

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><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: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> a multiemployer plan         </div> <div> <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.)         </div> </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> a single-employer plan         <div style="margin-left: 100px;"><input type="checkbox"/> a DFE (specify) _____</div> </div> |
| <b>B</b>                                                                                                 | This return/report is: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> the first return/report<br/> <input type="checkbox"/> an amended return/report         </div> <div> <input type="checkbox"/> the final return/report<br/> <input type="checkbox"/> a short plan year return/report (less than 12 months)         </div> </div>                                                                                                                                                                                     |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. . . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>D</b>                                                                                                 | Check box if filing under: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input checked="" type="checkbox"/> Form 5558<br/> <input type="checkbox"/> special extension (enter description)         </div> <div> <input type="checkbox"/> automatic extension         </div> <div> <input type="checkbox"/> the DFVC program         </div> </div>                                                                                                                                                                                                |
| <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<br><u>RETIREMENT INCOME PLAN FOR EMPLOYEES OF SAE INTERNATIONAL</u>                                                                                                                                                                                                                                                                         |
| <b>1b</b>      | Three-digit plan number (PN) ▶ <u>001</u>                                                                                                                                                                                                                                                                                                                |
| <b>1c</b>      | Effective date of plan<br><u>01/01/1945</u>                                                                                                                                                                                                                                                                                                              |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>SAE INTERNATIONAL</u><br><br><u>400 COMMONWEALTH DRIVE</u><br><u>WARRENDALE, PA 15096-0001</u> |
| <b>2b</b>      | Employer Identification Number (EIN)<br><u>25-1494402</u>                                                                                                                                                                                                                                                                                                |
| <b>2c</b>      | Plan Sponsor's telephone number<br><u>724-776-4841</u>                                                                                                                                                                                                                                                                                                   |
| <b>2d</b>      | Business code (see instructions)<br><u>541990</u>                                                                                                                                                                                                                                                                                                        |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/14/2022 | MELINDA ROMBOLD                                              |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/14/2022 | MELINDA ROMBOLD                                              |
|                  | 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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>5</b> 428                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <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> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year.....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div><br><b>6a(1)</b> 90<br><b>6a(2)</b> 90<br><b>6b</b> 126<br><b>6c</b> 185<br><b>6d</b> 401<br><b>6e</b> 14<br><b>6f</b> 415<br><b>6g</b> 0<br><b>6h</b> 0                                                                                                                                                                                                                                                                                                                                          |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 1I 3H<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                       |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <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 \_\_\_\_\_

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection</div> |
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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<br>RETIREMENT INCOME PLAN FOR EMPLOYEES OF SAE INTERNATIONAL                | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SAE INTERNATIONAL                | D Employer Identification Number (EIN)<br>25-1494402 |

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

1 Coverage Information:

(a) Name of insurance carrier  
PRINCIPAL LIFE INSURANCE COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 42-0127290 | 61271         | 812846                                | 0                                                                           | 01/01/2021              | 12/31/2021 |

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

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0                                    | 0                             |

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

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

|          |                                                                                               |          |                |
|----------|-----------------------------------------------------------------------------------------------|----------|----------------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | <b>0</b>       |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | <b>1371887</b> |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier .....**6b****c** Premiums due but unpaid at the end of the year .....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....**6d**

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year .....**7b****c** Additions: (1) Contributions deposited during the year .....**7c(1)**

(2) Dividends and credits.....

**7c(2)**

(3) Interest credited during the year.....

**7c(3)**

(4) Transferred from separate account.....

**7c(4)**

(5) Other (specify below) .....

**7c(5)**

▶

(6) Total additions .....

**7c(6)****d** Total of balance and additions (add lines **7b** and **7c(6)**) .....**7d****e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

**7e(1)**

(2) Administration charge made by carrier.....

**7e(2)**

(3) Transferred to separate account.....

**7e(3)**

(4) Other (specify below) .....

**7e(4)**

▶

(5) Total deductions .....

**7e(5)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) .....**7f****0**

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><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<br><u>RETIREMENT INCOME PLAN FOR EMPLOYEES OF SAE INTERNATIONAL</u>                                                 | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>SAE INTERNATIONAL</u>                                      | <b>D</b> Employer Identification Number (EIN)<br><u>25-1494402</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 type="checkbox"/> 101-500 <input checked="" 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>74094690</u>                                                                                                |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> <u>67727079</u>                                                                                                |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            |                                                                                                                          |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | (1) Number of participants <u>242</u> (2) Vested Funding Target <u>38223129</u> (3) Total Funding Target <u>38223129</u> |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | <u>197</u> <u>17261923</u> <u>17261923</u>                                                                               |
| <b>c</b> For active participants .....                                                                                                                                                                         | <u>93</u> <u>15248339</u> <u>15248339</u>                                                                                |
| <b>d</b> Total.....                                                                                                                                                                                            | <u>532</u> <u>70733391</u> <u>70733391</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>5.62</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>35000</u>                                                                                                   |
| <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                       | <b>6c</b> <u>35000</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>09/21/2022</u>                      |
| Signature of actuary                                   |  | Date                                   |
| <u>MICHAEL E. CLARK</u>                                |  | <u>20-06659</u>                        |
| Type or print name of actuary                          |  | Most recent enrollment number          |
| <u>PRINCIPAL FINANCIAL GROUP</u>                       |  | <u>412-394-9383</u>                    |
| Firm name                                              |  | Telephone number (including area code) |
| <u>PO BOX 9394</u><br><u>DES MOINES, IA 50306-9394</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) .....                                                             | 0                     | 85913                  |
| <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                     | 85913                  |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>14.94</u> % .....                                                                                | 0                     | 12835                  |
| <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) .....                                                                                      |                       | 282341                 |
| <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>5.43</u> % ..... |                       | 15331                  |
| <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 .....                                                                        |                       | 297672                 |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <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                     | 98748                  |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 95.61 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 95.61 % |
| <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> | 87.82 % |
| <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<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 04/07/2021               | 500000                            | 0                               |                          |                                   |                                 |
| 04/23/2021               | 2500000                           | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 3000000                           | <b>18(c)</b> 0                  |

**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> | 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> | 2951267 |

**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:<br>4.75 % | 2nd segment:<br>5.36 % | 3rd segment:<br>6.11 % | <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> 63                                        |
| <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 type="checkbox"/> Yes <input checked="" 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> | 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 |

**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>          | 35000              |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 3105060             | 289521             |               |
| <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>           | 324521             |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 324521             |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 2951267            |               |
| <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>          | 2626746            |               |
| <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                  |               |

**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 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 type="checkbox"/> 2011 |

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

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021 |                                                             |     |
| <b>A</b> Name of plan<br>RETIREMENT INCOME PLAN FOR EMPLOYEES OF SAE INTERNATIONAL         | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>SAE INTERNATIONAL         | <b>D</b> Employer Identification Number (EIN)<br>25-1494402 |     |

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

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

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

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

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| PRINCIPAL LIFE INSURANCE COMPANY                                                                                  |
| 42-0127290                                                                                                        |

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

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

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

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

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

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

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

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

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

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

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**(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)

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

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

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

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <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:



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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u> |                                                                    |            |
| <b>A</b> Name of plan<br><u>RETIREMENT INCOME PLAN FOR EMPLOYEES OF SAE INTERNATIONAL</u>                | <b>B</b> Three-digit plan number (PN) ►                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>SAE INTERNATIONAL</u>                | <b>D</b> Employer Identification Number (EIN)<br><u>25-1494402</u> |            |

| 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>             |                  |
| <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>          | 1314110825       |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                  |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(1)</b>          | 920044903951     |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(2)</b>          |                  |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                  |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(A)</b>       |                  |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1c(3)(B)</b>       | 5584369460732384 |
| <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>       | 1612269614277538 |
| <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>         | 11951151371887   |
| <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>         |                  |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (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>    | 74094690              | 77296585        |

**Liabilities**

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

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 74094690 | 77296585 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 3000000    |           |
| <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>    |            | 3000000   |
| <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> | 44471      |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> |            |           |
| <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> |            | 44471     |
| (2) Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 1383339    |           |
| <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> |            | 1383339   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 8758901    |           |
| <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> |            | 8758901   |
| (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> | -1845158   |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            | -1845158  |

|                                                                                                |        | (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)  |            | -1263     |
| (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     |            | 11340290  |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 3385892    |           |
| (2) To insurance carriers for the provision of benefits.....                                   | 2e(2)  |            |           |
| (3) Other.....                                                                                 | 2e(3)  | 4436072    |           |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                                   | 2e(4)  |            | 7821964   |
| 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)  | 316431     |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  |            |           |
| (4) Other.....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 316431    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 8138395   |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 3201895   |
| 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: BDO USA, LLP

(2) EIN: 13-5381590

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                   |                    | 5000000 |
| <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.                                                                                                                                 |                     |                    |         |
| <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<br>If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>433858</u> . |                     |                    |         |

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

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

|                                                                                    |                                                             |
|------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>RETIREMENT INCOME PLAN FOR EMPLOYEES OF SAE INTERNATIONAL | <b>B</b> Three-digit plan number (PN) ►<br>001              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>SAE INTERNATIONAL | <b>D</b> Employer Identification Number (EIN)<br>25-1494402 |

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

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

|                                                                                                                                                                                                                                                             |          |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                       | <b>1</b> | 0 |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 42-0127290 |          |   |
| 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> | 0 |

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

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

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

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

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

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

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

Schedule R (Form 5500) 2021  
v. 201209

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

**14a**

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

**14b**

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

**14c**

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

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

**15a**

**b** The corresponding number for the second preceding plan year .....

**15b**

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

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

**16a**

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

**16b**

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

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

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

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

**a** Enter the percentage of plan assets held as:

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

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

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

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

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation \_\_\_\_\_



# **Retirement Income Plan for the Employees of SAE International**

**Financial Statements  
(and supplementary information)**

**As of December 31, 2021 and 2020 and  
for the Years Ended December 31, 2021 and 2020**

# Retirement Income Plan for the Employees of SAE International

## Contents

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## **Independent Auditor's Report**

To the Trustees  
Retirement Income Plan for the Employees of SAE International  
Warrendale, Pennsylvania

### ***Opinion***

We have audited the financial statements of the Retirement Income Plan for the Employees of SAE International (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA). The financial statements comprise the statements of net assets available for plan benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for plan benefits as of December 31, 2021 and 2020, and the changes in its net assets available for plan benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America (GAAP).

