

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

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>										
<b>1a</b> Name of plan <u>MUTUAL MATERIALS COMPANY RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>004</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan <u>12/16/1955</u></td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN) <u>91-0158750</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number <u>425-452-2300</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions) <u>327900</u></td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	<u>004</u>	<b>1c</b> Effective date of plan <u>12/16/1955</u>		<b>2b</b> Employer Identification Number (EIN) <u>91-0158750</u>		<b>2c</b> Plan Sponsor's telephone number <u>425-452-2300</u>		<b>2d</b> Business code (see instructions) <u>327900</u>	
<b>1b</b> Three-digit plan number (PN) ▶	<u>004</u>										
<b>1c</b> Effective date of plan <u>12/16/1955</u>											
<b>2b</b> Employer Identification Number (EIN) <u>91-0158750</u>											
<b>2c</b> Plan Sponsor's telephone number <u>425-452-2300</u>											
<b>2d</b> Business code (see instructions) <u>327900</u>											
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MUTUAL MATERIALS COMPANY</u>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>605 119TH NE</u>  <u>BELLEVUE, WA 98005</u> </div> <div style="width: 45%;"> <u>605 119TH NE</u>  <u>BELLEVUE, WA 98005</u> </div> </div>											

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/13/2022	KENDALL ANDEREGG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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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: <b>a</b> Sponsor's name <b>c</b> Plan Name		<b>4b</b> EIN  <b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year		<b>5</b>	264
<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>	7
<b>a(2)</b> Total number of active participants at the end of the plan year .....		<b>6a(2)</b>	0
<b>b</b> Retired or separated participants receiving benefits.....		<b>6b</b>	
<b>c</b> Other retired or separated participants entitled to future benefits .....		<b>6c</b>	
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....		<b>6d</b>	0
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....		<b>6e</b>	
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....		<b>6f</b>	0
<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>	
<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>	
<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: 1A 1I 3D			
<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) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor		<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (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> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)  (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (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 SB</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2021</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

<b>A</b> Name of plan <u>MUTUAL MATERIALS COMPANY RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>004</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MUTUAL MATERIALS COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>91-0158750</u>
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500

<b>Part I</b>	<b>Basic Information</b>
<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>	
<b>2</b> Assets:	
<b>a</b> Market value .....	<b>2a</b> <u>37225946</u>
<b>b</b> Actuarial value .....	<b>2b</b> <u>34454969</u>
<b>3</b> Funding target/participant count breakdown	
<b>a</b> For retired participants and beneficiaries receiving payment .....	(1) Number of participants <u>7</u> (2) Vested Funding Target <u>4466427</u> (3) Total Funding Target <u>4466427</u>
<b>b</b> For terminated vested participants .....	<u>103</u> <u>8223596</u> <u>8223596</u>
<b>c</b> For active participants .....	<u>156</u> <u>13194846</u> <u>13194846</u>
<b>d</b> Total .....	<u>266</u> <u>25884869</u> <u>25884869</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>	
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>
<b>5</b> Effective interest rate .....	<b>5</b> <u>5.01</u> %
<b>6</b> Target normal cost .....	
<b>a</b> Present value of current plan year accruals .....	<b>6a</b> <u>0</u>
<b>b</b> Expected plan-related expenses .....	<b>6b</b> <u>350000</u>
<b>c</b> Total (line 6a + line 6b) .....	<b>6c</b> <u>350000</u>

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>		<u>09/29/2022</u> Date
<u>MAHRUKH MAVALVALA</u> Type or print name of actuary		<u>20-05999</u> Most recent enrollment number
<u>MILLIMAN, INC.</u> Firm name		<u>206-624-7940</u> Telephone number (including area code)
<u>1301 FIFTH AVENUE, SUITE 3800</u> <u>SEATTLE, WA 98101-2605</u> Address of the firm		

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2021**  
**v. 201209**

**Part II Beginning of Year Carryover and Prefunding Balances**

	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....		
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		
<b>9</b> Amount remaining (line 7 minus line 8) .....		
<b>10</b> Interest on line 9 using prior year's actual return of <u>6.60</u> % .....		
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38a from prior year) .....		19360240
<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.36</u> % .....		1037709
<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		20397949
<b>d</b> Portion of (c) to be added to prefunding balance .....		500000
<b>12</b> Other reductions in balances due to elections or deemed elections .....		
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	500000

**Part III Funding Percentages**

<b>14</b> Funding target attainment percentage .....	<b>14</b>	131.17 %
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	116.44 %
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	86.37 %
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/10/2021	50000	0			
04/05/2021	75000	0			
<b>Totals ▶</b>			<b>18(b)</b>	125000	<b>18(c)</b>

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	123795

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 3.32 %	2nd segment: 4.79 %	3rd segment: 5.47 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	350000	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	350000	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....			
<b>b</b> Waiver amortization installment .....			
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>		
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....		241737	241737
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>		
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	123795	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	123795	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>		
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>		

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

<b>41</b> If an election was made to use PRA 2010 funding relief for this plan:		
<b>a</b> Schedule elected .....	<input type="checkbox"/> 2 plus 7 years <input checked="" type="checkbox"/> 15 years	
<b>b</b> Eligible plan year(s) for which the election in line 41a was made .....	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input checked="" type="checkbox"/> 2011	

<b>SCHEDULE C (Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  ▶ <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 MUTUAL MATERIALS COMPANY RETIREMENT PLAN	<b>B</b> Three-digit plan number (PN) ▶	004
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 MUTUAL MATERIALS COMPANY	<b>D</b> Employer Identification Number (EIN) 91-0158750	

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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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)

MILLIMAN USA

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	172793	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)

BANK OF AMERICA

13-6574085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 27 50	NONE	52734	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)

TRUTINA FINANCIAL LLC

47-0995939

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	42675	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)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <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 (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

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

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

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2021</div>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2021 or fiscal plan year beginning <span style="color: blue;">01/01/2021</span> and ending <span style="color: blue;">12/31/2021</span>		
<b>A</b> Name of plan <span style="color: blue;">MUTUAL MATERIALS COMPANY RETIREMENT PLAN</span>	<b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>	<span style="color: blue;">004</span>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">MUTUAL MATERIALS COMPANY</span>	<b>D</b> Employer Identification Number (EIN) <span style="color: blue;">91-0158750</span>	

