                           | \$ 2,446,951                 |
| Interest and dividends                                                  | 10,410,083                   |
|                                                                         | <u>12,857,034</u>            |
| Interest income from notes receivable from participants                 | 67,234                       |
| Contributions:                                                          |                              |
| Employer contributions                                                  | 1,592,487                    |
| Participant contributions                                               | 3,975,213                    |
| Total contributions                                                     | <u>5,567,700</u>             |
| Total additions                                                         | 18,491,968                   |
| <b>Deductions from net assets available for benefits attributed to:</b> |                              |
| Benefits paid to participants                                           | 8,957,029                    |
| Administrative expenses                                                 | <u>219,470</u>               |
| Total deductions                                                        | <u>9,176,499</u>             |
| Net increase in net assets available for benefits                       | 9,315,469                    |
| <b>Net assets available for benefits:</b>                               |                              |
| Beginning of year                                                       | <u>103,006,133</u>           |
| End of year                                                             | <u><u>\$ 112,321,602</u></u> |

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

**ALS Group USA 401(k) Plan**  
**Notes to the Financial Statements**  
**As of December 31, 2021 and 2020**  
**For the Year Ended December 31, 2021**

**1. Description of the Plan**

The following description of the ALS Group USA 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, established effective January 1, 2000, is a defined contribution plan established under the provisions of Section 401(k) of the Internal Revenue Code. The Plan, and related trust, are subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Board of Trustees.

The Plan covers all eligible employees of ALS Group USA, Corp., ALS Services USA, Corp., ALS USA Inc., ALS Maverick Testing Laboratories, Inc., ALS Industrial USA, LLC, ALS Marshfield, LLC, and ALS Reservoir Laboratories (collectively, the Company).

The Plan covers all employees of the Company who reached age 18 and who are not members of a collective bargaining unit or a nonresident alien. Leased employees, independent contractors, seasonal, and temporary employees are not eligible to participate in the Plan.

The Plan provides for immediate entry following or coincident with the date the employee completes eligibility. For safe harbor employer contribution purposes, the Plan provides for immediate entry after completion of six months of service.

***Contributions***

***Participant contributions:***

Each year, participants may contribute up to 100% of their annual compensation as defined by the Plan. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds, pooled separate accounts and common collective trusts as investment options for participants. Participants may not make annual contributions in excess of the government-imposed limit, which was \$19,500 during the year ended December 31, 2021. The government-imposed limit is increased to \$26,000 for participants who reach age 50 by year-end. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover).

***Employer safe harbor matching contributions:***

The Company provides a safe harbor matching contribution to the Plan participants equal to 100% of the participant's elective deferral up to 3% of the participant's eligible compensation, plus 50% of each participant's elective deferral between 3% and 5% of the participant's eligible compensation. During the year ended December 31, 2021. The employer safe harbor matching contributions made to the Plan were \$1,592,487.

**ALS Group USA 401(k) Plan**  
**Notes to the Financial Statements**  
**As of December 31, 2021 and 2020**  
**For the Year Ended December 31, 2021**

**1. Description of the Plan (continued)**

***Participant accounts***

Each participant's account is credited with the participant's contributions and Company matching contributions, as well as allocations of the Company's profit-sharing contribution and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

***Investment options***

Participants must direct their salary deferral contributions and their share of the Company's contributions into various investments as made available and determined by the Plan Administrator, which are more fully illustrated in the Plan's literature.

***Notes receivable from participants***

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balance (see Note 8). The loans are secured by the balance in the participant's account and bear interest which is determined by the Plan administrator. The interest rate for all loans is 4.25 - 7.50% at December 31, 2021 and 2020, respectively. Principal and interest are paid ratably through bi-weekly payroll deductions.

***Vesting***

Participants are immediately vested (100%) in their voluntary contributions plus actual earnings thereon and safe harbor matching contributions and related appreciation or depreciation thereon. A participant is also fully vested upon death, total disability, or normal retirement.

***Payment of benefits***

Upon termination of service due to death, disability, termination, or retirement, a participant or the participant's beneficiary will receive a value of the vested account balance in the form of a lump-sum amount. There is an automatic cash-out provision for participants with balances not exceeding \$5,000.