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

We conducted our audits 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 the 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 audit opinion.

### ***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.

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

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for 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***

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

In performing an audit in accordance with GAAS, we:

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

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.



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

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule of Assets (Held at End of Year), Schedule of Assets (Acquired and Disposed of During Year), and Schedule of Reportable Transactions 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 has been subjected to the auditing procedures applied in the audits 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying supplemental schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*BDO USA, LLP*

Pittsburgh, Pennsylvania

September 30, 2022

# Retirement Income Plan for the Employees of SAE International

## Statements of Net Assets Available for Plan Benefits

---

| <i>December 31,</i>                           | <b>2021</b>          | <b>2020</b>          |
|-----------------------------------------------|----------------------|----------------------|
| <b>Assets</b>                                 |                      |                      |
| Interest receivable                           | \$ 10,825            | \$ 13,141            |
| Investments - at fair value - Note 4          | <b>77,285,760</b>    | <b>74,081,549</b>    |
| <b>Net Assets Available for Plan Benefits</b> | <b>\$ 77,296,585</b> | <b>\$ 74,094,690</b> |

*See accompanying notes to the financial statements.*

# Retirement Income Plan for the Employees of SAE International

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

| <i>For the Years Ended December 31,</i>                           | <b>2021</b>          | <b>2020</b>          |
|-------------------------------------------------------------------|----------------------|----------------------|
| <b>Additions</b>                                                  |                      |                      |
| <b>Investment Income</b>                                          |                      |                      |
| Interest and dividends                                            | \$ 1,426,547         | \$ 1,256,963         |
| Net appreciation in fair value of investments                     | 6,913,743            | 8,707,577            |
| <b>Total Investment Income</b>                                    | <b>8,340,290</b>     | <b>9,964,540</b>     |
| <b>Employer Contributions</b>                                     | <b>3,000,000</b>     | <b>2,300,000</b>     |
| <b>Total Additions</b>                                            | <b>11,340,290</b>    | <b>12,264,540</b>    |
| <b>Deductions</b>                                                 |                      |                      |
| Benefits paid to participants                                     | 3,385,892            | 3,161,920            |
| Purchase of annuities (Note 7)                                    | 4,436,072            | -                    |
| Administrative fees and expenses                                  | 316,431              | 265,371              |
| <b>Total Deductions</b>                                           | <b>8,138,395</b>     | <b>3,427,291</b>     |
| <b>Net Increase in Net Assets Available for Plan Benefits</b>     | <b>3,201,895</b>     | <b>8,837,249</b>     |
| <b>Net Assets Available for Plan Benefits - beginning of year</b> | <b>74,094,690</b>    | <b>65,257,441</b>    |
| <b>Net Assets Available for Plan Benefits - end of year</b>       | <b>\$ 77,296,585</b> | <b>\$ 74,094,690</b> |

*See accompanying notes to the financial statements.*

# Retirement Income Plan for the Employees of SAE International

## Notes to the Financial Statements

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### 1. Description of the Plan

The following description of the Retirement Income Plan for the Employees of SAE International (the Plan) is provided for general information purposes only. Participants should refer to the plan document for a complete description of the Plan's provisions.

#### *General*

The Plan is a noncontributory, defined benefit pension plan that covers certain employees of SAE International (SAE) and The Performance Review Institute, Inc. (PRI). Effective January 1, 2018, all the employees of SAE and PRI became employees of Thorn Hill, LLC (an affiliated company).

Effective January 1, 2008, the Plan was amended to freeze participation to those employees hired on or before December 31, 2007. Effective December 31, 2017, the Plan was amended to provide that all benefits ceased to accrue, and the Plan was frozen. Compensation was determined as if participants had severed from service on that date. Accordingly, each participant's average monthly compensation for future benefit payments was calculated as of that date.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

#### *Benefits*

Participants with five years of continuous service, as defined by the Plan, are entitled to a vested monthly pension benefit beginning at the normal retirement age of 65. The Plan also has provisions for early retirement upon reaching the age of 55 and completion of 10 years of service. Upon retirement, benefits under the Plan are determined based on a formula as defined in the plan document.

Benefits are payable in the form of a single life annuity, joint and survivor annuities, or other optional forms. Participants with vested plan benefits less than \$1,000 receive a lump-sum distribution at the time employment terminates.

#### *Funding Policy*

Contributions to provide benefits under the Plan are made solely by SAE and PRI. SAE and PRI's funding policy is to make cash contributions to the Plan in amounts computed by the Plan's actuary using actuarial assumptions designed to provide sufficient funds to pay benefits as they become payable under the Plan. SAE met the minimum funding requirements of ERISA for the years ended December 31, 2021 and 2020.

#### *Plan Termination*

Although it has not expressed any intention to do so, SAE has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for the payment of benefits to the participants in an order of priority determined in accordance with ERISA regulations and the plan document.

# Retirement Income Plan for the Employees of SAE International

## Notes to the Financial Statements (Continued)

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### 1. Description of the Plan (Continued)

#### *Plan Termination (Continued)*

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

In the event of plan termination, payment and distribution of benefits would be dependent upon the sufficiency of the Plan's assets in relation to the benefits owed to the plan participants. Distributions ultimately realized by the plan participants and their beneficiaries would be determined by priority levels established by PBGC and ERISA guidelines in accordance with the underlying benefit guarantees provided by the PBGC.

### 2. Summary of Significant Accounting Policies

#### *Basis of Accounting*

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

#### *Use of Estimates*

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

#### *Investment Valuation, Income Recognition*

Fair value is defined as the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at a measurement date. When determining the fair value measurements for assets and liabilities required to be recorded at fair value, the Plan considers the principal or most advantageous market in which it would transact and considers the assumptions that market participants would use when pricing the asset or liability.

The three levels of inputs that may be used to measure fair value are as follows:

*Level 1* - Observable inputs such as quoted prices in active markets for identical investments that the Plan has the ability to access.

# Retirement Income Plan for the Employees of SAE International

## Notes to the Financial Statements (Continued)

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### 2. Summary of Significant Accounting Policies (Continued)

#### *Investment Valuation, Income Recognition (Continued)*

*Level 2* - Inputs include:

- 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 in active markets, that are observable either directly or indirectly;
- d. Inputs that are derived principally from, or corroborated by, observable market data by correlation or other means.

*Level 3* - Unobservable inputs in which there is little or no market activity for the asset or liability, which require the reporting entity to develop its own estimates and assumptions relating to the pricing of the asset or liability including assumptions regarding risk.

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

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

Common stocks, preferred stocks, mutual funds and exchange traded funds are valued at the closing price reported on the active markets on which the individual securities are traded and are classified within Level 1 of the fair value hierarchy.

Corporate bonds and international bonds are valued based on current yields available on comparable securities of issuers with similar credit ratings and are classified within Level 2 of the fair value hierarchy. Corporate bonds and international bonds which are valued at the closing price reported on active markets on which individual securities are traded are classified within Level 1 of the fair value hierarchy.

The PIMCO BRAVO Fund II Special Onshore Feeder Limited Partnership (Limited Partnership) invests in the PIMCO BRAVO Fund II, L.P. (Master Fund). The Limited Partnership's investment in the Master fund is reported at fair value and represents the holdings in the Master Fund. The increase in partners' capital is due to the recognition of the proportionate share of the Master Fund's income, expenses and realized and unrealized gains and losses on a quarterly basis. The Master Fund's investments are comprised of common stocks, bank loan obligations, corporate bonds and notes, mortgage-backed securities, residential real estate equity, residential real estate loans, commercial real estate equity, commercial real estate loans, residential and commercial real estate, residential and commercial performing and re-performing loans, and private equity investments and other credit investments valued at fair value primarily based on the income approach, employing an internally developed discounted cash flow model.

# Retirement Income Plan for the Employees of SAE International

## Notes to the Financial Statements (Continued)

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### 2. Summary of Significant Accounting Policies (Continued)

#### *Investment Valuation, Income Recognition (Continued)*

The fair value of the investment is measured using the net asset value (NAV) per share as a practical expedient and is, therefore, excluded from the fair value hierarchy.

The TPG Public Equity Partners LTD (TPG LTD) invests substantially all of its assets through a master/feeder structure in TPG Public Equity Partners Master Fund, L.P. (Master Fund). TPG LTD's investment in the Master Fund is reported at fair value and represents its holdings in the Master Fund. The Master Fund seeks to generate superior risk-adjusted returns on an absolute basis through proprietary, deep, fundamental, bottom-up research, aimed at developing variant perceptions relative to consensus thinking by investing both long and short in publicly traded equities globally across all sectors and capitalizations. The fair value of the investment is measured using the NAV per share as a practical expedient and is, therefore, excluded from the fair value hierarchy.

The Coatue Offshore Fund, LTD (Coatue LTD) invests substantially all of its assets through a master/feeder structure in Coatue Offshore Master Fund, LP and subsidiaries (Master Fund). Coatue LTD's investment in the Master Fund is reported at fair value and represents its holdings in the Master Fund. The Master Fund emphasizes the critical importance of deep fundamental, a long-term focus, and a low net exposure to mitigate risk in its core strategies. Its global opportunistic strategy is technology, media and telecom focused. The fair value of the investment is measured using the NAV per share as a practical expedient and is, therefore, excluded from the fair value hierarchy.