Part I	Asset and Liability Statement		
<b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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>	53118	35348
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions.....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	246	
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	23272043	11650
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	10436	0
<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>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<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>		
<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>	23335843 46998
<b>Liabilities</b>			
<b>g</b>	Benefit claims payable .....	<b>1g</b>	
<b>h</b>	Operating payables .....	<b>1h</b>	37835 15641
<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>	37835 15641
<b>Net Assets</b>			
<b>l</b>	Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	23298008 31357

**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>	14375000
	<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	
	<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	
(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>	14375000
<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>	1876
	<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>	
	<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>	1876
(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>	
	<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>	
(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>	
(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>	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		14376876
<b>Expenses</b>			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	29125392	
(2) To insurance carriers for the provision of benefits.....	2e(2)	8249651	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		37375043
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)	199711	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	68773	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		268484
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		37643527
<b>Net Income and Reconciliation</b>			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-23266651
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: MOSS ADAMS, LLP

(2) EIN: 91-0189318

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		1000000
<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.) .....	X		
<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? .....		X	
<b>4k</b>		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<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>			
<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>			
<b>5a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," enter the amount of any plan assets that reverted to the employer this year 0 .....			
<b>5b</b> 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.)			
<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)	
<b>5c</b> 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.) ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 435643 .....			

<b>SCHEDULE R</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Retirement Plan Information</b>  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).  ▶ <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>
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

<b>A</b> Name of plan <u>MUTUAL MATERIALS COMPANY RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>004</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>MUTUAL MATERIALS COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>91-0158750</u>

<b>Part I</b>	<b>Distributions</b>
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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):  EIN(s): <u>94-1687665</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>	<u>209</u>

<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.)
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<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 checked="" 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 _____ 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 checked="" type="checkbox"/> No	<input type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
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<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 checked="" type="checkbox"/> No
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<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.
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<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 \_\_\_\_\_



REPORT OF INDEPENDENT AUDITORS  
AND FINANCIAL STATEMENTS  
WITH SUPPLEMENTAL SCHEDULES

**MUTUAL MATERIALS COMPANY RETIREMENT PLAN**

December 31, 2021 and 2020

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## Report of Independent Auditors

The Trustees of  
Mutual Materials Company Retirement Plan

### Report on the Audit of the Financial Statements

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

We have performed an audit of the financial statements of Mutual Materials Company Retirement 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 (in liquidation) and the related statement of changes in net assets available for benefits for the year then ended (in liquidation), the statement of accumulated plan benefits (in liquidation) as of December 31, 2021, and the related statement of changes in accumulated plan benefits (in liquidation) for the year then ended, and the related notes to the financial statements (collectively, the 2021 financial statements).

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

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

#### **Opinion**

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

- the amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).

- the information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### ***Basis for Opinion***

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

### ***Emphasis of Matter – Plan Termination and Liquidation Basis of Accounting***

As discussed in Note 1 to the financial statements, Mutual Materials Company approved a plan of termination effective March 1, 2021, and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the going concern basis used in presenting the 2020 financial statements to the liquidation basis used in presenting the 2021 financial statements. Our opinion is not modified with respect to this matter.

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

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

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

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

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



In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Mutual Materials Company Retirement 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.

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

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

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

### ***Other Matters***

#### ***Supplemental Schedules Required by ERISA***

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

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

In our opinion

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

*Auditor's Report on the 2020 Financial Statements*

We were engaged to audit the 2020 financial statements of Mutual Materials Company Retirement Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 14, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Moss Adams LLP*

Seattle, Washington

October 13, 2022

# Mutual Materials Company Retirement Plan

## Statements of Net Assets Available for Benefits

---

	December 31,	
	2021	2020
	(liquidation)	(ongoing)
ASSETS		
Investments, at fair value		
Short-term cash investments	\$ 11,650	\$ 23,272,043
Mortgage/asset-backed securities	-	10,436
Total investments	11,650	23,282,479
Receivables		
Accrued interest and dividends	-	246
Cash, noninterest-bearing	35,348	53,118
Total assets	46,998	23,335,843
LIABILITIES		
Accounts payable	15,641	37,835
NET ASSETS AVAILABLE FOR BENEFITS	\$ 31,357	\$ 23,298,008

## Mutual Materials Company Retirement Plan

### Statements of Changes in Net Assets Available for Benefits

	Years Ended December 31,	
	2021	2020
	(liquidation)	(ongoing)
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment income (loss)		
Net appreciation in fair value of investments	\$ -	\$ 2,030,519
Interest	1,876	365,461
Dividends	-	326,993
Other income	-	14,750
	<u>1,876</u>	<u>2,737,723</u>
Less investment expenses	<u>(68,773)</u>	<u>(230,405)</u>
Total investment income (loss)	<u>(66,897)</u>	<u>2,507,318</u>
Contributions		
Employer	<u>14,375,000</u>	<u>8,000,000</u>
Total additions	<u>14,308,103</u>	<u>10,507,318</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits paid to participants	29,125,392	2,136,300
Purchase of annuity contract	8,249,651	26,231,472
Administrative expenses	199,711	139,268
PBGC premium	-	297,528
	<u>37,574,754</u>	<u>28,804,568</u>
Total deductions	<u>37,574,754</u>	<u>28,804,568</u>
CHANGE IN NET ASSETS	(23,266,651)	(18,297,250)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>23,298,008</u>	<u>41,595,258</u>
End of year	<u>\$ 31,357</u>	<u>\$ 23,298,008</u>

## Mutual Materials Company Retirement Plan

### Statements of Accumulated Plan Benefits

---

	December 31,	
	2021	2020
	(liquidation)	(ongoing)
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS		
Vested benefits		
Participants currently receiving benefits	\$ -	\$ 5,159,908
Active participants	-	17,753,657
Vested former participants	-	11,233,857
	<hr/>	<hr/>
Total vested benefits	-	34,147,422
	<hr/>	<hr/>
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u>\$ -</u>	<u>\$ 34,147,422</u>

## Mutual Materials Company Retirement Plan

### Statements of Changes in Accumulated Plan Benefits

---

	December 31,	
	2021	2020
	(liquidation)	(ongoing)
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT BEGINNING OF YEAR	\$ 34,147,422	\$ 43,236,307
Increase during the year attributable to:		
Plan amendments	2,782,390	-
Interest due to decrease in the discount period	445,231	2,320,035
Actuarial gain	-	6,645,415
Change in actuarial assumptions	-	10,313,437
TOTAL INCREASE	3,227,621	19,278,887
Decrease during the year attributable to:		
Benefit payments	29,125,392	2,136,300
Annuity Purchase Premium	8,249,651	26,231,472
TOTAL DECREASE	37,375,043	28,367,772
NET CHANGE	(34,147,422)	(9,088,885)
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT END OF YEAR	\$ -	\$ 34,147,422

## Mutual Materials Company Retirement Plan

### Notes to Financial Statements

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#### Note 1 – Description of Plan

The following brief description of the Mutual Materials Company Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

**General** – The Plan, established on December 16, 1955, and effective January 1, 1956, is a defined benefit pension plan covering substantially all employees of Mutual Materials Company (the Company). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Effective August 31, 2010, the Plan was frozen, and employees were no longer eligible to earn additional benefits under the Plan.

