

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

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>JOHNSBYRNE COMPANY 401(K) SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/01/1988</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>11/01/1988</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>11/01/1988</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>JOHNS BYRNE COMPANY</u> <u>6701 WEST OAKTON STREET</u> <u>NILES, IL 60714</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>36-2469122</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>847-583-3100</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>323100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>36-2469122</u>	2c Plan Sponsor's telephone number <u>847-583-3100</u>	2d Business code (see instructions) <u>323100</u>	
2b Employer Identification Number (EIN) <u>36-2469122</u>					
2c Plan Sponsor's telephone number <u>847-583-3100</u>					
2d Business code (see instructions) <u>323100</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2022	TIM UCHWAT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	207
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	142
a(2) Total number of active participants at the end of the plan year		6a(2)	140
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	60
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	200
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	200
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	166
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	12
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3B 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan JOHNSBYRNE COMPANY 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 JOHNS BYRNE COMPANY	D Employer Identification Number (EIN) 36-2469122	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CAPITAL GROUP RETIREMENT PLAN SVCS.
82-4555287

(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)

CAPITAL GROUP RETIREMENT PLAN SVCS.

82-4555287

(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?
64 52 60 62 25 49 72 37	RECORDKEEPER	3262	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>JOHNSBYRNE COMPANY 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JOHNS BYRNE COMPANY</u>	D Employer Identification Number (EIN) <u>36-2469122</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2551980	2007060
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	270065	230648
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	22025076	23055921
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	24847121	25293629

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	24847121	25293629
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	290946	
(B) Participants	2a(1)(B)	894453	
(C) Others (including rollovers).....	2a(1)(C)	0	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1185399
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	15347	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		15348
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1545264	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1545264
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		2306762
c Other income.....	2c		23708
d Total income. Add all income amounts in column (b) and enter total.....	2d		5076481
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4613550	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		4613550
f Corrective distributions (see instructions).....	2f		2917
g Certain deemed distributions of participant loans (see instructions).....	2g		10244
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	3262	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		3262
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4629973
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		446508
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: CRAIG & ASSOCIATES, LLC

(2) EIN: 20-0529789

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>JOHNSBYRNE COMPANY 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JOHNS BYRNE COMPANY</u>	D Employer Identification Number (EIN) <u>36-2469122</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>20-3691658</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**JohnsByrne Company 401(k) Savings Plan
Financial Statements and
Independent Auditor's Report
December 31, 2021 and 2020**

JohnsByrne Company 401(k) Savings Plan

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**CRAIG & ASSOCIATES, LLC
3000 Dundee Road, Suite 321
Northbrook, Illinois 60062
(847) 272-0130**

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
JohnsByrne Company 401(k) Savings Plan
Niles, Illinois 60714

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

We have performed an audit of the financial statements of JohnsByrne Company 401(k) Savings 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 statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 10 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

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

- 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.

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

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of JohnsByrne Company 401(k) Savings Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about JohnsByrne Company 401(k) Savings Plan's ability to continue as a going concern for one year from the date of these 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 2021 Financial Statements

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

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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 JohnsByrne Company 401(k) Savings Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about JohnsByrne Company 401(k) Savings Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year), Schedule H, Line 4i – Schedule of Investments (Acquired and Disposed of Within the Plan Year), and Schedule H, Line 4j – 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

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3000 Dundee Road, Suite 321
Northbrook, Illinois 60062
(847) 272-0130

used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agrees to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by Capital Bank and Trust Company and certified to as 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 JohnsByrne Company 401(k) Savings Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated September 30, 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.