The methods described above may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future 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.

Purchases and sales of securities are recorded on a trade-date basis. Gains and losses on securities sold are determined based on the specific identification method. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

#### *Actuarial Present Value of Accumulated Plan Benefits*

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service that employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees hired prior to January 1, 2008 or their beneficiaries. Benefits payable under all circumstances - retirement, death and termination of employment - are included, to the extent that they are deemed attributable to employee service rendered to the valuation date.

# Retirement Income Plan for the Employees of SAE International

## Notes to the Financial Statements (Continued)

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### 2. Summary of Significant Accounting Policies (Continued)

#### *Administrative Fees and Expenses*

Administrative fees and expenses of the Plan are paid by the Plan, as provided in the plan document.

#### *Benefit Payments*

Benefits are recorded when paid.

#### *Risks and Uncertainties*

The Plan's investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with these investments and the level of uncertainty related to changes in the value of these investments, it is at least reasonably possible that changes in the near term could materially affect the amounts reported in the statements of net assets available for plan benefits and the statements of changes in net assets available for plan benefits.

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 estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

#### *Subsequent Events*

The Plan's management evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through September 30, 2022, the day the financial statements were approved and authorized for issue.

# Retirement Income Plan for the Employees of SAE International

## Notes to the Financial Statements (Continued)

### 3. Accumulated Plan Benefits

Accumulated plan benefits are those estimated future benefit payments that are attributable under the Plan's provisions for services rendered by the employees to the valuation date. The actuarial present value of accumulated plan benefits has been determined by an independent actuary, and is that amount which 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 benefits information date and the expected payment dates. The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

Accumulated plan benefits are presented below based on actuarial information as of January 1, 2021.

|                                                             | 2021                 |
|-------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated plan benefits        |                      |
| Vested benefits                                             |                      |
| Participants currently receiving payments                   | \$ 35,528,508        |
| Other participants                                          | 30,259,217           |
| <b>Actuarial Present Value of Accumulated Plan Benefits</b> | <b>\$ 65,787,725</b> |

The change in the actuarial present value of accumulated plan benefits for the year ended January 1, 2021 is comprised of the following:

|                                                                            | 2021                 |
|----------------------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated plan benefits at beginning of year  | \$ 64,875,853        |
| Increase (decrease) during the year attributable to                        |                      |
| Benefits accumulated                                                       | 116,364              |
| Benefits paid                                                              | (3,161,920)          |
| Increase for interest due to decrease in the discount period               | 3,957,428            |
| <b>Actuarial Present Value of Accumulated Plan Benefits at End of Year</b> | <b>\$ 65,787,725</b> |

# Retirement Income Plan for the Employees of SAE International

## Notes to the Financial Statements (Continued)

### 3. Accumulated Plan Benefits (Continued)

The significant actuarial assumptions used in determining accumulated plan benefits as of January 1, 2021 are as follows:

|                                           | 2021                                |
|-------------------------------------------|-------------------------------------|
| Assumed rate of return, per year          |                                     |
| For first five years                      | 4.75%                               |
| For the following fifteen years           | 5.36%                               |
| Thereafter                                | 6.11%                               |
| Retirement age of participants            | 65 Years Old                        |
| Basis for life expectancy of participants | 2021 IRS Prescribed Mortality Table |

### 4. Investments

At December 31, 2021 and 2020, the Plan's investment assets are held at various financial institutions and brokers. The Finance Committee has established a formal investment policy to govern the nature and timing of investments.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets as described in Note 2:

| <i>As of December 31, 2021</i>   | Level 1              | Level 2              | Level 3     | Total                |
|----------------------------------|----------------------|----------------------|-------------|----------------------|
| Mutual funds                     | \$ 2,275,838         | \$ -                 | \$ -        | \$ 2,275,838         |
| Equity investments               | 39,427,619           | -                    | -           | 39,427,619           |
| Fixed income investments         | -                    | 29,164,028           | -           | 29,164,028           |
| Special onshore/offshore*        | -                    | -                    | -           | 6,418,275            |
| <b>Investments at Fair Value</b> | <b>\$ 41,703,457</b> | <b>\$ 29,164,028</b> | <b>\$ -</b> | <b>\$ 77,285,760</b> |
| <i>As of December 31, 2020</i>   | Level 1              | Level 2              | Level 3     | Total                |
| Mutual funds                     | \$ 2,115,159         | \$ -                 | \$ -        | \$ 2,115,159         |
| Equity investments               | 45,124,804           | -                    | -           | 45,124,804           |
| Fixed income investments         | 4,140,271            | 16,521,965           | -           | 20,662,236           |
| Special onshore/offshore*        | -                    | -                    | -           | 6,179,350            |
| <b>Investments at Fair Value</b> | <b>\$ 51,380,234</b> | <b>\$ 16,521,965</b> | <b>\$ -</b> | <b>\$ 74,081,549</b> |

# Retirement Income Plan for the Employees of SAE International

## Notes to the Financial Statements (Continued)

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### 4. Investments (Continued)

\*Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit a reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for plan benefits.

### 5. Tax Status

The Plan obtained its latest determination letter on April 11, 2014, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualifications. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

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

### 6. Party-in-Interest

Certain administrative functions are performed by officers or employees of SAE at no cost to the Plan. Fees paid by the Plan for the investment management services were approximately \$316,000 for 2021 and \$265,000 for 2020.

These transactions are not deemed prohibited party-in-interest transactions because they are covered by statutory or administrative exemptions from the IRC and ERISA's rules on prohibited transactions.

### 7. Purchase of Annuities

In October 2021, the Plan entered into an annuity buyout agreement with an insurance company to sell a portion of the Plan's assets and liabilities. The insurance company will make all future benefit payments to participants specified in the contract that applied to certain retired participants. As a result, approximately \$4,436,000 was paid to a third-party insurance company from plan assets. The accumulated plan benefits per Note 3 do not reflect the October 2021 annuity buyout.

## ERISA-Required Supplemental Schedules

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# Retirement Income Plan for the Employees of SAE International

Schedule H, line 4i-Schedule of Assets (Held at End of Year)

December 31, 2021

EIN/PN: 25-1494402/001

| (a)            | (b) Identity of Issuer, 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 |
|----------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-------------------|
| MORGAN STANLEY | Common Stocks Managed by Bowling Asset Mgmt.               |                                                                                                             |          |                   |
|                | A G C O CORP                                               | \$                                                                                                          | 40,244   | \$ 41,767         |
|                | ABBVIE INC COM                                             |                                                                                                             | 71,193   | 99,790            |
|                | ALLIANCE DATA SYSTEMS CORP                                 |                                                                                                             | 40,415   | 28,891            |
|                | ALLY FINANCIAL INC                                         |                                                                                                             | 38,878   | 48,086            |
|                | ALPHABET INC CL A                                          |                                                                                                             | 170,255  | 365,027           |
|                | ALTRIA GROUP INC                                           |                                                                                                             | 66,983   | 63,076            |
|                | AMAZON COM INC                                             |                                                                                                             | 130,462  | 250,076           |
|                | AMDOCS LIMITED ORD                                         |                                                                                                             | 29,644   | 28,439            |
|                | ANTHEM INC COM                                             |                                                                                                             | 49,669   | 79,729            |
|                | APPLE INC                                                  |                                                                                                             | 230,498  | 556,327           |
|                | APPLIED MATERIALS INC                                      |                                                                                                             | 33,666   | 75,375            |
|                | ARCHER DANIELS MIDLAND                                     |                                                                                                             | 41,638   | 41,635            |
|                | ARROW ELECTRONICS                                          |                                                                                                             | 37,951   | 59,482            |
|                | AT&T INC                                                   |                                                                                                             | 42,537   | 30,750            |
|                | AUTONATION INC                                             |                                                                                                             | 51,792   | 57,490            |
|                | AVNET INC                                                  |                                                                                                             | 51,837   | 49,229            |
|                | BANK OF AMERICA CORP                                       |                                                                                                             | 39,997   | 59,572            |
|                | BATH & BODY WORKS INC                                      |                                                                                                             | 17,809   | 37,128            |
|                | BERKSHIRE HATHAWAY CL-B NEW                                |                                                                                                             | 65,535   | 97,175            |
|                | BROADCOM INC                                               |                                                                                                             | 73,516   | 107,131           |
|                | BRUNSWICK CORP                                             |                                                                                                             | 36,776   | 48,048            |
|                | CAPITAL ONE FINANCIAL CORP                                 |                                                                                                             | 43,979   | 40,335            |
|                | CHARLES RIVER LABS INTL INC                                |                                                                                                             | 53,628   | 61,415            |
|                | CHEVRON CORP                                               |                                                                                                             | 29,363   | 39,430            |
|                | CISCO SYS INC                                              |                                                                                                             | 33,363   | 46,450            |
|                | CITIZENS FINANCIAL GROUP INC                               |                                                                                                             | 40,669   | 51,408            |
|                | COMCAST CORP (NEW) CLASS A                                 |                                                                                                             | 34,339   | 39,157            |
|                | CORNING INC                                                |                                                                                                             | 56,553   | 47,394            |
|                | COTERRA ENERGY INC                                         |                                                                                                             | 31,790   | 55,822            |
|                | CRANE CO                                                   |                                                                                                             | 51,711   | 53,510            |
|                | CVS HEALTH CORP COM                                        |                                                                                                             | 11,991   | 16,918            |

# Retirement Income Plan for the Employees of SAE International

Schedule H, line 4i-Schedule of Assets (Held at End of Year) (Continued)