Effective January 1, 2020, the Plan was amended and restated in its entirety.

On November 23, 2020, the Plan transferred the risk of future payments related to participants currently in pay status through an annuity purchase of \$26,231,472 with American United Life Insurance Company. Effective January 1, 2021, annuity payments for the related participants are the responsibility of the insurer. On March 15, 2021, the Plan purchased additional annuities in the amount of \$232,889 with American United Life Insurance Company for participants that were previously in pay status.

The Plan mailed “Notice of Intent to Terminate” to affected parties on December 18, 2020. In March 2021, the Company elected to terminate the Plan. Notice of Plan Benefits were distributed in March 2021 to participants, beneficiaries of deceased participants, and alternative payees. The Company gave participants the option of a one-time lump sum distribution of the present value of their benefit based on interest rates published by the IRS or to elect an annuity.

Participants had until April 30, 2021, to elect a lump sum distribution. In total, the Plan distributed \$28,961,102 of lump sum payments to electing participants, which were substantially complete on June 23, 2021. On May 21, 2021, United of Omaha Life Insurance Company (Omaha Life) was chosen for the group annuity contract for participants that did not elect the lump sum distribution. The Plan retained sufficient funds to make the May 2021 and June 2021, regular annuity payments and transferred \$8,016,762 to Omaha Life on May 21, 2021. Omaha Life took over monthly annuity payments to participants on July 1, 2021. As of December 31, 2021, all benefits were paid or transferred to Omaha Life and the remaining assets may be disposed of through paying final plan administrative expenses or reverting back to the Company upon final liquidation.

The Plan filed a “Post Distribution Certification” (PBGC Form 501) with the Pension Benefit Guarantee Corporation (PBGC) on October 17, 2021, and will file the final Form 5500 within seven months after the pension trust closes, subject to allowable extensions.

## Mutual Materials Company Retirement Plan

### Notes to Financial Statements

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#### Note 1 – Description of Plan (continued)

**Pension benefits** – Prior to termination, employees were entitled to annual pension benefits beginning at normal retirement age (65) equal to 1.505% of the average monthly compensation plus .495% of average monthly compensation in excess of 1/12 of \$10,000, each multiplied by years of credited service not to exceed 45 years. Compensation periods after December 31, 2009, were not taken into account (unless such exclusion would cause the averaging period to be less than five years). Early retirement was permitted if a participant had completed five years of vested service and is age 55. The Plan permitted early retirement at ages 55 to 64 at a reduced benefit. Employees generally received their accumulated plan benefits as a life annuity payable monthly from retirement. For each employee electing a life annuity, payments were not less than the employee's accumulated contribution made prior to January 1, 1987, plus interest. Employees could elect to receive their pension benefits in the form of a variety of types of annuities defined within the Plan. Terminated participants with account balances less than \$10,000 could request payment in a lump sum and elect to receive employee contributions made prior to January 1, 1987, in a lump sum payment.

**Early retirement incentive program** – Effective August 1, 2001, if a participant satisfied the requirements for the early retirement incentive, the participant was entitled to additional retirement benefits. The amount of the additional benefit was the greater of the amount payable under the Plan's retirement benefit formula(s) based on three additional years of credited service or three additional years of age for calculating the benefit.

**Vesting** – A participant's vested percentage was 100% upon completion of five years of vesting service. Prior to the completion of five years, a participant's vested percentage was zero. Upon termination of the Plan, all participants became 100% vested.

**Death and disability benefits** – The surviving spouse of a participant who had completed five years of vesting service was entitled to receive a qualified joint and survivor annuity reduced by the actuarial equivalent of any lump sum death benefit.

Active employees with five years of vesting service who became permanently disabled received annual disability benefits that were equal to the normal retirement benefits they had accumulated as of the time they became disabled, actuarially reduced for early commencement.



## Mutual Materials Company Retirement Plan

### Notes to Financial Statements

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#### Note 2 – Summary of Accounting Policies

**Basis of accounting** – The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). Commensurate with the Company's election to terminate the Plan on March 1, 2021, liquidation was deemed imminent and changed to the liquidation basis of accounting from the ongoing basis used in 2020. As a result of the change in accounting basis and the nature of the investments, no gain or losses were expected. The Plan has not accrued for expenses relating to the liquidation as the remaining assets may be used for any remaining administrative expenses.

**Use of estimates** – The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

**Investment valuation and income recognition** – Investments are reported at fair value, which are certified by the custodian. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.

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

**Actuarial present value of accumulated plan benefits** – Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' highest annual compensation for a five-consecutive-year period.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in preparing the December 31, 2020, valuation were:

- a. Investment return: 2.75%.
- b. Life expectancy of participants: The mortality assumption used in 2020 was the Pri-2012 Mortality Tables projected forward using Scale MP-2020 on a generational basis, with gender specific blue collar employee rates before benefit commencement and blue collar retiree rates after benefit commencement.
- c. Normal retirement age is 65.

In 2021, the Plan changed to the liquidation basis of accounting and distributed all benefits to participants.

# Mutual Materials Company Retirement Plan

## Notes to Financial Statements

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### Note 2 – Summary of Accounting Policies (continued)

**Payment of benefits** – Benefit payments to participants are recorded when distribution is made.

**Expenses** – Plan administration expenses are paid for by the Plan and are included in these financial statements. Investment related expenses are included in net appreciation of fair value of investments or paid directly by the Plan.

**Subsequent events** – Plan management has evaluated subsequent events through October 13, 2022, which is the date the financial statements were available to be issued.

### Note 3 – Funding Policy

The Company's funding policy is to make annual contributions to the Plan such that all eligible employees' benefits will be funded by the time they retire.

Prior to January 1, 1987, as a condition of participation, employees were required to contribute 3% of their salary to the Plan. Present employees' accumulated contributions at December 31, 2021 and 2020, were \$0 and \$37,178, respectively, including interest credited at interest rates of 2.03% and 3.47%, respectively, compounded annually for each respective year. Effective January 1, 1987, the Plan was amended to no longer require employee contributions.