Craig & Associates, LLC

Northbrook, Illinois

September 29, 2022

JohnsByrne Company 401(k) Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Cash and cash equivalents	\$ 891	\$ 4,649
Investments at fair value	25,062,090	24,572,407
Receivables:		
Notes receivable from participants	<u>240,935</u>	<u>270,112</u>
Total receivables	<u>240,935</u>	<u>270,112</u>
 Total Assets	 <u>25,303,916</u>	 <u>24,847,168</u>
 LIABILITIES		
Excess contributions payable	<u>12,877</u>	<u>2,362</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 25,291,039</u>	 <u>\$ 24,844,806</u>

JohnsByrne Company 401(k) Savings Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income (net of fair value)	\$ 1,545,265	\$ 599,618
Net appreciation in fair value of investments	2,306,762	3,046,270
Interest income from notes receivable participants	15,343	19,062
Other income	23,708	22,744
Contributions:		
Employers' matching contributions	290,946	309,222
Participants' elective deferrals	881,576	929,443
Participants' rollover contributions	-	83,752
Total contributions	<u>1,172,522</u>	<u>1,322,417</u>
Total additions	5,063,600	5,010,111
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	4,614,105	1,350,399
Plan expenses	<u>3,262</u>	<u>2,438</u>
Total deductions	<u>4,617,367</u>	<u>1,352,837</u>
Net increase (decrease)	446,233	3,657,274
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>24,844,806</u>	<u>21,187,532</u>
End of Year	<u>\$ 25,291,039</u>	<u>\$ 24,844,806</u>

JohnsByrne Company 401(k) Savings Plan
Notes to Financial Statements
December 31, 2021 and 2020

1) Description of Plan

The following description of the JohnsByrne Company (Company) 401(k) Savings Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

a) General:

The Plan is a defined contribution, multiple employer plan, adopted November 1, 1988, covering all employees, except union and non-resident aliens. An employee can enter the Plan on the first day of the month following 30 days of eligible service. Employer matching contributions will start on the first day of the month following six months of eligible service. No service with a predecessor employer is recognized for eligibility purposes.

b) Contributions:

Each year participants may contribute up to the maximum deferral amount allowed. For both plan years ended December 31, 2021 and 2020, the maximum deferral amount was \$19,500. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. For the plan years ended December 31, 2021 and 2020, the maximum catch-up contribution allowed was \$6,500 and \$6,000, respectively. Participants also may contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The rollovers into the Plan for the years ended December 31, 2021 and 2020 were \$ -0- and \$83,752, respectively.

Company 401(k) contributions and matching contributions are discretionary. In addition, the Company may annually contribute a discretionary profit sharing contribution to the participants' accounts. Contributions are subject to certain limitations. For the plan years ended December 31, 2021 and 2020, the Company made matching 401(k) contributions to the Plan of \$290,946 and \$309,222 respectively. The Company made no discretionary profit sharing contributions for the plan years ended December 31, 2021 and 2020.

c) Participants' Accounts:

Each participant's account is credited with any applicable 401(k) contributions as well as the allocation of (a) the Company's profit sharing contribution, (b) plan earnings or losses, and (c) forfeitures. Allocations are based on participant earnings (wages) or account balances, as defined, respectively. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

d) Vesting:

Participants' voluntary 401(k) contributions are immediately vested. With regard to profit sharing contributions, participants are vested in their individual accounts at 20%, 40%, 60%, 80% and 100% after 1, 2, 3, 4, 5 years of service, respectively. To earn a year of service a participant must be credited with at least 1,000 hours of service during a plan year. Participants are 100% vested after 5 years of credited service. Participants are 100% vested immediately in their rollover accounts.

JohnsByrne Company 401(k) Savings Plan
Notes to Financial Statements
December 31, 2021 and 2020

1) Description of Plan (continued)

e) Payment of Benefits:

Benefit payments or withdrawals may be made for any of the following circumstances: normal retirement upon reaching age 65; total disability; employee death; hardship and termination of service. On the required payment date, benefits will be paid as either a lump sum equal to the value of the participant's account or through the payment of equal or substantially equal installments paid not less than annually over a period not to exceed the participant's life expectancy (joint life expectancy for joint life spousal election).

f) Forfeited Accounts:

At December 31, 2021 and 2020, forfeited nonvested accounts totaled \$891 and \$4,649, respectively. \$3,276 of the 2020 total represents unclaimed property from a voided stale dated participant distribution check. This check was re-issued during 2021. The effect of this transaction is reflected in other income. The forfeiture account can be used to pay expenses of the Plan or to reduce future employer contributions. In 2021 and 2020, Plan expenses were reduced by \$ -0- and \$ -0-, respectively and employer contributions were reduced by \$4,443 and \$ 4,989, respectively from forfeited nonvested accounts.

g) Participants' Loans:

Participants may borrow from their fund accounts a minimum of \$1,000, up to a maximum of \$50,000 or fifty percent of their account balance, whichever is less. The loans are secured by the balance in the participant's account and will bear interest at the prevailing rate as determined by the Plan Administrator.

h) Plan Amendments:

- The Plan was originally put into place November 1, 1988.
- Effective August 1, 2015, the Company restated its Plan for the Pension Protection Act of 2006 (PPA) and other legislative and regulatory changes.
- Effective January 1, 2020, a Plan amendment was added stating that participants that take a hardship distribution are no longer required to stop their 401(k) deferrals for any length of time.
- During 2020, CARES Act provisions were administered by the Plan although the Plan document has not yet been amended. These provisions include permission for participants to withdraw up to \$100,000 from the Plan for coronavirus-related distributions without being subject to the 10% early distribution penalty and for that distribution to be repaid to the Plan over a 3 year period and temporary suspension of required minimum distribution requirements. It also included an option for participants to extend their loan repayment periods to provide relief.
- The Plan was restated June 10, 2021 to bring it into compliance for the "Cycle 3 Restatement" to be in compliance with the 2017 Cumulative List (Notice 2017-37).

i) Investment Options:

- Upon enrollment in the Plan, a participant may direct employee and employer contributions into any of the investment options offered by the Plan.

2) Summary of Significant Accounting Policies

a) Basis of Presentation:

The accompanying financial statements are prepared on an accrual basis of accounting in accordance with generally accepted accounting principles.

JohnsByrne Company 401(k) Savings Plan
Notes to Financial Statements
December 31, 2021 and 2020

2) Summary of Significant Accounting Policies (continued)

b) Investment Valuation and Income Recognition:

Investments in stocks, bonds and notes are recorded at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments purchased and sold as well as held during the year.

Capital Bank and Trust Company has reported the investments and changes therein of the trust fund to the Plan as having been determined through the use of fair values for all assets of the trust fund (See Exhibit I). See Note 7 for a discussion of fair value measurements.

Plan asset rebate credits are recorded as other income upon receipt.

c) Estimates:

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

d) Notes Receivable from Participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. A loan will be in default on the last day of the calendar year following the year in which a payment was last made. On that day, the loan will be deemed distributed and treated as a taxable distribution from the Plan but the loan balance will not change on the Plan's books. The loan will continue to accrue interest until either the loan is repaid or until a separation event occurs.

e) Excess Contributions Payable:

Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2021 and 2020 excess contributions to the applicable participants prior to March 15, 2022 and 2021, respectively.

f) Payment of Benefits:

Benefits are recorded when paid.

g) Disclosure of Subsequent Events:

The Plan has adopted ASC Topic 855, *Subsequent Events*. In accordance with ASC 855, subsequent events were evaluated through the report date, the date these financial statements were available to be issued. There were no other material events that required recognition or additional disclosures in these financial statements.

JohnsByrne Company 401(k) Savings Plan
Notes to Financial Statements
December 31, 2021 and 2020

3) Tax Status of the Plan

The Company adopted the Capital Group Retirement Plan Services Defined Contribution Pre-Approved Plan. This prototype plan received a favorable opinion letter from the Internal Revenue Service, dated June 30, 2020, qualifying the Plan under the provisions stated in Section 401(a) of the Internal Revenue Code and for exemption of income taxes on the earnings of the trust fund under Section 501(a) of the Internal Revenue Code.

US GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2018.

The Plan's Trustee has confirmed that the Plan is up-to-date and has implemented all required changes to the Plan as of December 31, 2021.