December 31, 2021

EIN/PN: 25-1494402/001

| (a)            | (b) Identity of<br>Issuer, Borrower,<br>Lessor, or<br>Similar Party | (c) Description of Investment,<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | (d) Cost | (e) Current<br>Value |
|----------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------|----------------------|
| MORGAN STANLEY | Common Stocks Managed by<br>Bowling Asset Mgmt. (Continued)         |                                                                                                                      |          |                      |
|                | DELL TECHNOLOGIES INC CL C                                          |                                                                                                                      | 14,914   | 31,624               |
|                | DENTSPLY SIRONA INC                                                 |                                                                                                                      | 53,501   | 44,018               |
|                | DISCOVER FINCL SVCS                                                 |                                                                                                                      | 36,627   | 36,401               |
|                | DOVER CORP                                                          |                                                                                                                      | 54,545   | 65,194               |
|                | EXXON MOBIL CORP                                                    |                                                                                                                      | 33,929   | 45,525               |
|                | FEDEX CORP                                                          |                                                                                                                      | 49,531   | 53,280               |
|                | FIRST HORIZON CORPORATION                                           |                                                                                                                      | 52,709   | 45,577               |
|                | FOOT LOCKER INC                                                     |                                                                                                                      | 42,511   | 35,471               |
|                | GARTNER INC                                                         |                                                                                                                      | 54,366   | 78,231               |
|                | GENUINE PARTS CO                                                    |                                                                                                                      | 54,070   | 57,482               |
|                | GOLDMAN SACHS GRP INC                                               |                                                                                                                      | 49,262   | 74,980               |
|                | HCA HEALTHCARE INC                                                  |                                                                                                                      | 37,963   | 73,993               |
|                | HOME DEPOT INC                                                      |                                                                                                                      | 50,764   | 77,192               |
|                | HP INC COM                                                          |                                                                                                                      | 43,902   | 66,563               |
|                | INTERPUBLIC GROUP OF COS INC                                        |                                                                                                                      | 40,112   | 61,118               |
|                | IQVIA HOLDINGS INC                                                  |                                                                                                                      | 58,845   | 70,817               |
|                | JACOBS ENGR GROUP INC                                               |                                                                                                                      | 52,081   | 52,211               |
|                | JEFFERIES FINL GROUP INC                                            |                                                                                                                      | 38,732   | 63,050               |
|                | JOHNSON & JOHNSON                                                   |                                                                                                                      | 66,092   | 79,205               |
|                | JPMORGAN CHASE & CO                                                 |                                                                                                                      | 55,864   | 82,184               |
|                | KLA CORPORATION                                                     |                                                                                                                      | 46,014   | 83,011               |
|                | KRAFT HEINZ CO COM                                                  |                                                                                                                      | 49,988   | 45,485               |
|                | KROGER CO                                                           |                                                                                                                      | 55,802   | 67,890               |
|                | LABORATORY CP AMER HLDGS NEW                                        |                                                                                                                      | 42,094   | 63,156               |
|                | LENNAR CORPORATION                                                  |                                                                                                                      | 27,428   | 38,333               |
|                | LKQ CORPORATION                                                     |                                                                                                                      | 53,448   | 63,572               |
|                | LOYALTY VENTURES INC                                                |                                                                                                                      | 11,600   | 5,202                |
|                | M K S INSTRUMENTS                                                   |                                                                                                                      | 53,003   | 51,380               |
|                | MANPOWERGROUP INC COM                                               |                                                                                                                      | 37,842   | 40,976               |
|                | MASTERCARD INC CL A                                                 |                                                                                                                      | 50,049   | 55,335               |
|                | MCKESSON CORP                                                       |                                                                                                                      | 26,791   | 38,280               |

# Retirement Income Plan for the Employees of SAE International

Schedule H, line 4i-Schedule of Assets (Held at End of Year) (Continued)

December 31, 2021

EIN/PN: 25-1494402/001

| (a)            | (b) Identity of<br>Issuer, Borrower,<br>Lessor, or<br>Similar Party | (c) Description of Investment,<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | (d) Cost | (e) Current<br>Value |
|----------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------|----------------------|
| MORGAN STANLEY | <b>Common Stocks Managed by<br/>Bowling Asset Mgmt. (Continued)</b> |                                                                                                                      |          |                      |
|                | META PLATFORMS INC CL A                                             |                                                                                                                      | 80,374   | 139,249              |
|                | MICROSOFT CORP                                                      |                                                                                                                      | 187,833  | 431,499              |
|                | MOHAWK INDUSTRIES INC                                               |                                                                                                                      | 35,071   | 44,088               |
|                | MOLINA HEALTHCARE INC                                               |                                                                                                                      | 53,509   | 64,888               |
|                | MORGAN STANLEY                                                      |                                                                                                                      | 53,876   | 80,884               |
|                | NEXSTAR MEDIA GROUP CL A                                            |                                                                                                                      | 52,168   | 52,239               |
|                | OMNICOM GROUP                                                       |                                                                                                                      | 53,950   | 47,479               |
|                | ONEMAIN HOLDINGS, INC.                                              |                                                                                                                      | 36,940   | 47,538               |
|                | ORACLE CORP                                                         |                                                                                                                      | 38,295   | 57,123               |
|                | OSHKOSH CORP                                                        |                                                                                                                      | 52,240   | 43,731               |
|                | OWENS CORNING INC                                                   |                                                                                                                      | 35,742   | 44,798               |
|                | PARKER HANNIFIN CORP                                                |                                                                                                                      | 40,441   | 57,262               |
|                | PAYPAL HLDGS INC COM                                                |                                                                                                                      | 44,334   | 38,470               |
|                | PENSKE AUTO GP INC                                                  |                                                                                                                      | 50,678   | 59,293               |
|                | PFIZER INC                                                          |                                                                                                                      | 39,007   | 57,397               |
|                | PULTE GROUP INC                                                     |                                                                                                                      | 18,258   | 28,180               |
|                | QORVO INC COM                                                       |                                                                                                                      | 43,408   | 49,263               |
|                | QUALCOMM INC                                                        |                                                                                                                      | 17,113   | 34,562               |
|                | RYDER SYSTEMS INC                                                   |                                                                                                                      | 51,822   | 49,870               |
|                | SANTANDER CONSUMER USA HDG INC                                      |                                                                                                                      | 51,571   | 59,963               |
|                | SLM CORPORATION                                                     |                                                                                                                      | 38,263   | 51,889               |
|                | SNAP-ON INC                                                         |                                                                                                                      | 26,529   | 22,400               |
|                | SPECTRUM BRANDS HLDGS INC                                           |                                                                                                                      | 36,615   | 56,658               |
|                | SS&C TECHNOLOGIES HLDGS INC                                         |                                                                                                                      | 45,775   | 60,173               |
|                | TD SYNnex CORPORATION                                               |                                                                                                                      | 52,311   | 49,632               |
|                | THERMO FISHER SCIENTIFIC                                            |                                                                                                                      | 79,828   | 120,103              |
|                | TIMKEN CO                                                           |                                                                                                                      | 35,411   | 40,604               |
|                | TYSON FOODS INC CL A                                                |                                                                                                                      | 54,791   | 59,007               |
|                | UNITED RENTALS INC                                                  |                                                                                                                      | 26,591   | 25,919               |
|                | UNITEDHEALTH GP INC                                                 |                                                                                                                      | 103,778  | 145,118              |
|                | VERIZON COMMUNICATIONS                                              |                                                                                                                      | 43,115   | 37,775               |

# Retirement Income Plan for the Employees of SAE International

Schedule H, line 4i-Schedule of Assets (Held at End of Year) (Continued)

December 31, 2021

EIN/PN: 25-1494402/001

| (a)            | (b) Identity of<br>Issuer, Borrower,<br>Lessor, or<br>Similar Party | (c) Description of Investment,<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | (d) Cost  | (e) Current<br>Value |
|----------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| MORGAN STANLEY | <b>Common Stocks Managed by<br/>Bowling Asset Mgmt. (Continued)</b> |                                                                                                                      |           |                      |
|                | VICTORIAS SECRET AND CO                                             |                                                                                                                      | 4,409     | 9,831                |
|                | VIRTU FINANCIAL INC                                                 |                                                                                                                      | 45,864    | 50,135               |
|                | VISA INC CL A                                                       |                                                                                                                      | 54,516    | 62,846               |
|                | VMWARE INC CLASS A                                                  |                                                                                                                      | 19,452    | 28,738               |
|                | WALT DISNEY CO HLDG CO                                              |                                                                                                                      | 49,940    | 51,114               |
|                | WATERS CORP                                                         |                                                                                                                      | 54,150    | 64,460               |
|                | WHIRLPOOL CORP                                                      |                                                                                                                      | 41,431    | 50,687               |
|                | WILLIAMS SONOMA                                                     |                                                                                                                      | 33,796    | 52,599               |
|                | <b>Total Common Stocks Managed by<br/>Bowling Asset Mgmt.</b>       |                                                                                                                      | 5,026,255 | 6,950,262            |
| MORGAN STANLEY | <b>Common Stocks Managed by<br/>Delaware Capital</b>                |                                                                                                                      |           |                      |
|                | ALLIANZ SE ADR                                                      |                                                                                                                      | 56,332    | 77,087               |
|                | BANCO SANTANDER S.A.                                                |                                                                                                                      | 97,840    | 79,927               |
|                | BP PLC ADS                                                          |                                                                                                                      | 89,678    | 68,306               |
|                | CK HUTCHISON HLDGS LTD ADR                                          |                                                                                                                      | 135,199   | 86,278               |
|                | COMPAGNIE DE ST GOBAIN UNSP                                         |                                                                                                                      | 23,816    | 57,858               |
|                | CONTL AG SPONS ADR                                                  |                                                                                                                      | 63,931    | 69,775               |
|                | DENSO CORP LTD ADR                                                  |                                                                                                                      | 12,321    | 26,334               |
|                | ENEL SOCIETA PER AZIONI ADR                                         |                                                                                                                      | 60,754    | 94,660               |
|                | ENI SPA AMER DEP RCPT                                               |                                                                                                                      | 71,368    | 59,807               |
|                | FUJIFILM HLDGS CORP ADR                                             |                                                                                                                      | 44,867    | 82,555               |
|                | GLAXOSMITHKLINE PLC ADR                                             |                                                                                                                      | 110,847   | 112,631              |
|                | HITACHI 10 COM NEW ADR                                              |                                                                                                                      | 23,061    | 21,674               |
|                | HONDA MOTOR COMPANY LTD ADR                                         |                                                                                                                      | 90,810    | 86,403               |
|                | IMPERIAL BRANDS PLC SPD ADR                                         |                                                                                                                      | 57,363    | 57,342               |
|                | KINGFISHER PLC SPONS ADR NEW                                        |                                                                                                                      | 73,503    | 83,856               |
|                | KYOCERA CP ADR                                                      |                                                                                                                      | 79,607    | 80,848               |
|                | LLOYDS BANKING GROUP PLC                                            |                                                                                                                      | 115,928   | 98,285               |