The Company's contributions for 2021 and 2020 met the minimum funding requirements for ERISA.

### Note 4 – Information Certified by the Custodian

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Bank of America, N.A., the custodian of the Plan, has certified to the completeness and accuracy of the following:

- Investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2021 and 2020.
- Net appreciation in fair value of investments, dividends, interest, and other income reflected on the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2021 and 2020.
- Investments reflected on the schedule of assets (held at end of year) as of December 31, 2021.
- Transactions reflected on the schedule of reportable transactions for the year ended December 31, 2021.

## Mutual Materials Company Retirement Plan

### Notes to Financial Statements

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#### Note 5 – Fair Value Measurements

The framework for measuring fair value provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy are described as follows:

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

**Level 2** – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

**Level 3** – Inputs to the valuation methodology are unobservable and significant 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 maximize the use of observable inputs and minimize the use of unobservable inputs.

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

*Short-term cash investments* – Determined daily at closing based on asset values less liabilities divided by total number of units outstanding.

*Mortgage/asset-backed securities* – Asset value is determined based on a modeled estimate of bid price.

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

## Mutual Materials Company Retirement Plan

### Notes to Financial Statements

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#### Note 5 – Fair Value Measurements (continued)

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020.

	Fair Value Measurements at December 31, 2021			
	Level 1	Level 2	Level 3	Total
Short-term cash investments	\$ -	\$ 11,650	\$ -	\$ 11,650

  

	Fair Value Measurements at December 31, 2020			
	Level 1	Level 2	Level 3	Total
Short-term cash investments	\$ -	\$ 23,272,043	\$ -	\$ 23,272,043
Mortgage/asset-backed securities	-	10,436	-	10,436
Total assets in the fair value hierarchy	\$ -	\$ 23,282,479	\$ -	\$ 23,282,479

#### Note 6 – Related Parties and Party-In-Interest

Certain Plan investments are managed by Bank of America, the custodian of the Plan and, therefore, transactions with this entity qualifies as exempt party-in-interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

#### Note 7 – Tax Status

The IRS has determined and informed the Company by a letter dated August 3, 2020, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2021 and 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress.

## Mutual Materials Company Retirement Plan

### Notes to Financial Statements

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#### **Note 8 – Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as foreign currency exchange rate, interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

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

**Supplemental Schedules  
Required by the Department of Labor**

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**Mutual Materials Company Retirement Plan**  
**EIN: 91-0158750, Plan #: 004**  
**Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)**  
**December 31, 2021**

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(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
*	BANK OF AMERICA BLACKROCK TREASURY TRUST FUND	Short-term cash investments	\$ 11,650	\$ 11,650
			\$ 11,650	\$ 11,650
*	Indicates party-in-interest			

**Mutual Materials Company Retirement Plan**  
**EIN: 91-0158750, Plan #: 004**  
**Schedule H, Line 4(j) – Schedule of Reportable Transactions**  
**Year Ended December 31, 2021**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expenses Incurred with Transaction	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category I individual transaction in excess of 5% of plan assets							
Blackrock Treasury Trust Fund Institutional Class	Mutual Fund	\$ -	\$ 8,218,886	\$ -	\$ 8,218,886	\$ 8,218,886	\$ -
Blackrock Treasury Trust Fund Institutional Class	Mutual Fund	6,000,000	-	-	6,000,000	-	-
Blackrock Treasury Trust Fund Institutional Class	Mutual Fund	5,000,000	-	-	5,000,000	-	-
Blackrock Treasury Trust Fund Institutional Class	Mutual Fund	3,244,510	-	-	3,244,510	-	-
Blackrock Treasury Trust Fund Institutional Class	Mutual Fund	-	28,795,699	-	28,795,699	28,795,699	-
* Bank of America Temporary Overnight Deposit	Short-term cash	6,000,000	-	-	6,000,000	6,000,000	-
* Bank of America Temporary Overnight Deposit	Short-term cash	-	1,750,000	-	1,750,000	1,750,000	-
* Bank of America Temporary Overnight Deposit	Short-term cash	-	3,250,000	-	3,250,000	3,250,000	-
Category III series of transactions in excess of 5% of plan assets							
Blackrock Treasury Trust Fund Institutional Class	16 purchases	14,386,071	-	-	14,386,071	14,386,071	-
	23 sales	-	37,640,904	-	37,640,904	37,640,904	-
* Bank of America Temporary Overnight Deposit	4 purchases	6,139,481	-	-	6,139,481	6,139,481	-
	5 sales	-	6,139,481	-	6,139,481	6,139,481	-
* Indicates party-in-interest							





## Appendix C – Summary of Principal Plan Provisions

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

### Definitions

**Accrued Benefit:** The sum of (i) and (ii) below:

- (i) 1.505% of average monthly compensation multiplied by benefit service (not to exceed 45 years)
- (ii) 0.495% of average monthly compensation in excess of \$833.33 multiplied by benefit service (not to exceed 45 years).

Benefit accruals are frozen as of August 31, 2010.

**Actuarially Equivalent:** Equality in value such that the present value of the amount under any form of payment is essentially the same as the present value of the amount under the normal form of annuity payment for single participants. In general, for purposes other than determining lump-sum amounts, actuarially equivalent factors are based on the 1984 Unisex Pensioners Mortality Table (with ages setback 3 years for joint annuitants) and an interest rate of 7.0%. For purposes of determining lump-sum amounts, actuarially equivalent factors are based on the applicable mortality table in effect under IRC Section 417(e)(3) for the plan year of distribution and the statutory three-tier segment interest rates in effect for the second month prior to the plan year of distribution (i.e., annual stability period with a two-month lookback period).

**Average Monthly Compensation:** The average monthly compensation during the highest five consecutive calendar years of the participant's earnings. No compensation periods prior to the date of participation are used.

For purposes of determining the average monthly compensation, compensation is annualized for a calendar year during which a participant has less than 2,080 hours of service.

No compensation periods after August 31, 2010 are taken into account.

**Compensation:** All regular compensation before any and all deductions, but excluding bonuses, reimbursements or other expense allowances, fringe benefits, moving expenses, deferred compensation, and welfare benefits.

**Benefit Service:** A full year of benefit service is earned for each calendar year in which an employee has at least 2,080 hours of service as an active participant. A partial year is credited on a pro-rata basis for each calendar year in which an employee works at least 1,000 hours.

No benefit service is earned after August 31, 2010.

**Plan Effective Date:** December 16, 1955, as amended through January 1, 2021.

**Plan Year:** The 12-month period beginning January 1 and ending December 31.

**Vesting Service:** A year of vesting service is earned for each calendar year during which an employee has at least 1,000 hours of service.