4) Trustee and Investment Manager

Capital Bank and Trust Company was appointed to serve as the Directed Trustee of the Plan, effective January 1, 2013. With regard to the 401(k), investment activities are at the discretion of the participants based upon those investments made available under the Plan.

5) Plan Termination

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

6) Transactions Required to be Reported

ERISA requires that transactions or aggregates of transactions with respect to Plan assets when the amount of the transaction or aggregate of transactions exceeding 5% of the fair value of Plan assets at the beginning of the Plan year be separately disclosed. Such transactions are shown in Exhibit III. There were no transactions required to be reported for 2021 and 2020 as all transactions were participant driven and not required to be reported.

7) Fair Value Measurements

ASU 2015-12, Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965): Part (I) Fully Benefit-Responsive Investment Contracts, Part (II) Plan Investment Disclosures, Part (III) Measurement Date Practical Expedient. This three-part standard simplifies employee benefit plan reporting with respect to fully benefit-responsive investment contracts and plan investment disclosures, and provides for a measurement-date practical expedient. Parts I and III do not apply to this plan.

JohnsByrne Company 401(k) Savings Plan
Notes to Financial Statements
December 31, 2021 and 2020

7) Fair Value Measurements (continued)

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy under Topic 820 are described as follows:

Level 1 Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

Level 2 Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- a. Quoted prices for similar assets or liabilities in active markets
- b. Quoted prices for identical or similar assets or liabilities in inactive markets
- c. Inputs other than quoted prices that are observable for the asset or liability
- d. 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 that are unobservable inputs for the asset or liability.

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

1. Common stocks. Valued at the closing price reported on the active market on which the individual securities are traded.
2. Self-directed brokerage accounts. Accounts primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices.
3. Corporate bonds. Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing the value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, those corporate bonds are valued under a discounted cash flow approach that maximizes observable inputs, such as current yields or similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks. Valued at the daily closing price as reported by the fund.
4. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

JohnsByrne Company 401(k) Savings Plan
Notes to Financial Statements
December 31, 2021 and 2020

7) Fair Value Measurements (continued)

5. Stable value collective trust fund. A stable value fund that is composed primarily of fully benefit-responsive investment contracts that are valued at the net asset value of units of the bank collective trust. The net asset value is used as a practical expedient to estimate fair value. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value. Participant transactions (purchases and sales) may occur daily. If the Plan initiates a full redemption of the collective trust, the issuer reserves the right to require 12 months' notification in order to ensure that securities liquidations will be carried out in an orderly business manner.
6. U.S. government securities. Valued using pricing models maximizing the use of observable inputs for similar securities.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021, and 2020. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

As of December 31, 2021 and 2020, the Plan's investments measured at fair value on a recurring basis were as follows:

Investment Assets at Fair Value at December 31, 2021				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 25,062,981	-	-	\$ 25,062,981
Investments at Fair Value	<u>\$ 25,062,981</u>	<u>-</u>	<u>-</u>	<u>\$ 25,062,981</u>
Investment Assets at Fair Value at December 31, 2020				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 24,577,056	-	-	\$ 24,577,056
Investments at Fair Value	<u>\$ 24,577,056</u>	<u>-</u>	<u>-</u>	<u>\$ 24,577,056</u>

For years ended December 31, 2021 and 2020, there were no transfers between Levels 1, 2 or 3.

8) Administrative costs

Certain expenses incurred maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Investment-related expenses are included in net appreciation of fair value of investments.

JohnsByrne Company 401(k) Savings Plan
Notes to Financial Statements
December 31, 2021 and 2020

9) Information Certified by Trustee

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2021 and 2020, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by Capital Bank and Trust Company (the directed trustee of the Plan).

10) Information Prepared and Certified by Trustee

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete and accurate by the Trustee. The amounts are reported on the cash basis except for participant loans which includes accrued interest.