# Retirement Income Plan for the Employees of SAE International

Schedule H, line 4i-Schedule of Assets (Held at End of Year) (Continued)

December 31, 2021

EIN/PN: 25-1494402/001

| (a)            | (b) Identity of Issuer, 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 |
|----------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------|-------------------|
| MORGAN STANLEY | Common Stocks Managed by Delaware Capital (Continued)      |                                                                                                             |           |                   |
|                | MITSUBISHI ELECTRIC ADR                                    |                                                                                                             | 75,940    | 74,832            |
|                | MONDI PLC ADR                                              |                                                                                                             | 62,987    | 57,828            |
|                | NIPPON TELEGRAPH&TELEPHONE ADS                             |                                                                                                             | 80,581    | 97,854            |
|                | NOVARTIS AG ADR                                            |                                                                                                             | 79,688    | 96,479            |
|                | RED ELECTRICA CORPORACION SA                               |                                                                                                             | 10,021    | 10,790            |
|                | ROYAL DUTCH SHELL PLC CL B                                 |                                                                                                             | 90,834    | 95,153            |
|                | SANOFI ADR                                                 |                                                                                                             | 76,736    | 98,096            |
|                | SINGAPORE TELECOM LTD ADR NEW                              |                                                                                                             | 48,535    | 34,019            |
|                | SNAM S P A ADR                                             |                                                                                                             | 79,462    | 83,265            |
|                | SONY GROUP CORPORATION ADR                                 |                                                                                                             | 62,609    | 101,373           |
|                | SSE PLC SPON ADR                                           |                                                                                                             | 75,455    | 108,352           |
|                | TAIWAN SMCNDCTR MFG CO LTD ADR                             |                                                                                                             | 6,839     | 80,006            |
|                | TAKEDA PHARMACEUTCL CO LTD ADR                             |                                                                                                             | 113,110   | 76,083            |
|                | TELIA COMPANY A B ADR                                      |                                                                                                             | 86,060    | 66,798            |
|                | TESCO PLC ADR                                              |                                                                                                             | 76,486    | 96,622            |
|                | TOKI MARINE HOLDING INS ADR                                |                                                                                                             | 53,671    | 87,376            |
|                | UTD OVERSEAS BK LTD SPON ADR                               |                                                                                                             | 76,863    | 96,801            |
|                | WH GROUP ADR                                               |                                                                                                             | 82,719    | 64,787            |
|                | WPP PLC SPON NEW ADR                                       |                                                                                                             | 78,685    | 78,496            |
|                | Total Common Stocks Managed by Delaware Capital            |                                                                                                             | 2,524,506 | 2,748,636         |
| MORGAN STANLEY | Common Stocks Managed by Voyager                           |                                                                                                             |           |                   |
|                | ALAMO GROUP INC                                            |                                                                                                             | 16,348    | 19,133            |
|                | ALLSCRIPTS HEALTHCARE SOLU INC                             |                                                                                                             | 14,080    | 20,793            |
|                | ALTAIR ENGR INC COM CL A                                   |                                                                                                             | 8,577     | 22,655            |
|                | ALTRA INDL MOTION CORP                                     |                                                                                                             | 11,692    | 20,473            |
|                | AMERESCO INC CL A                                          |                                                                                                             | 12,094    | 38,114            |
|                | AMN HEALTHCARE SVCS INC                                    |                                                                                                             | 14,508    | 31,806            |

# Retirement Income Plan for the Employees of SAE International

Schedule H, line 4i-Schedule of Assets (Held at End of Year) (Continued)

December 31, 2021

EIN/PN: 25-1494402/001

| (a)            | (b) Identity of<br>Issuer, Borrower,<br>Lessor, or<br>Similar Party | (c) Description of Investment,<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | (d) Cost | (e) Current<br>Value |
|----------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------|----------------------|
| MORGAN STANLEY | Common Stocks Managed by<br>Voyageur (Continued)                    |                                                                                                                      |          |                      |
|                | APPLIED IND TECH INC                                                |                                                                                                                      | 12,170   | 29,372               |
|                | AVANOS MEDICAL INC                                                  |                                                                                                                      | 15,855   | 16,434               |
|                | AZENTA INC                                                          |                                                                                                                      | 6,366    | 27,840               |
|                | BADGER METER INC                                                    |                                                                                                                      | 15,349   | 28,025               |
|                | BALCHEM CP                                                          |                                                                                                                      | 3,549    | 33,720               |
|                | BEACON ROOFING SUPPLY INC                                           |                                                                                                                      | 17,126   | 29,191               |
|                | BOTTOMLINE TECH DE INC                                              |                                                                                                                      | 4,818    | 13,609               |
|                | CERENCE INC                                                         |                                                                                                                      | 21,692   | 17,474               |
|                | COGNYTE SOFTWARE LTD                                                |                                                                                                                      | 19,544   | 13,210               |
|                | COHU INC                                                            |                                                                                                                      | 21,369   | 18,626               |
|                | COLLIERS INTL GROUP INC SUB                                         |                                                                                                                      | 12,231   | 28,244               |
|                | COMMVault SYSTEMS, INC.                                             |                                                                                                                      | 10,043   | 20,952               |
|                | DIODES INC                                                          |                                                                                                                      | 8,439    | 39,641               |
|                | DORMAN PRODUCTS, INC                                                |                                                                                                                      | 6,908    | 23,280               |
|                | EAGLE BANCORP INC MD                                                |                                                                                                                      | 11,931   | 18,727               |
|                | ENVESTNET INC                                                       |                                                                                                                      | 13,005   | 25,389               |
|                | EPLUS INC                                                           |                                                                                                                      | 19,019   | 25,755               |
|                | ESCO TECHNOLOGIES                                                   |                                                                                                                      | 15,730   | 18,448               |
|                | EVO PMTS INC CL A                                                   |                                                                                                                      | 23,927   | 22,810               |
|                | EXLSERVICE HLDGS INC                                                |                                                                                                                      | 17,985   | 40,970               |
|                | FERRO CORP                                                          |                                                                                                                      | 19,442   | 27,244               |
|                | FIRSTCASH HLDGS INC                                                 |                                                                                                                      | 11,401   | 21,545               |
|                | FOX FACTORY HOLDING CORP                                            |                                                                                                                      | 14,048   | 32,829               |
|                | FULLER H B & COMPANY                                                |                                                                                                                      | 18,095   | 29,322               |
|                | G III APPAREL GROUP                                                 |                                                                                                                      | 20,328   | 22,637               |
|                | GENTHERM INC COM                                                    |                                                                                                                      | 15,452   | 31,545               |
|                | GLOBAL MED REIT INC                                                 |                                                                                                                      | 18,316   | 19,081               |
|                | HEALTHQUITY INC COM                                                 |                                                                                                                      | 15,209   | 15,219               |
|                | HELIOS TECHNOLOGIES INC                                             |                                                                                                                      | 15,421   | 33,760               |
|                | HURON CONSULTING GRP INC                                            |                                                                                                                      | 15,240   | 15,918               |

# Retirement Income Plan for the Employees of SAE International

Schedule H, line 4i-Schedule of Assets (Held at End of Year) (Continued)

December 31, 2021

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| (a)            | (b) Identity of Issuer, 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 |
|----------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-------------------|
| MORGAN STANLEY | Common Stocks Managed by Voyageur (Continued)              |                                                                                                             |          |                   |
|                |                                                            | I3 VERTICALS INC COM CL A                                                                                   | 8,743    | 6,814             |
|                |                                                            | ICF INTL INC                                                                                                | 21,759   | 28,304            |
|                |                                                            | INSTALLED BLDG PRODS INC                                                                                    | 25,075   | 30,319            |
|                |                                                            | INTEGER HOLDINGS CORP                                                                                       | 9,310    | 23,623            |
|                |                                                            | INTEGRA LIFESCIENCES CRP NEW                                                                                | 7,902    | 22,978            |
|                |                                                            | KINSALE CAP GROUP INC                                                                                       | 7,311    | 39,966            |
|                |                                                            | LANDSTAR SYSTEM INC                                                                                         | 5,519    | 26,674            |
|                |                                                            | LCI INDS                                                                                                    | 16,141   | 23,848            |
|                |                                                            | MEDPACE HOLDINGS, INC.                                                                                      | 9,918    | 43,093            |
|                |                                                            | MERCURY SYSTEMS INC                                                                                         | 30,813   | 24,447            |
|                |                                                            | MERIT MED SYST                                                                                              | 15,651   | 23,176            |
|                |                                                            | MIMECAST LTD ORD SHS                                                                                        | 14,030   | 27,293            |
|                |                                                            | MONRO INC                                                                                                   | 9,185    | 13,868            |
|                |                                                            | MURPHY USA INC COM                                                                                          | 19,268   | 25,503            |
|                |                                                            | NATIONAL VISION HOLDINGS INC                                                                                | 17,225   | 27,690            |
|                |                                                            | NEOGEN CP                                                                                                   | 5,081    | 27,791            |
|                |                                                            | NLIGHT, INC.                                                                                                | 18,353   | 12,598            |
|                |                                                            | NOVANTA INC                                                                                                 | 7,199    | 37,558            |
|                |                                                            | NUVASIVE INC                                                                                                | 9,172    | 18,211            |
|                |                                                            | OLLIES BARGAIN OUTLET HLDG INC                                                                              | 22,766   | 23,394            |
|                |                                                            | OMNICELL INC                                                                                                | 7,328    | 41,501            |
|                |                                                            | ONTO INNOVATION INC                                                                                         | 13,899   | 44,744            |
|                |                                                            | PACIFIC PREMIER BANCORP INC                                                                                 | 13,406   | 15,051            |
|                |                                                            | PERFICIENT INC                                                                                              | 4,594    | 46,803            |
|                |                                                            | PERFORMANCE FOOD GROUP CO                                                                                   | 25,863   | 25,102            |
|                |                                                            | PLEXUS CORP                                                                                                 | 13,255   | 31,356            |
|                |                                                            | PRA GROUP INC                                                                                               | 11,807   | 21,540            |
|                |                                                            | PRESTIGE CONSMR HEALTHCARE INC                                                                              | 16,255   | 26,807            |
|                |                                                            | PRICESMART INC                                                                                              | 4,122    | 9,219             |
|                |                                                            | PUBMATIC INC COM CL A                                                                                       | 28,227   | 26,082            |