### Eligibility for Participation

All salaried and hourly employees of Mutual Materials Company are eligible to participate following the attainment of age 21 and the completion of one year of service. Certain union employees are also eligible.

Effective August 31, 2010, no new participants are eligible to enter the Plan.

## Normal Retirement

**Normal Retirement Date:** The first day of the month coincident with or next following the attainment of age 65.

**Normal Retirement Benefit:** The Accrued Benefit.

## Early Retirement

**Early Retirement Date:** The first day of any month coincident with or next following attainment of age 55 and completion of 5 years of vesting service.

**Early Retirement Benefit:** The accrued benefit reduced by 1/180 for each of the first 60 months and by 1/360 for each of the next 60 months by which the early retirement date precedes the normal retirement date.

## Late Retirement

**Late Retirement Date:** The first day of the month following the date of termination of service if it occurs after the normal retirement date.

**Late Retirement Benefit:** The greater of (i) the accrued benefit determined as of the late retirement date or (ii) the accrued benefit determined as of the normal retirement date (or the first day of any plan year following the normal retirement date) and actuarially increased to the late retirement date.

## Vested Termination

**Vested Termination Date:** The date of termination of service other than for reasons of retirement or death, following completion of 5 years of vesting service.

**Vested Termination Benefit:** The accrued benefit, multiplied by the vested percentage below, payable at the normal retirement date, or payable as of the first day of any month coincident with or next following attainment of age 55 if at least 5 years of vesting service have been completed (reduced by 1/180 for each of the first 60 months and by 1/360 for each of the next 60 months by which the benefit commencement date precedes the normal retirement date).

Alternatively, if the actuarial equivalent single sum payment of the vested accrued benefit is less than \$10,000, the benefit may be payable on the first day of any month following termination.

Years of Vesting Service	Vested Percentage
Less than 5	0%
5 or more	100%

## Preretirement Death

The amounts specified in Appendix A of the plan document, plus the participant's accumulated contributions subsequent to December 16, 1967.

If the deceased participant was married on the date of death, the surviving spouse is entitled to the monthly benefit that would have been payable had the participant survived to the Plan's earliest retirement age and retired with a 100% joint and survivor annuity. (However, this benefit is reduced by the benefit which could be purchased with the amount determined above.)

## Disability Retirement

Available to disabled employees with at least 5 years of vesting service. The accrued benefit is actuarially reduced for early commencement.

## Forms of Payment

**Normal Forms:** Life annuity if single, actuarially equivalent joint and 100% survivor annuity (with spouse) if married.

**Optional Forms:** Life annuity; actuarially equivalent joint and 50%, 75%, or 100% survivor annuity (with spouse); actuarially equivalent social security adjustment option.

**Small Lump Sum:** Payable if the actuarially equivalent present value of the vested accrued benefit is \$10,000 or less.

## Employee Contributions

Discontinued as of January 1, 1987.

## Changes in Principal Plan Provisions Since Prior Valuation

During 2020, annuities were purchased for 196 participants in pay status.

The Plan was amended during 2020 to be terminated effective March 1, 2021. All non-retired participants were given a one-time opportunity to elect a lump sum or an immediate annuity upon plan termination.

**Mutual Materials Company Retirement Plan**  
**EIN: 91-0158750, Plan #: 004**  
**Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)**  
**December 31, 2021**

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(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
*	BANK OF AMERICA BLACKROCK TREASURY TRUST FUND	Short-term cash investments	\$ 11,650	\$ 11,650
			\$ 11,650	\$ 11,650
*	Indicates party-in-interest			

### Exhibit 30

#### Active Participants by Age and Service

The number of active participants, summarized by attained age and years of credited service as of January 1, 2021, is shown below.

Age	Years of Credited Service										Total
	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+	
<b>0–24</b>	-	-	-	-	-	-	-	-	-	-	-
<b>25–29</b>	-	-	-	-	-	-	-	-	-	-	-
<b>30–34</b>	1	2	-	-	-	-	-	-	-	-	3
<b>35–39</b>	1	11	2	-	-	-	-	-	-	-	14
<b>40–44</b>	-	6	7	5	-	-	-	-	-	-	18
<b>45–49</b>	1	7	5	5	1	-	-	-	-	-	19
<b>50–54</b>	-	1	10	8	7	2	-	-	-	-	28
<b>55–59</b>	1	9	6	10	12	1	-	-	-	-	39
<b>60–64</b>	-	4	6	4	10	3	2	-	-	-	29
<b>65–69</b>	-	-	1	1	1	2	-	1	-	-	6
<b>70+</b>	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	4	40	37	33	31	8	2	1	-	-	156

## Appendix A – Summary of Actuarial Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. A plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that a plan will be adequately and systematically funded and accounted for. Annual contributions and accounting expense are also affected by a plan's "asset valuation method" (as well as plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

### Actuarial Cost Method

The actuarial cost method used for determining the Plan's ERISA funding requirements and the FASB ASC Topic 960 values is the Unit Credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's Normal Cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits. This method is prescribed for ERISA funding requirements by the Pension Protection Act of 2006.

The actuarial cost method used for determining the Plan Sponsor's FASB ASC Topic 715 accounting requirements is the Projected Unit Credit method, as required by FASB. Under this method, a projected benefit is determined at each active participant's assumed retirement age assuming future compensation increases. The Plan's Normal Cost is the sum of the present value of the portion of each active participant's projected benefit attributable to the current year of service. The Plan's accrued liability is the sum of (a) the present value of the portion of each active participant's projected benefit attributable to all prior years of service plus (b) the present value of each inactive participant's benefits.

### Asset Valuation Method

The Actuarial Value of Assets used for determining the Plan's ERISA funding requirements is based on the permitted three-year asset smoothing as defined under IRS Notice 2009-22. Under this method, the Actuarial Value of Assets equals the Market Value of Assets minus one-third and two-thirds, respectively, of the investment gain or loss for each of the two immediately preceding plan years, but it must be within 90% to 110% of the Market Value of Assets. The Market Value of Assets is equal to the Fair Value of Assets as of the valuation date plus the discounted value of employer contributions made after the valuation date. These contributions are discounted to the valuation date using the Effective Interest Rate for the prior plan year. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets or the applicable statutory interest rate for the year.

The Market-Related Value of Assets used for determining the Plan Sponsor's FASB ASC Topic 715 accounting requirements is equal to the Fair Value of Assets (without inclusion of any receivable contributions).