	<u>2021</u>	<u>2020</u>
Investments at fair value		
Mutual funds	\$ 25,062,090	\$ 24,572,407
Notes receivable - participants' loans	240,935	270,112
Investment income/(loss)	1,545,265	599,618
Net appreciation in fair value of investments	2,306,762	3,046,270
Interest income - notes receivable - participant loans	15,343	19,062

11) Reconciliation of Financial Statements to Schedule H Form 5500

The following are the reconciliations of the participant loan balances, excess contributions payable and the Net Assets Available For Benefits on the financial statements to the Schedule H Form 5500.

	<u>2021</u>	<u>2020</u>
Participant loans per the financial statements	\$ 240,935	\$ 270,112
Deemed loan distribution at December 31, 2021 and 2020	<u>(10,287)</u>	<u>(47)</u>
Participant loans per the 5500	<u>\$ 230,648</u>	<u>\$ 270,065</u>
	<u>2021</u>	<u>2020</u>
Excess contributions payable per financial statements	\$ 12,877	\$ 2,362
Less: Corrective distributions payable at December 31, 2021 and 2020	<u>(12,877)</u>	<u>(2,362)</u>
Excess contributions payable per 5500	<u>\$ -</u>	<u>\$ -</u>

JohnsByrne Company 401(k) Savings Plan
Notes to Financial Statements
December 31, 2021 and 2020

11) Reconciliation of Financial Statements to Schedule H Form 5500 (continued)

	<u>2021</u>	<u>2020</u>
Net assets available for plan benefits per financial statements	\$ 25,291,039	\$ 24,844,806
Excess contributions payable at December 31, and 2020	12,877	2,362
Deemed loan distribution at December 31, 2021 and 2020	<u>(10,287)</u>	<u>(47)</u>
Net assets available for plan benefits per form 5500	\$ <u>25,293,629</u>	\$ <u>24,847,121</u>

The following is a reconciliation of the Additions to Net Assets per the financial statements for the years ended December 31, 2021 and 2020 and Schedule H Form 5500.

	<u>2021</u>	<u>2020</u>
Participant loan interest per financial statements	\$ 15,343	\$ 19,062
Add: Distributed interest in deemed distribution at December 31, 2021 and 2020	<u>4</u>	<u>74</u>
Participant loan interest per Form 5500	\$ <u>15,347</u>	\$ <u>19,136</u>

	<u>2021</u>	<u>2020</u>
Employee contributions per the financial statements	\$ 881,576	\$ 929,443
Add: Corrective distributions payable at December 31, 2021 and 2020	<u>12,877</u>	<u>2,362</u>
Employee contributions per 5500	\$ <u>894,453</u>	\$ <u>931,805</u>

JohnsByrne Company 401(k) Savings Plan
Notes to Financial Statements
December 31, 2021 and 2020

11) Reconciliation of Financial Statements to Schedule H Form 5500 (continued)

The following is a reconciliation of the Deductions From Net Assets per the financial statements for the years ended December 31, 2021 and 2020 and Schedule H Form 5500.

	<u>2021</u>	<u>2020</u>
Benefits paid to participants per financial statements	\$ 4,614,105	\$ 1,350,399
Less: Distribution of prior year deemed distributed recognized for GAAP at December 2021 and	-	(2,487)
Add: Current year deemed loan distribution not recognized for GAAP at December 31, 2021 and	10,244	-
Add: Prior year excess contributions distributed by December 31, 2021 and 2020	2,362	-
Less: Corrective distributions per 5500	(2,917)	-
Less: Deemed distribution of loans per 5500	<u>(10,244)</u>	<u>-</u>
Benefits paid to participants per 5500	<u>\$ 4,613,550</u>	<u>\$ 1,347,912</u>

12) Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits. This level of risk has increased during the current COVID-19 coronavirus pandemic.

13) Contingencies

On March 11, 2020, the World Health Organization declared the outbreak of a coronavirus (COVID-19) as a pandemic and into 2021 and 2022 outbreaks of multiple variants have occurred. As a result of the spread of the COVID-19 coronavirus, economic uncertainties have arisen which are likely to negatively impact net income. Other financial impact could occur though such potential impact is unknown at this time.