# Retirement Income Plan for the Employees of SAE International

Schedule H, line 4i-Schedule of Assets (Held at End of Year) (Continued)

December 31, 2021

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| (a)                                                | (b) Identity of<br>Issuer, Borrower,<br>Lessor, or<br>Similar Party | (c) Description of Investment,<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | (d) Cost  | (e) Current<br>Value |
|----------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------|----------------------|
| MORGAN STANLEY                                     | <b>Common Stocks Managed by<br/>Voyageur (Continued)</b>            |                                                                                                                      |           |                      |
|                                                    |                                                                     | RBC BEARINGS INC                                                                                                     | 8,810     | 26,660               |
|                                                    |                                                                     | RLI CORP                                                                                                             | 9,969     | 23,093               |
|                                                    |                                                                     | SIMPSON MANUFACTURING CO INC                                                                                         | 5,645     | 26,701               |
|                                                    |                                                                     | SPS COMMERCE INC COM                                                                                                 | 3,442     | 26,050               |
|                                                    |                                                                     | STAAR SURGICAL CO NEW                                                                                                | 6,776     | 13,878               |
|                                                    |                                                                     | TERRENO RLTY CORP COM                                                                                                | 9,077     | 28,231               |
|                                                    |                                                                     | TEXAS ROADHOUSE INC CL A                                                                                             | 8,774     | 27,855               |
|                                                    |                                                                     | TREEHOUSE FOODS INC                                                                                                  | 11,374    | 9,646                |
|                                                    |                                                                     | TRIMAS CORP COM NEW                                                                                                  | 13,187    | 19,425               |
|                                                    |                                                                     | VIRTUS INVESTMENT PARTNERS INC                                                                                       | 12,456    | 30,601               |
|                                                    |                                                                     | WILLSCOT MOBILE MINI HOLDINGS                                                                                        | 7,258     | 24,381               |
| <b>Total Common Stocks Managed by<br/>Voyageur</b> |                                                                     |                                                                                                                      | 1,033,252 | 1,945,665            |
| MORGAN STANLEY                                     | <b>Common Stocks Managed by<br/>Calamos</b>                         |                                                                                                                      |           |                      |
|                                                    |                                                                     | AES CORP CORP UNIT                                                                                                   | 40,500    | 38,880               |
|                                                    |                                                                     | AMERICAN ELEC PWR CO INC UNIT                                                                                        | 97,437    | 96,982               |
|                                                    |                                                                     | DOMINION ENERGY INC CORP SER A                                                                                       | 108,309   | 102,653              |
|                                                    |                                                                     | NEXTERA ENERGY INC CORP UNIT                                                                                         | 52,002    | 72,856               |
|                                                    |                                                                     | NEXTERA ENERGY INC CORP UNIT                                                                                         | 103,855   | 120,813              |
|                                                    |                                                                     | STANLEY BLACK & DECKER UNIT                                                                                          | 143,448   | 156,688              |
| <b>Total Common Stocks Managed by<br/>Calamos</b>  |                                                                     |                                                                                                                      | 545,551   | 588,872              |

# Retirement Income Plan for the Employees of SAE International

Schedule H, line 4i-Schedule of Assets (Held at End of Year) (Continued)

December 31, 2021

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| (a)            | (b) Identity of<br>Issuer, Borrower,<br>Lessor, or<br>Similar Party | (c) Description of Investment,<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | (d) Cost | (e) Current<br>Value |
|----------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------|----------------------|
| MORGAN STANLEY | Common Stocks Managed<br>by Edge                                    |                                                                                                                      |          |                      |
|                | ACUSHNET HOLDINGS CORP                                              |                                                                                                                      | 26,150   | 71,976               |
|                | AGREE REALTY CORP                                                   |                                                                                                                      | 39,024   | 49,524               |
|                | ALBANY INTL A NEW                                                   |                                                                                                                      | 26,749   | 43,429               |
|                | ALLETE INC NEW                                                      |                                                                                                                      | 40,066   | 44,388               |
|                | AMDOCS LIMITED ORD                                                  |                                                                                                                      | 53,233   | 65,560               |
|                | ASSURED GUARANTY LTD                                                |                                                                                                                      | 28,040   | 43,423               |
|                | AVERY DENNISON CORPORATION                                          |                                                                                                                      | 21,408   | 59,340               |
|                | BANK OZK                                                            |                                                                                                                      | 44,918   | 78,077               |
|                | BRUNSWICK CORP                                                      |                                                                                                                      | 37,925   | 75,447               |
|                | CABLE ONE INC COM                                                   |                                                                                                                      | 73,849   | 72,301               |
|                | CAMDEN PROPERTY TRUST                                               |                                                                                                                      | 22,169   | 36,272               |
|                | CATHAY GENERAL BANCORP                                              |                                                                                                                      | 30,185   | 41,528               |
|                | COMFORT SYSTEMS USA INC                                             |                                                                                                                      | 10,039   | 21,668               |
|                | CONMED CORP                                                         |                                                                                                                      | 38,444   | 70,313               |
|                | COTERRA ENERGY INC                                                  |                                                                                                                      | 23,587   | 37,183               |
|                | COUSINS PPTYS INC                                                   |                                                                                                                      | 14,943   | 15,427               |
|                | CRANE CO                                                            |                                                                                                                      | 24,903   | 39,675               |
|                | CULLEN FROST BANKERS INC                                            |                                                                                                                      | 23,586   | 42,233               |
|                | CYRUSONE INC                                                        |                                                                                                                      | 8,502    | 14,445               |
|                | DENTSPLY SIRONA INC                                                 |                                                                                                                      | 14,473   | 15,063               |
|                | DIAMONDBACK ENERGY INC                                              |                                                                                                                      | 12,906   | 42,709               |
|                | DONALDSON CO INC                                                    |                                                                                                                      | 20,513   | 26,193               |
|                | EAST WEST BANCORP                                                   |                                                                                                                      | 33,452   | 74,431               |
|                | EASTGROUP PROPERTIES INC                                            |                                                                                                                      | 30,057   | 69,722               |
|                | ENERGIZER HLDGS INC                                                 |                                                                                                                      | 33,814   | 32,361               |
|                | ENPRO IND INC                                                       |                                                                                                                      | 12,041   | 27,848               |
|                | FED AGRIC MTG NON VTG C                                             |                                                                                                                      | 18,482   | 30,735               |
|                | FIDELITY NATIONAL FINANCIAL IN                                      |                                                                                                                      | 41,353   | 74,670               |
|                | FOUR CORNERS PPTY TR INC                                            |                                                                                                                      | 22,684   | 28,939               |
|                | FULLER H B & COMPANY                                                |                                                                                                                      | 16,390   | 24,786               |

# Retirement Income Plan for the Employees of SAE International

Schedule H, line 4i-Schedule of Assets (Held at End of Year) (Continued)