### PBGC Variable-Rate Premium Method

The Standard method is used for the PBGC variable-rate premium calculation (adopted January 1, 2014).

### **Amortization Method**

For the Plan's ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a seven-year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430.

For FASB ASC Topic 715 accounting purposes, cumulative unrecognized net gains or losses (excluding asset gains or losses not yet reflected in the Market-Related Value of Assets) in excess of 10% of the greater of (a) the Market-Related Value of Assets and (b) the Projected Benefit Obligation amortized over the average future service of active participants.

### **Changes in Actuarial Methods Since Prior Valuation**

None.



## Appendix B – Summary of Actuarial Assumptions

### ECONOMIC ASSUMPTIONS

#### Interest Rates

The current funding and PBGC interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election. The PBGC interest rates are based on the Plan Sponsor's elected method for determining the premium funding target.

	Minimum Funding	Maximum Deductible	PBGC Premium
Segment 1 (0–5 years)	3.32%	2.22%	0.51%
Segment 2 (5–20 years)	4.79%	3.38%	2.26%
Segment 3 (20+ years)	5.47%	3.92%	3.01%
Effective Interest Rate	5.01%	3.60%	2.60%

**ERISA minimum funding:** 24-month average segment rates, using a four-month lookback period, adjusted to reflect the applicable segment rate stabilization corridor (adopted January 1, 2010).

**Maximum deductible:** 24-month average segment rates, using a four-month lookback period, but not adjusted to reflect segment rate stabilization (adopted January 1, 2010).

**PBGC premium:** Spot segment rates for the month preceding the valuation date (adopted January 1, 2014).

**FASB ASC Topic 715:** 2.75% per year (adopted December 31, 2020). This discount rate represents the theoretical rate at which the liabilities could be settled in the bond market as of December 31, 2020. It is based on the Milliman Bond Matching Model as described in the actuary's letter dated January 25, 2021.

**FASB ASC Topic 960:** 2.75% per year (adopted January 1, 2021). This represents the interest rate at which liabilities could be settled in connection with the termination of the Plan.

#### Asset Returns

**ERISA minimum funding and maximum deductible:** 5.50% per year (adopted January 1, 2020). This represents the expected long-term geometric mean return on assets based on the Plan's investment policy, including target asset allocation, and the actuary's capital market expectations.

**FASB ASC Topic 715:** 0.00% per year (adopted December 31, 2020). This represents the expected long-term arithmetic mean return on assets based on the Plan's investment policy, including target asset allocation, and the Plan Sponsor's capital market expectations.

#### Compensation Increases

Not applicable. Benefit accruals are frozen.

#### Inflation (CPI)

Not applicable.

## Postretirement Benefit Increases

None. The Plan does not provide for automatic postretirement benefit increases.

## Administrative Expenses

An allowance of \$350,000 for administrative expenses has been included in the Normal Cost, reflecting the actual administrative expenses paid from the Plan's trust during the previous year, PBGC premiums for the current year, and estimated expenses related to plan termination (adopted January 1, 2009 and updated annually).

## DEMOGRAPHIC ASSUMPTIONS

Except where noted, demographic assumptions are on the actuary's judgment and continued review of experience.

### Mortality

**ERISA minimum funding, maximum deductible, and PBGC premium:** The mortality assumption is based on IRS and PBGC regulations (adopted January 1, 2019 and updated annually).

Non-Annuitant and Annuitant Static Mortality Tables, sex-distinct, as prescribed by IRC Section 430(h)(3)(A) for IRS funding requirements.

**FASB ASC Topics 715 and 960:** The mortality assumption is based on the Pri-2012 and MP-2020 tables published by the Society of Actuaries (adopted December 31, 2020 for FASB ASC Topic 715 and January 1, 2021 for FASB ASC Topic 960). This represents the most current mortality experience published by the Society of Actuaries as of the valuation date.

Pri-2012 Mortality Tables, sex-distinct, projected forward using Scale MP-2020 on a generational basis, with Blue Collar Employee rates before benefit commencement and Blue Collar Retiree, Blue Collar Contingent Survivor, or Disabled Retiree rates (as appropriate) after benefit commencement.

### Retirement

The retirement assumption is based on the actuary's 2002 demographic experience study. Annual rates are shown below for active and terminated vested participants who are eligible to retire (adopted January 1, 2002).

Age	Rate
55–60	5.0%
61–64	25.0%
65	100.0%

## Termination

The termination assumption is based on the actuary's 2002 demographic experience study. Annual rates are shown below (adopted January 1, 2002).

Years of Service	Rate
1	12.0%
2	11.0%
3	10.0%
4	9.0%
5	8.0%
6	7.5%
7	7.0%
8	6.5%
9	6.0%
10	5.5%
11	5.0%
12+	4.5%

## Disability

Sample annual rates are shown below (adopted December 16, 1967).

Age	Rate
30	0.08%
35	0.10%
40	0.12%
45	0.16%
50	0.24%
55	0.40%
60	0.84%

## Decrement Timing

Decrements are assumed to occur at the beginning of the year (adopted January 1, 2017).

## Form of Payment

Life annuity. All optional forms are actuarially equivalent to the Plan's normal form of payment.

## Marital Characteristics

**For participants not in pay status:** 75% of participants are assumed to be married to a spouse of the opposite sex. Males are assumed to be three years older than females.

**For participants in pay status:** Actual birth dates of spouses are included in the census data, where relevant.

**For beneficiaries:** Actual birth dates are included in the census data, where relevant.

### **Benefits Not Valued**

All plan benefits are valued.

### **Special Data Adjustments**

None.

## CHANGES IN ACTUARIAL ASSUMPTIONS SINCE PRIOR VALUATION

**Interest rates for ERISA minimum funding:** Effective January 1, 2021, the interest rates used to determine the minimum funding requirements were updated based on the applicable 24-month average segment rates with a four-month lookback from the valuation date, adjusted to reflect the applicable segment rate stabilization corridor. The interest rates were updated to comply with IRS requirements.

**Interest rates for maximum deductible:** Effective January 1, 2021, the interest rates used for maximum deductible purposes were updated as noted above, but not adjusted to reflect segment rate stabilization. The interest rates were updated to comply with IRS requirements.

**Interest rates for PBGC premium:** Effective January 1, 2021, the interest rates used for PBGC variable-rate premium purposes were updated to the spot segment rates in effect for the month preceding the valuation date. The interest rates were updated to comply with PBGC requirements.