14) Reclassifications

Reclassifications have been made to the prior year balances to conform to the current year presentation. Such reclassifications were made for comparative purposes only, and do not restate the prior year financial statements.

Supplementary Information

(a) (*) Party in Interest	(b) Identity of Borrower	(c) Face Value or Number of Shares	(d) Description of Assets	(e) Interest Rate	(f) Cost of Assets	(g) Current Value
			THE GROWTH FUND OF AMERICA - CL R4		2,924,171	4,686,783
			FRANKLIN RISING DIVIDEND A		2,139,366	3,834,062
			AMERICAN FUNDS US GOV'T MONEY MARKET R4		2,006,169	2,006,169
			EUROPACIFIC GROWTH FUND - CL R4		1,033,883	1,326,645
			FUNDAMENTAL INVESTORS - CL R4		1,355,166	1,843,589
			MSF VALUE - CL R3		1,096,762	1,363,141
			CAPITAL WORLD GROWTH INCOME CL R4		1,066,163	1,492,130
			CLEARBRIDGE LARGE CAP GROWTH A		1,244,655	1,536,983
			AMERICAN FUNDS 2040 TARGET DATE CL R4		973,121	1,266,347
			AMG GW&K SMALL CAP EQ INVESTOR		690,298	884,451
			AMERICAN FUNDS 2020 TARGET DATE CL R4		560,009	653,237
			AMERICAN FUNDS 2050 TARGET DATE CL R4		418,739	577,945
			AMERICAN FUNDS 2025 TARGET DATE CL R4		636,610	720,146
			AMERICAN FUNDS 2035 TARGET DATE CL R4		311,698	415,235
			AMERICAN FUNDS 2030 TARGET DATE CL R4		511,852	605,554
			AMERICAN FUNDS 2055 TARGET DATE CL R4		418,426	573,183
			INVESCO OPPENHEIMER DEVELOPING MARKETS A		163,542	186,606
			COLUMBIA SELECT MID CAP VALUE A		198,151	233,335
			AMERICAN FUNDS 2045 TARGET DATE CL R4		110,404	141,979
			NEW WORLD FUND R4		93,563	124,908
			AMERICAN FUNDS 2060 TARGET DATE CL R4		48,462	67,325
			ISHARES S&P 500 INDEX A		54,833	74,366
			AMERICAN FUNDS 2015 TARGET DATE CL R4		18,737	23,809
			AMERICAN FUNDS 2010 TARGET DATE CL R4		23,128	25,566
			FEDERATED HERMES HIGH YIELD BOND TRUST SS		62,548	64,034
			INVESCO ASIA PACIFIC GROWTH A		11,542	11,087
			USAA INTERMEDIATE TERM BOND A		314,482	303,492
			NEUBERGER BERMAN REAL ESTATE A		15,263	19,983
					<u>\$ 18,501,743</u>	<u>\$ 25,062,090</u>
*	Participant Notes Receivable			5.25% - 7.50%	-	230,648
		Forfeitures			891	891

See auditors' report and notes to financial statements.

JohnsByrne Company 401(k) Savings Plan
Form 5500, FEIN 36-2469122, Plan 002
Schedule H Line 4i - Schedule of Assets (Acquired and Disposed of Within the Plan Year)
Year Ended December 31, 2021
EXHIBIT II

(a)	(b)	(c)	(d)
<u>Identity of Issue</u>	<u>Description of Investment with Maturity Date, Rate of Interest</u>	<u>Cost of Acquisition</u>	<u>Proceeds of Disposition</u>

NONE

**All assets acquired and disposed of within the Plan's year are interests issued by a company registered under the Investment Company Act of 1940. Therefore, no transactions are required to be reported.

See auditors' report and notes to financial statements.