***Forfeited accounts***

Forfeitures of terminated participant's nonvested accounts are used to offset future employer contributions and pay Plan administrative expenses. Additionally, under Vanguard administrative practices covering Missing Participants and Uncashed Checks plan policy, if a check is not cashed or is returned as "undeliverable," the funds are placed in the Revenue Account and are used to offset plan expenses. At December 31, 2021 and 2020, forfeited nonvested accounts totaled \$11,803 and \$10,309, respectively. During 2021, forfeitures utilized to pay Plan expenses was \$15,000.

**ALS Group USA 401(k) Plan**  
**Notes to the Financial Statements**  
**As of December 31, 2021 and 2020**  
**For the Year Ended December 31, 2021**

**2. Summary of accounting policies**

A summary of the significant accounting policies followed by the Plan in the preparation of the accompanying financial statements is as follows:

***Basis of accounting***

The accompanying financial statements have been prepared using the accrual basis of accounting in conformity with generally accepted accounting principles in the United States of America.

***Investment valuation and income recognition***

Investments are reported at fair value which 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 Investment Committee determines the Plan's valuation policies. See Note 4 for discussion of fair value measurements.

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

***Notes receivable from participants***

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2021 and 2020, no allowance for credit losses has been recorded.

If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document. There were no participant loans considered in default and recorded as benefit payments for the year ended December 31, 2021.

***Expenses***

Certain expenses of maintaining the Plan are paid by the Company and are therefore excluded from these financial statements. Investment related expenses are included in net appreciation of fair value of investments. Fees for the administration of notes receivable from participants are included in administrative expenses and are charged directly to the participant's account.

***Payment of benefits***

Benefits are recorded when paid.

***Use of Estimates***

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

**ALS Group USA 401(k) Plan**  
**Notes to the Financial Statements**  
**As of December 31, 2021 and 2020**  
**For the Year Ended December 31, 2021**

**2. Summary of accounting policies (continued)**

***Risks and uncertainties***

The Plan invests in a variety of investment funds. Investments, in general, are exposed to various risks, such as interest rate, credit, and overall volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

***Subsequent events***

The Plan has evaluated subsequent events through October 7, 2022, the date which the financial statements were available to be issued. There were no subsequent events noted that would require adjustment to or disclosure in these financial statements.

**3. Certified investments**

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2021 and 2020, and net appreciation in fair value of investments, interest, dividends and administrative expenses for the year ended December 31, 2021, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Vanguard Fiduciary Trust Company.

**4. Fair value measurements**

The framework for measuring 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) and the lowest priority to unobservable inputs (level 3).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level I – 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 II – 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 active markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

**ALS Group USA 401(k) Plan**  
**Notes to the Financial Statements**  
**As of December 31, 2021 and 2020**  
**For the Year Ended December 31, 2021**

**4. Fair value measurements (continued)**

Level III – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

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

- *Mutual funds*: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
- *Common collective trust fund*: Valued at the NAV of units held by the Plan at year-end, which is considered by plan management to be the best approximate fair value. The unit values of common collective trust funds with underlying equity investments are calculated based on the observable value of the underlying investments. Funds held in common collective trusts may generally be redeemed daily without restriction

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2021 and 2020:

|                                          | Level 1        | Level 2 | Level 3 | Total          |
|------------------------------------------|----------------|---------|---------|----------------|
| <i>December 31, 2021:</i>                |                |         |         |                |
| Mutual funds                             | \$ 107,639,594 | \$ -    | \$ -    | \$ 107,639,594 |
| Total assets in the fair value hierarchy | 107,639,594    | -       | -       | 107,639,594    |
| Investments measured at net asset value* | -              | -       | -       | 3,361,629      |
| Investments, at fair value               | \$ 107,639,594 | \$ -    | \$ -    | \$ 111,001,223 |
| <i>December 31, 2020:</i>                |                |         |         |                |
| Mutual funds                             | \$ 97,882,520  | \$ -    | \$ -    | \$ 97,882,520  |
| Total assets in the fair value hierarchy | 97,882,520     | -       | -       | 97,882,520     |
| Investments measured at net asset value* | -              | -       | -       | 3,647,797      |
| Investments, at fair value               | \$ 97,882,520  | \$ -    | \$ -    | \$ 101,530,317 |

*\* In accordance with the FASB ASC 820, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in the tables above are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for plan benefits.*

**ALS Group USA 401(k) Plan**  
**Notes to the Financial Statements**  
**As of December 31, 2021 and 2020**  
**For the Year Ended December 31, 2021**

**4. Fair value measurements (continued)**

Gains and losses included in changed in net assets available for benefits for the years ended December 31, 2021 and 2020, are reported in net appreciation in fair value of investments.