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| (a)            | (b) Identity of<br>Issuer, Borrower,<br>Lessor, or<br>Similar Party | (c) Description of Investment,<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | (d) Cost | (e) Current<br>Value |
|----------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------|----------------------|
| MORGAN STANLEY | <b>Common Stocks Managed<br/>by Edge (Continued)</b>                |                                                                                                                      |          |                      |
|                |                                                                     | HAMILTON LANE CL A                                                                                                   | 37,526   | 43,313               |
|                |                                                                     | HASBRO INC                                                                                                           | 23,611   | 31,755               |
|                |                                                                     | HOLLYFRONTIER CORP COM                                                                                               | 18,479   | 25,011               |
|                |                                                                     | HUBBELL INC                                                                                                          | 23,654   | 44,778               |
|                |                                                                     | HUNTINGTON INGALLS INDUSTRIES                                                                                        | 24,264   | 27,077               |
|                |                                                                     | HUNTSMAN CORP                                                                                                        | 25,200   | 51,064               |
|                |                                                                     | IDACORP INC                                                                                                          | 34,255   | 38,299               |
|                |                                                                     | INGREDION INC COM                                                                                                    | 43,237   | 48,030               |
|                |                                                                     | INTERPUBLIC GROUP OF COS INC                                                                                         | 14,672   | 25,990               |
|                |                                                                     | JAMES RIV GROUP HLDGS LTD                                                                                            | 23,941   | 18,784               |
|                |                                                                     | KINSALE CAP GROUP INC                                                                                                | 14,757   | 16,652               |
|                |                                                                     | LCI INDS                                                                                                             | 31,576   | 68,739               |
|                |                                                                     | LEIDOS HLDGS INC                                                                                                     | 8,982    | 19,914               |
|                |                                                                     | LINCOLN ELEC HLDGS INC                                                                                               | 22,419   | 44,491               |
|                |                                                                     | LITTELFUSE INC                                                                                                       | 25,431   | 61,048               |
|                |                                                                     | M K S INSTRUMENTS                                                                                                    | 39,250   | 83,776               |
|                |                                                                     | MANTECH INTL CORP CL A                                                                                               | 13,283   | 14,221               |
|                |                                                                     | MDC HOLDINGS INC                                                                                                     | 31,509   | 33,163               |
|                |                                                                     | MEDICAL PROPERTIES TRUST INC                                                                                         | 28,771   | 48,229               |
|                |                                                                     | MESA LABORATORIES INC                                                                                                | 17,567   | 20,013               |
|                |                                                                     | MONOLITHIC PWR SYSTEMS INC                                                                                           | 22,366   | 40,453               |
|                |                                                                     | MSA SAFETY INC                                                                                                       | 13,542   | 36,834               |
|                |                                                                     | NISOURCE INC                                                                                                         | 32,097   | 35,092               |
|                |                                                                     | NORDSON CP                                                                                                           | 18,951   | 51,309               |
|                |                                                                     | NVENT ELECTRIC PLC                                                                                                   | 23,859   | 48,108               |
|                |                                                                     | ORGANON & CO                                                                                                         | 16,981   | 15,012               |
|                |                                                                     | PACKAGING CORP AMER                                                                                                  | 20,787   | 33,221               |
|                |                                                                     | PAPA JOHNS INTL INC                                                                                                  | 20,442   | 32,700               |
|                |                                                                     | PHIBRO ANIMAL HEALTH CORP                                                                                            | 10,998   | 9,454                |
|                |                                                                     | R P M INC                                                                                                            | 33,826   | 55,247               |

# Retirement Income Plan for the Employees of SAE International

Schedule H, line 4i-Schedule of Assets (Held at End of Year) (Continued)

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| (a)                                            | (b) Identity of<br>Issuer, Borrower,<br>Lessor, or<br>Similar Party | (c) Description of Investment,<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | (d) Cost   | (e) Current<br>Value |
|------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------|----------------------|
| MORGAN STANLEY                                 | <b>Common Stocks Managed<br/>by Edge (Continued)</b>                |                                                                                                                      |            |                      |
|                                                |                                                                     | RAYMOND JAMES FINCL INC                                                                                              | 29,211     | 57,128               |
|                                                |                                                                     | SELECT MEDICAL HLDGS CP                                                                                              | 34,002     | 27,607               |
|                                                |                                                                     | SERVISFIRST BANCSHARES INC                                                                                           | 23,209     | 59,458               |
|                                                |                                                                     | SNAP-ON INC                                                                                                          | 32,069     | 46,307               |
|                                                |                                                                     | STERIS PLC                                                                                                           | 10,906     | 39,919               |
|                                                |                                                                     | STORE CAPITAL CORPORATION                                                                                            | 26,325     | 45,339               |
|                                                |                                                                     | TARGA RESOURCES CORP                                                                                                 | 30,354     | 41,322               |
|                                                |                                                                     | TERRENO RLTY CORP COM                                                                                                | 40,489     | 60,044               |
|                                                |                                                                     | TIMKEN CO                                                                                                            | 26,751     | 36,862               |
|                                                |                                                                     | WASH TRUST BANCORP INC                                                                                               | 15,300     | 22,041               |
|                                                |                                                                     | WD 40 COMPANY                                                                                                        | 12,713     | 14,434               |
|                                                |                                                                     | WILEY JOHN & SON CL A                                                                                                | 8,398      | 12,027               |
| <b>Total Common Stocks Managed<br/>by Edge</b> |                                                                     |                                                                                                                      | 1,849,845  | 2,953,931            |
| <b>Total Common Stocks</b>                     |                                                                     |                                                                                                                      | 10,979,409 | 15,187,366           |

# Retirement Income Plan for the Employees of SAE International

## Schedule H, line 4i-Schedule of Assets (Held at End of Year) (Continued)

December 31, 2021

EIN/PN: 25-1494402/001

| (a)                          | (b) Identity of<br>Issuer, Borrower,<br>Lessor, or<br>Similar Party | (c) Description of Investment,<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | (d) Cost | (e) Current<br>Value |
|------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------|----------------------|
|                              |                                                                     | <b>Corporate Bonds and Notes</b>                                                                                     |          |                      |
| AIR TRANSPORT SERVICES GROUP | \$100,000, 1.125% PAYABLE SEMI-ANNUALLY, DUE OCTOBER 15, 2024       |                                                                                                                      | 126,510  | 139,063              |
| AKAMAI TECHNOLOGIES          | \$100,000, 0.125% PAYABLE SEMI-ANNUALLY, DUE MAY 1, 2025            |                                                                                                                      | 109,299  | 130,880              |
| AVANTOR IINC.                | \$46,500, 0.125% PAYABLE SEMI-ANNUALLY, DUE MAY 15, 2022            |                                                                                                                      | 88,112   | 120,165              |
| BLOCK INC                    | \$60,000, 0.53% PAYABLE SEMI-ANNUALLY, DUE MAY 15, 2023             |                                                                                                                      | 90,686   | 125,682              |
| BOFA FINANCE LLC             | \$120,000, 0.13% PAYABLE SEMI-ANNUALLY, DUE SEPTEMBER 1, 2022       |                                                                                                                      | 137,724  | 140,125              |
| BOOKING HOLDINGS INC         | \$125,000, 0.75% PAYABLE SEMI-ANNUALLY, DUE MAY 1, 2025             |                                                                                                                      | 183,573  | 183,594              |
| BOSTON SCIENTIFIC CORP       | \$110,000, 5.50% PAYABLE SEMI-ANNUALLY, DUE JUNE 1, 2023            |                                                                                                                      | 122,394  | 131,859              |
| BROADCOM INC                 | \$130,000, 8.00% PAYABLE QUARTERLY, DUE SEPTEMBER 30, 2022          |                                                                                                                      | 157,878  | 290,555              |
| CONMED CORP                  | \$115,000, 1.75% PAYABLE SEMI-ANNUALLY, DUE FEBRUARY 1, 2024        |                                                                                                                      | 141,288  | 199,500              |
| COUPA SOFTWARE INC           | \$90,000, 0.375% PAYABLE SEMI-ANNUALLY, DUE JUNE 15, 2026           |                                                                                                                      | 101,083  | 85,050               |

# Retirement Income Plan for the Employees of SAE International

## Schedule H, line 4i-Schedule of Assets (Held at End of Year) (Continued)

December 31, 2021

EIN/PN: 25-1494402/001

| (a) | (b) Identity of<br>Issuer, Borrower,<br>Lessor, or<br>Similar Party | (c) Description of Investment,<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | (d) Cost | (e) Current<br>Value |
|-----|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------|----------------------|
|     |                                                                     | <b>Corporate Bonds and Notes (Continued)</b>                                                                         |          |                      |
|     | CYBERARK SOFTWARE LTD                                               | \$75,000, 0.00% PAYABLE SEMI-<br>ANNUALLY, DUE NOVEMBER 15, 2024                                                     | 93,994   | 94,500               |
|     | DANAHER CORP                                                        | \$75, 4.750% PAYABLE QUARTERLY,<br>DUE APRIL 15, 2022                                                                | 136,781  | 263,280              |
|     | DATADOG INC                                                         | \$75,000, 0.125% PAYABLE SEMI-<br>ANNUALLY, DUE JUNE 15, 2025                                                        | 96,879   | 150,300              |
|     | DEXCOM INC.                                                         | \$27,000, 0.75% PAYABLE SEMI-<br>ANNUALLY, DUE DECEMBER 1, 2023                                                      | 175,618  | 195,835              |
|     | ETSY INC                                                            | \$135,000, 0.125% PAYABLE SEMI-<br>ANNUALLY, DUE SEPTEMBER 1, 2027                                                   | 181,651  | 181,103              |
|     | EXACT SCIENCE CORP                                                  | \$55,000, 0.375% PAYABLE SEMI-<br>ANNUALLY, DUE MARCH 15, 2027                                                       | 107,257  | 86,488               |
|     | FIVE9 INC                                                           | \$75,000, 0.5% PAYABLE SEMI-<br>ANNUALLY, DUE JUNE 1, 2025                                                           | 103,538  | 91,734               |
|     | IH MERGER SUB LLC                                                   | \$70,000, 3.500% PAYABLE SEMI-<br>ANNUALLY, DUE JANUARY 15, 2022                                                     | 91,887   | 149,018              |
|     | ILLUMINA INC                                                        | \$70,000, 0.000% PAYABLE SEMI-<br>ANNUALLY, DUE AUGUST 15, 2023                                                      | 166,424  | 159,688              |
|     | INSULET CORP                                                        | \$110,000, 0.38% PAYABLE SEMI-<br>ANNUALLY, DUE SEPTEMBER 1, 2026                                                    | 153,301  | 152,131              |