JohnsByrne Company 401(k) Savings Plan
Form 5500, FEIN 36-2469122, Plan 002
Schedule H Line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2021
EXHIBIT III

(a)	(b)	(c)	(d)	(g)	(i)
<u>Identity of Party Involved</u>	<u>Description of Assets</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Net Gains (Loss)</u>

-NONE-

**All transactions are participant-directed transactions.

See auditors' report and notes to the financial statement

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

JohnsByrne Company 401(k) Savings Plan

01-JAN-21 to 31-DEC-21

04-JAN-22 13:20:15

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1REREX			1,033,883.09	1,326,645.24
1RGAEX			2,924,171.05	4,686,783.11
1RNWEX			93,563.00	124,908.30
1NATMCV			198,150.86	233,334.95
1GWETX			690,298.20	884,450.75
1ASIAx			11,541.89	11,086.61
1SBLGX			1,244,655.07	1,536,983.45
1NREAX			15,263.12	19,983.15
1ODMAX			163,541.90	186,606.18
1RWIEX			1,066,163.58	1,492,129.71
1RFNEX			1,355,165.63	1,843,589.27
1BSPAX			54,832.80	74,365.50
1FRDPX			2,139,366.47	3,834,062.01
1MEIHX			1,096,762.36	1,363,140.92
1FE-HYI			62,547.72	64,034.35
1UITBX			314,482.13	303,492.22
1RADXX			2,006,169.06	2,006,169.06
1RDATX			23,128.04	25,566.22
1RDBTX			18,737.25	23,809.21
1RDCTX			560,009.54	653,237.21
1RDDTX			636,609.89	720,146.08
1RDETX			511,851.73	605,553.46
1RDFTX			311,697.83	415,235.33
1RDGTX			973,120.60	1,266,346.98
1RDHTX			110,403.56	141,979.39
1RDITX			418,738.73	577,944.51
1RDJTX			418,425.51	573,182.60
1RDKTX			48,462.15	67,324.56
			18,501,742.76	25,062,090.33
PARTICIPANT LOANS	VARIOUS	5.250-7.500	230,562.40	230,647.80
FORFEITURES			891.28	891.28

Attachment to Form 5500, Schedule H, Part 4, Item I

EIN # 362469122

SCHEDULE OF ASSETS (HELD AT END OF YEAR)**JohnsByrne Company 401(k) Savings Plan****01-JAN-21 to 31-DEC-21****04-JAN-22 13:20:15**

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1REREX American Funds EuroPacific Gr R4
 1RNWEX American Funds New World Fund R4
 1GWETX AMG GW&K Small Cap Core N
 1SBLGX ClearBridge Large Cap Growth A
 1ODMAX Invesco Developing Markets A
 1RFNEX American Funds Fundamental Investors R4
 1FRDPX Franklin Rising Dividends A
 1FE-HYI Federated Hermes Opportnstc Hi-Yld Bd SS
 1RADXX American Funds US Govt Money Market R4
 1RDBTX American Funds 2015 Target Date Fund R4
 1RDDTX American Funds 2025 Target Date Fund R4
 1RDFTX American Funds 2035 Target Date Fund R4
 1RDHTX American Funds 2045 Target Date Fund R4
 1RDJTX American Funds 2055 Target Date Fund R4

1RGAEX American Funds Growth Fund of Amer R4
 1NATMCV Columbia Select Mid Cap Value A
 1ASIAH INVESCO Asia Pacific Growth A
 1NREAX Neuberger Berman Real Estate A
 1RWIEH American Funds Capital World G/I R4
 1BSPAX iShares S&P 500 Index A
 1MEIHX MFS Value R3
 1UITBX USAA Intermediate Term Bond A
 1RDATX American Funds 2010 Target Date Fund R4
 1RDCTX American Funds 2020 Target Date Fund R4
 1RDETX American Funds 2030 Target Date Fund R4
 1RDGTX American Funds 2040 Target Date Fund R4
 1RDITX American Funds 2050 Target Date Fund R4
 1RDKTX American Funds 2060 Target Date Fund R4

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year