The plan's policy is to recognize transfers from Levels 1 and 2 and into and out of Level 3 as the date of the event or change in circumstances that caused the transfer. For the year ended December 31, 2021, there were no significant transfers between Levels 1 and 2, and no transfers into or out of Level 3.

**5. Related party transactions and party-in-interest transactions**

The Plan's investment options include certain mutual funds and common collective trusts of The Vanguard Group. Vanguard Fiduciary Trust Company (Vanguard) is the record keeper and trustee of certain of the Plan's assets and, therefore, participant investments in mutual funds and common collective trusts within The Vanguard Group qualify as party-in-interest transactions. Management fees paid for investment management services are charged directly to the mutual funds and common collective trusts by Vanguard, and are reflected as a reduction of the return earned on each mutual fund. The Plan does not separately pay any management fees to The Vanguard Group. The Company pays some administrative fees related to the Plan's operations.

**6. Plan termination**

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

**7. Tax status**

The IRS has determined and informed the Company by a letter dated March 31, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

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

**ALS Group USA 401(k) Plan**  
**Notes to the Financial Statements**  
**As of December 31, 2021 and 2020**  
**For the Year Ended December 31, 2021**

**8. Reconciliation of financial statements to Schedule H of Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

|                                                                       | 2021                  | 2020                  |
|-----------------------------------------------------------------------|-----------------------|-----------------------|
| Net assets available for benefits per the financial statement         | \$ 112,321,602        | \$ 103,006,133        |
| Deemed distributions in 2020                                          | -                     | (14,836)              |
| Net assets available for benefits per the Schedule H to the Form 5500 | <u>\$ 112,321,602</u> | <u>\$ 102,991,297</u> |

The following is a reconciliation of corrective contributions per the financial statements for the year ended December 31, 2021, to Schedule H of Form 5500:

|                                                                   | Amount              |
|-------------------------------------------------------------------|---------------------|
| Benefits paid to participants per the financial statements        | \$ 8,957,029        |
| Less: Deemed distributions in 2020                                | (14,836)            |
| Benefits paid to participants per the Schedule H to the Form 5500 | <u>\$ 8,942,193</u> |

**9. Other matter**

In March 2020, certain provisions under the Coronavirus Aid, Relief, and Economic Security (CARES) Act relating to participant distributions and participants loans were enacted. During 2020, the Plan adopted the loan and distribution provisions of the CARES Act. As of the date of this report, the Plan has not yet formally amended to adopt these provisions.

**ALS Group USA 401(k) Plan**  
**Plan Number 001**  
**FEIN 76-0606679**  
**Schedule H Part IV Line 4i**  
**Schedule of Assets (Held at End of Year)**