**Interest rate for FASB ASC Topic 715:** Effective December 31, 2020, the FASB 715 discount rate was changed from 3.35% to 2.75% per year. The discount rate was changed to reflect interest rates currently available on high-quality fixed income investments.

**Interest rate for FASB ASC Topic 960:** Effective January 1, 2021, the FASB 960 interest rate was changed from 5.50% to 2.75% per year. The interest rate was changed to reflect the rates at which the liability could be settled in connection with the termination of the Plan.

**Asset return for FASB ASC Topic 715:** Effective December 31, 2020, the asset return assumption for FASB 715 was changed from 6.00% to 0.00% per year. The asset return assumption was changed to reflect that plan assets are being held in short term investments in anticipation of plan termination.

**Mortality for ERISA minimum funding, maximum deductible, and PBGC premium:** Effective January 1, 2021, the mortality assumption was updated as prescribed by IRC Section 430(h)(3)(A). The mortality assumption was updated to comply with IRS and PBGC requirements.

**Mortality for FASB ASC Topics 715 and 960 purposes:** Effective December 31, 2020 for FASB 715 and January 1, 2021 for FASB 960, the mortality projection scale was updated from MP-2019 to MP-2020. The Pri-2012 base mortality tables remain unchanged from the prior year. The assumption was updated to reflect the most recent mortality experience published by the Society of Actuaries as of the valuation date.

**Administrative expenses:** Effective January 1, 2021, the administrative expense load was updated from \$428,948 to \$350,000. The expense load was updated to reflect actual administrative expenses paid from the Plan's Trust during the previous year, PBGC premiums for the current year, and estimated plan termination expenses for the current year.

Exhibit 6

Employer Contributions for Prior Plan Year

The employer contributions for the prior plan year beginning January 1, 2021 were paid or are payable on the dates and in the amounts shown below. The prior plan year's Effective Interest Rate of 5.01% per year is used to discount contributions back to January 1, 2021. Contributions (or portions of contributions) made after the due date for a quarterly required contribution are penalized an additional 5% per year during the late period. Contributions made solely to avoid the application of benefit restrictions cannot be considered in determining excess contributions.

Date	Contribution Amount	Discounted Value as of 1/1/2021 without Penalty	Penalty Amount	Discounted Value as of 1/1/2021 with Penalty
February 10, 2021	\$50,000	\$49,733	\$0	\$49,733
April 5, 2021	<u>75,000</u>	<u>74,062</u>	0	<u>74,062</u>
Total	125,000	123,795	0	123,795

## Weighted Average Retirement Age

The weighted average retirement age for active participants is 62. This equals the sum, over all retirement ages, of the retirement age multiplied by the probability of retiring at that age, as shown in the following table.

(a)  Possible Retirement Age "r"	(b)  Assumed Rate of Retirement at Age "r"	(c)  Probability of Person Age 55 Still Working at "r"	(d)  (b) x (c) = Probability of Person Age 55 Retiring at "r"	(e)  (a) x (d) = Component of Weighted Average Retirement Age
55	0.0500	1.0000	0.0500	2.7500
56	0.0500	0.9500	0.0475	2.6600
57	0.0500	0.9025	0.0451	2.5721
58	0.0500	0.8574	0.0429	2.4864
59	0.0500	0.8145	0.0407	2.4028
60	0.0500	0.7738	0.0387	2.3213
61	0.2500	0.7351	0.1838	11.2102
62	0.2500	0.5513	0.1378	8.5454
63	0.2500	0.4135	0.1034	6.5125
64	0.2500	0.3101	0.0775	4.9619
65	1.0000	0.2326	0.2326	<u>15.1182</u>
Weighted Average Retirement Age:				61.5408
Rounded to Nearest Age:				62

**Mutual Materials Company Retirement Plan**  
**EIN: 91-0158750, Plan #: 004**  
**Schedule H, Line 4(j) – Schedule of Reportable Transactions**  
**Year Ended December 31, 2021**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expenses Incurred with Transaction	(g) Cost of Assets	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category I individual transaction in excess of 5% of plan assets							
Blackrock Treasury Trust Fund Institutional Class	Mutual Fund	\$ -	\$ 8,218,886	\$ -	\$ 8,218,886	\$ 8,218,886	\$ -
Blackrock Treasury Trust Fund Institutional Class	Mutual Fund	6,000,000	-	-	6,000,000	-	-
Blackrock Treasury Trust Fund Institutional Class	Mutual Fund	5,000,000	-	-	5,000,000	-	-
Blackrock Treasury Trust Fund Institutional Class	Mutual Fund	3,244,510	-	-	3,244,510	-	-
Blackrock Treasury Trust Fund Institutional Class	Mutual Fund	-	28,795,699	-	28,795,699	28,795,699	-
* Bank of America Temporary Overnight Deposit	Short-term cash	6,000,000	-	-	6,000,000	6,000,000	-
* Bank of America Temporary Overnight Deposit	Short-term cash	-	1,750,000	-	1,750,000	1,750,000	-
* Bank of America Temporary Overnight Deposit	Short-term cash	-	3,250,000	-	3,250,000	3,250,000	-
Category III series of transactions in excess of 5% of plan assets							
Blackrock Treasury Trust Fund Institutional Class	16 purchases	14,386,071	-	-	14,386,071	14,386,071	-
	23 sales	-	37,640,904	-	37,640,904	37,640,904	-
* Bank of America Temporary Overnight Deposit	4 purchases	6,139,481	-	-	6,139,481	6,139,481	-
	5 sales	-	6,139,481	-	6,139,481	6,139,481	-
* Indicates party-in-interest							