| (a) & (b) Identity of issue, borrower, lessor, or similar party |                                   | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost     | (e) Current value     |
|-----------------------------------------------------------------|-----------------------------------|------------------------------------------------------------------------------------------------------------|--------------|-----------------------|
| * Vanguard                                                      | American Funds EuroPacific        | Mutual funds                                                                                               | Not required | \$ 460,866            |
| * Vanguard                                                      | BlackRock MidCap Growth Equity    | Mutual funds                                                                                               | Not required | 618,949               |
| * Vanguard                                                      | JP Morgan Mid Cap Class L         | Mutual funds                                                                                               | Not required | 1,025,613             |
| * Vanguard                                                      | JPMorgan Large Cap Growth R6      | Mutual funds                                                                                               | Not required | 3,532,140             |
| * Vanguard                                                      | JPMorgan Smart Retirement 2020 R5 | Mutual funds                                                                                               | Not required | 7,625,621             |
| * Vanguard                                                      | JPMorgan Smart Retirement 2025 R5 | Mutual funds                                                                                               | Not required | 11,612,140            |
| * Vanguard                                                      | JPMorgan Smart Retirement 2030 R5 | Mutual funds                                                                                               | Not required | 12,432,091            |
| * Vanguard                                                      | JPMorgan Smart Retirement 2035 R5 | Mutual funds                                                                                               | Not required | 10,138,884            |
| * Vanguard                                                      | JPMorgan Smart Retirement 2040 R5 | Mutual funds                                                                                               | Not required | 9,214,029             |
| * Vanguard                                                      | JPMorgan Smart Retirement 2045 R5 | Mutual funds                                                                                               | Not required | 7,622,073             |
| * Vanguard                                                      | JPMorgan Smart Retirement 2050 R5 | Mutual funds                                                                                               | Not required | 4,790,207             |
| * Vanguard                                                      | JPMorgan Smart Retirement 2055 R5 | Mutual funds                                                                                               | Not required | 1,981,386             |
| * Vanguard                                                      | JPMorgan Smart Retirement 2060 R5 | Mutual funds                                                                                               | Not required | 520,942               |
| * Vanguard                                                      | JPMorgan Smart Retirement Income  | Mutual funds                                                                                               | Not required | 4,220,137             |
| * Vanguard                                                      | MFS Value Fund Class R6           | Mutual funds                                                                                               | Not required | 255,368               |
| * Vanguard                                                      | Undiscovered Managers Behav. Val  | Mutual funds                                                                                               | Not required | 830,927               |
| * Vanguard                                                      | Vanguard 500 Idx Fund Adml        | Mutual funds                                                                                               | Not required | 8,086,771             |
| * Vanguard                                                      | Vanguard Develoted Mkts Idx Fund  | Mutual funds                                                                                               | Not required | 3,028,175             |
| * Vanguard                                                      | Vanguard Emerging Mkts Stk Idx    | Mutual funds                                                                                               | Not required | 1,565,887             |
| * Vanguard                                                      | Vanguard Extended Market Idx      | Mutual funds                                                                                               | Not required | 1,745,072             |
| * Vanguard                                                      | Vanguard FEderal Money Mkt        | Mutual funds                                                                                               | Not required | 58,093                |
| * Vanguard                                                      | Vanguard Growth Index Fund Adm    | Mutual funds                                                                                               | Not required | 4,917,334             |
| * Vanguard                                                      | Vanguard Intermediate Term Bond   | Mutual funds                                                                                               | Not required | 4,662,103             |
| * Vanguard                                                      | Vanguard MidCap Grwoth Idx Adm    | Mutual funds                                                                                               | Not required | 1,204,252             |
| * Vanguard                                                      | Vanguard MidCap Val Idx Fund      | Mutual funds                                                                                               | Not required | 1,001,492             |
| * Vanguard                                                      | Vanguard SmCap Growth Idx Fund    | Mutual funds                                                                                               | Not required | 843,104               |
| * Vanguard                                                      | Vanguard SmCap Idx Fund Adml      | Mutual funds                                                                                               | Not required | 737,042               |
| * Vanguard                                                      | Vanguard SmCap Value Idx Fund     | Mutual funds                                                                                               | Not required | 1,225,154             |
| * Vanguard                                                      | Vanguard Total Intl Bond Idx Fund | Mutual funds                                                                                               | Not required | 684,199               |
| * Vanguard                                                      | Vanguard Value Idx Fund Adml      | Mutual funds                                                                                               | Not required | 792,813               |
| * Vanguard                                                      | Virtus KAR SmCap Growth R6        | Mutual funds                                                                                               | Not required | 206,730               |
|                                                                 | Vanguard Retirement Savings Trust |                                                                                                            |              |                       |
| * Vanguard                                                      | III                               | Common collective trust                                                                                    | Not required | 3,361,629             |
| * Notes receivable from participants                            |                                   | 4.25 - 7.50%                                                                                               | Not required | 1,162,817             |
| Total assets held at end of year                                |                                   |                                                                                                            |              | <u>\$ 112,164,040</u> |

\*Party-in-interest