<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500 or 5500-SF.</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 <u>01/01/2021</u> and ending <u>12/31/2021</u>																						
► <b>Round off amounts to nearest dollar.</b> ► <b>Caution:</b> A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.																						
<b>A</b> Name of plan MUTUAL MATERIALS COMPANY RETIREMENT PLAN		<b>B</b> Three-digit plan number (PN) <u>004</u>																				
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MUTUAL MATERIALS COMPANY		<b>D</b> Employer Identification Number (EIN) 91-0158750																				
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500																						
<b>Part I Basic Information</b>																						
<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>																						
<b>2</b> Assets: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">a Market value .....</td> <td style="width: 10%; text-align: center;"><b>2a</b></td> <td style="width: 20%; text-align: right;">37,225,946</td> </tr> <tr> <td>b Actuarial value .....</td> <td style="text-align: center;"><b>2b</b></td> <td style="text-align: right;">34,454,969</td> </tr> </table>			a Market value .....	<b>2a</b>	37,225,946	b Actuarial value .....	<b>2b</b>	34,454,969														
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<b>3</b> Funding target/participant count breakdown <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 55%;"></th> <th style="width: 15%; text-align: center;">(1) Number of participants</th> <th style="width: 15%; text-align: center;">(2) Vested Funding Target</th> <th style="width: 15%; text-align: center;">(3) Total Funding Target</th> </tr> <tr> <td>a For retired participants and beneficiaries receiving payment.....</td> <td style="text-align: center;">7</td> <td style="text-align: right;">4,466,427</td> <td style="text-align: right;">4,466,427</td> </tr> <tr> <td>b For terminated vested participants.....</td> <td style="text-align: center;">103</td> <td style="text-align: right;">8,223,596</td> <td style="text-align: right;">8,223,596</td> </tr> <tr> <td>c For active participants .....</td> <td style="text-align: center;">156</td> <td style="text-align: right;">13,194,846</td> <td style="text-align: right;">13,194,846</td> </tr> <tr> <td>d Total.....</td> <td style="text-align: center;">266</td> <td style="text-align: right;">25,884,869</td> <td style="text-align: right;">25,884,869</td> </tr> </table>				(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	a For retired participants and beneficiaries receiving payment.....	7	4,466,427	4,466,427	b For terminated vested participants.....	103	8,223,596	8,223,596	c For active participants .....	156	13,194,846	13,194,846	d Total.....	266	25,884,869	25,884,869
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<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">a Funding target disregarding prescribed at-risk assumptions .....</td> <td style="width: 10%; text-align: center;"><b>4a</b></td> <td style="width: 20%;"></td> </tr> <tr> <td>b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....</td> <td style="text-align: center;"><b>4b</b></td> <td></td> </tr> </table>			a Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>															
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<b>5</b> Effective interest rate ..... <b>5</b> ..... 5.01%																						
<b>6</b> Target normal cost..... <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">a Present value of current plan year accruals .....</td> <td style="width: 10%; text-align: center;"><b>6a</b></td> <td style="width: 20%; text-align: right;">0</td> </tr> <tr> <td>b Expected plan-related expenses .....</td> <td style="text-align: center;"><b>6b</b></td> <td style="text-align: right;">350,000</td> </tr> <tr> <td>c Total (line 6a + line 6b) .....</td> <td style="text-align: center;"><b>6c</b></td> <td style="text-align: right;">350,000</td> </tr> </table>			a Present value of current plan year accruals .....	<b>6a</b>	0	b Expected plan-related expenses .....	<b>6b</b>	350,000	c Total (line 6a + line 6b) .....	<b>6c</b>	350,000											
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<b>Statement by Enrolled Actuary</b> <small>To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.</small>																						
<b>SIGN HERE</b>	<u>Mahrukh Maivalvala</u> Signature of actuary	<u>09/29/2022</u> Date																				
<u>MAHRUKH MAIVALVALA</u> Type or print name of actuary		<u>2005999</u> Most recent enrollment number																				
<u>MILLIMAN, INC.</u> Firm name		<u>206-624-7940</u> Telephone number (including area code)																				
<u>1301 FIFTH AVENUE, SUITE 3800</u> <u>SEATTLE WA 98101-2605</u> Address of the firm																						
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions <input type="checkbox"/>																						
<b>For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.</b>																						

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>6.60%</u> .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		19,360,240
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.36%</u> .....		1,037,709
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		20,397,949
	<b>d</b> Portion of (c) to be added to prefunding balance .....		500,000
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	500,000

Part III		Funding Percentages	
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	131.17%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	116.44%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	86.37%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

Part IV		Contributions and Liquidity Shortfalls			
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/10/2021	50,000	0			
04/05/2021	75,000	0			
<b>Totals ▶</b>			<b>18(b)</b>	125,000	<b>18(c)</b>
					0

<b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0	
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0	
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	123,795	
<b>20</b> Quarterly contributions and liquidity shortfalls:			
<b>a</b> Did the plan have a "funding shortfall" for the prior year? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>			
<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>			
<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

<b>Part V</b>	<b>Assumptions Used to Determine Funding Target and Target Normal Cost</b>		
<b>21</b>	Discount rate:		
<b>a</b>	Segment rates:	1st segment: 3.32 %	2nd segment: 4.79 %
		3rd segment: 5.47 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b>	Applicable month (enter code) .....		<b>21b</b> 4
<b>22</b>	Weighted average retirement age .....		<b>22</b> 62
<b>23</b>	Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute		
<b>Part VI</b>	<b>Miscellaneous Items</b>		
<b>24</b>	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>25</b>	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>26</b>	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>27</b>	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....		<b>27</b>
<b>Part VII</b>	<b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>		
<b>28</b>	Unpaid minimum required contributions for all prior years .....		<b>28</b> 0
<b>29</b>	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....		<b>29</b> 0
<b>30</b>	Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....		<b>30</b> 0
<b>Part VIII</b>	<b>Minimum Required Contribution For Current Year</b>		
<b>31</b>	Target normal cost and excess assets (see instructions):		
<b>a</b>	Target normal cost (line 6c).....		<b>31a</b> 350,000
<b>b</b>	Excess assets, if applicable, but not greater than line 31a .....		<b>31b</b> 350,000
<b>32</b>	Amortization installments:		
<b>a</b>	Net shortfall amortization installment .....	Outstanding Balance 0	Installment 0
<b>b</b>	Waiver amortization installment .....	0	0
<b>33</b>	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....		<b>33</b>
<b>34</b>	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....		<b>34</b> 0
		Carryover balance	Prefunding balance
<b>35</b>	Balances elected for use to offset funding requirement .....	0	241,737
<b>36</b>	Additional cash requirement (line 34 minus line 35) .....		<b>36</b> 0
<b>37</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....		<b>37</b> 123,795
<b>38</b>	Present value of excess contributions for current year (see instructions)		
<b>a</b>	Total (excess, if any, of line 37 over line 36) .....		<b>38a</b> 123,795
<b>b</b>	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....		<b>38b</b> 0
<b>39</b>	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....		<b>39</b> 0
<b>40</b>	Unpaid minimum required contributions for all years .....		<b>40</b> 0
<b>Part IX</b>	<b>Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)</b>		
<b>41</b>	If an election was made to use PRA 2010 funding relief for this plan:		
<b>a</b>	Schedule elected ..... <input type="checkbox"/> 2 plus 7 years <input checked="" type="checkbox"/> 15 years		
<b>b</b>	Eligible plan year(s) for which the election in line 41a was made ..... <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input checked="" type="checkbox"/> 2011		