# Retirement Income Plan for the Employees of SAE International

## Schedule H, line 4i-Schedule of Assets (Held at End of Year) (Continued)

December 31, 2021

EIN/PN: 25-1494402/001

| (a)                                          | (b) Identity of<br>Issuer, Borrower,<br>Lessor, or<br>Similar Party | (c) Description of Investment,<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | (d) Cost | (e) Current<br>Value |
|----------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------|----------------------|
| <b>Corporate Bonds and Notes (Continued)</b> |                                                                     |                                                                                                                      |          |                      |
| INTEGRA LIFESCIENCES<br>HOLDINGS CORP        | \$170,000, 0.5% PAYABLE SEMI-<br>ANNUALLY, DUE AUGUST 15, 2025      | 196,935                                                                                                              | 184,127  |                      |
| LCI INDUSTRIES                               | \$85,000, 1.125% PAYABLE SEMI-<br>ANNUALLY, DUE MAY 15, 2026        | 93,181                                                                                                               | 93,330   |                      |
| LIBERTY MEDIA<br>CORPORATION DELAWARE        | \$95,000, 1.375% PAYABLE SEMI-<br>ANNUALLY, DUE OCTOBER 15, 2023    | 171,120                                                                                                              | 233,242  |                      |
| LIBERTY MEDIA<br>CORPORATION DELAWARE        | \$90,000, 1.00% PAYABLE SEMI-<br>ANNUALLY, DUE JANUARY 30, 2023     | 130,955                                                                                                              | 189,631  |                      |
| LIVE NATION<br>ENTERTAINMENT INC             | \$125,000, 2.50% PAYABLE SEMI-<br>ANNUALLY, DUE MARCH 15, 2023      | 162,498                                                                                                              | 234,650  |                      |
| MARRIOTT VACATIONS<br>WORLDWIDE CORP         | \$150,000, 1.50% PAYABLE SEMI-<br>ANNUALLY, DUE SEPTEMBER 15, 2022  | 170,648                                                                                                              | 182,345  |                      |
| MICROCHIP TECHNOLOGY INC                     | \$110,000, 0.125% PAYABLE SEMI-<br>ANNUALLY, DUE NOVEMBER 15, 2024  | 273,423                                                                                                              | 290,813  |                      |
| MONGODB INC                                  | \$55,000, 0.25% PAYABLE SEMI-<br>ANNUALLY, DUE JANUARY 15, 2026     | 80,518                                                                                                               | 140,491  |                      |
| NEOGENOMICS INC                              | \$80,000, 0.25% PAYABLE SEMI-<br>ANNUALLY, DUE NOVEMBER 15, 2028    | 84,372                                                                                                               | 68,100   |                      |
| NUVASIVE INC                                 | \$45,000, 0.375% PAYABLE SEMI-<br>ANNUALLY, DUE MARCH 15, 2023      | 82,166                                                                                                               | 76,700   |                      |

# Retirement Income Plan for the Employees of SAE International

## Schedule H, line 4i-Schedule of Assets (Held at End of Year) (Continued)

December 31, 2021

EIN/PN: 25-1494402/001

| (a)                              | (b) Identity of Issuer, 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 |
|----------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-------------------|
|                                  |                                                            | <b>Corporate Bonds and Notes (Continued)</b>                                                                |          |                   |
| OKTA INC                         |                                                            | \$105,000, 0.13% PAYABLE SEMI-ANNUALLY, DUE SEPTEMBER 1, 2025                                               | 149,278  | 149,160           |
| ON SEMICONDUCTOR CORP SR CONV NT |                                                            | \$75,000, 1.63% PAYABLE SEMI-ANNUALLY, DUE OCTOBER 15, 2023                                                 | 131,559  | 262,700           |
| PACIRA BIOSCIENCES INC.          |                                                            | \$60,000, 0.75% PAYABLE SEMI-ANNUALLY, DUE AUGUST 1, 2025                                                   | 99,173   | 99,507            |
| PALO ALTO NETWORKS INC.          |                                                            | \$120,000, 0.75% PAYABLE SEMI-ANNUALLY, DUE JULY 1, 2023                                                    | 149,357  | 272,519           |
| PIONEER NATURAL RESOURCES CO     |                                                            | \$65,000, 0.25% PAYABLE SEMI-ANNUALLY, DUE MAY 15, 2025                                                     | 97,717   | 115,822           |
| Q2 HOLDINGS INC.                 |                                                            | \$110,000, 0.750% PAYABLE SEMI-ANNUALLY, DUE JUNE 1, 2026                                                   | 132,926  | 123,307           |
| REPLIGEN CORP                    |                                                            | \$48,000, 0.375% PAYABLE SEMI-ANNUALLY, DUE JULY 15, 2024                                                   | 48,191   | 84,128            |
| RESTORATION HARDWARE INC.        |                                                            | \$110,000, 0.00%, DUE JUNE 15, 2023                                                                         | 51,286   | 88,240            |
| RINGCENTRAL INC                  |                                                            | \$160,000, 0%, DUE MARCH 1, 2025                                                                            | 190,026  | 150,314           |
| SEA LTD                          |                                                            | \$100,000, 0.25% PAYABLE SEMI-ANNUALLY, DUE SEPTEMBER 15, 2026                                              | 100,567  | 91,940            |
| SERVICENOW INC                   |                                                            | \$24,000, 0%, DUE JUNE 1, 2022                                                                              | 65,366   | 120,281           |

**Retirement Income Plan for the Employees of SAE International**

**Schedule H, line 4i-Schedule of Assets (Held at End of Year) (Continued)**

**December 31, 2021**

**EIN/PN: 25-1494402/001**

| (a)                          | (b) Identity of<br>Issuer, Borrower,<br>Lessor, or<br>Similar Party | (c) Description of Investment,<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | (d) Cost | (e) Current<br>Value |
|------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------|----------------------|
|                              |                                                                     | <b>Corporate Bonds and Notes (Continued)</b>                                                                         |          |                      |
| SHOPIFY INC                  |                                                                     | \$105,000, 0.13% PAYABLE SEMI-ANNUALLY, DUE NOVEMBER 1, 2025                                                         | 88,873   | 99,800               |
| SILICON LABORATORIES INC     |                                                                     | \$110,000, 1.38% PAYABLE SEMI-ANNUALLY, DUE MARCH 1, 2022                                                            | 92,086   | 122,717              |
| SNAP INC                     |                                                                     | \$75,000, 0.75% PAYABLE SEMI-ANNUALLY, DUE AUGUST 1, 2026                                                            | 72,240   | 103,341              |
| SOUTHWEST AIRLINES CO        |                                                                     | \$165,000, 1.25% PAYABLE SEMI-ANNUALLY, DUE MAY 15, 2025                                                             | 209,541  | 233,275              |
| SPLUNK INC.                  |                                                                     | \$120,000, 1.125% PAYABLE SEMI-ANNUALLY, DUE SEPTEMBER 15, 2025                                                      | 139,807  | 137,663              |
| STARWOOD PROPERTY TRUST INC. |                                                                     | \$110,000, 4.375% PAYABLE SEMI-ANNUALLY, DUE APRIL 1, 2023                                                           | 110,840  | 115,159              |
| TESLA INC.                   |                                                                     | \$50,000, 2.000% PAYABLE SEMI-ANNUALLY, DUE MAY 15, 2024                                                             | 36,374   | 68,065               |
| TWITTER INC                  |                                                                     | \$75,000, 0.25% PAYABLE SEMI-ANNUALLY, DUE JUNE 15, 2024                                                             | 109,966  | 81,715               |
| VAIL RESORTS INC             |                                                                     | \$85,000, 0%, DUE JANUARY 1, 2026                                                                                    | 91,386   | 90,591               |
| WAYFAIR INC                  |                                                                     | \$95,000, 0.625% PAYABLE SEMI-ANNUALLY, DUE OCTOBER 1, 2025                                                          | 98,800   | 86,377               |

# Retirement Income Plan for the Employees of SAE International

Schedule H, line 4i-Schedule of Assets (Held at End of Year) (Continued)

December 31, 2021

EIN/PN: 25-1494402/001

| (a)                                          | (b) Identity of<br>Issuer, Borrower,<br>Lessor, or<br>Similar Party | (c) Description of Investment,<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | (d) Cost         | (e) Current<br>Value |
|----------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------|----------------------|
| <b>Corporate Bonds and Notes (Continued)</b> |                                                                     |                                                                                                                      |                  |                      |
| WINNEBAGO INDUSTRIES INC                     | \$70,000, 1.50% PAYABLE SEMI-<br>ANNUALLY, DUE APRIL 1, 2025        | 103,785                                                                                                              | 120,052          |                      |
| WORKDAY INC                                  | \$90,000, 0.250% PAYABLE SEMI-<br>ANNUALLY, DUE OCTOBER 1, 2022     | 120,769                                                                                                              | 176,700          |                      |
| ZENDESK INC.                                 | \$35,000, 0.625% PAYABLE SEMI-<br>ANNUALLY, DUE JUNE 15, 2023       | 94,901                                                                                                               | 77,552           |                      |
| ZYNGA INC                                    | \$95,000, 0.250% PAYABLE SEMI-<br>ANNUALLY, DUE JUNE 15, 2024       | 165,760                                                                                                              | 134,925          |                      |
| <b>Total Corporate Bonds and Notes</b>       |                                                                     | <b>6,762,267</b>                                                                                                     | <b>7,969,829</b> |                      |

# Retirement Income Plan for the Employees of SAE International

Schedule H, line 4i-Schedule of Assets (Held at End of Year) (Continued)

December 31, 2021

EIN/PN: 25-1494402/001

| (a)            | (b) Identity of Issuer, 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 |
|----------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|-------------------|
| MORGAN STANLEY | Preferred Stocks Managed by Bowling                        |                                                                                                             |          |                   |
|                | APTIV PLC 5.75 CNV PFD A Rate: 0.000%                      |                                                                                                             | 111,594  | 175,376           |
|                | BANK AMER 7.2500 SERS L                                    |                                                                                                             | 105,924  | 130,086           |
|                | KKR & CO INC 6.00% SER-C Rate: 3.000%                      |                                                                                                             | 81,385   | 130,876           |
|                | Total Preferred Stocks                                     |                                                                                                             | 298,903  | 436,338           |

# Retirement Income Plan for the Employees of SAE International

Schedule H, line 4i-Schedule of Assets (Held at End of Year) (Continued)

December 31, 2021

EIN/PN: 25-1494402/001

| (a)                              | (b) Identity of Issuer, 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 |
|----------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------|-------------------|
| <b>Mutual Funds</b>              |                                                            |                                                                                                             |                  |                   |
| MORGAN STANLEY<br>PRINCIPAL      | MORGAN STANLEY LIQUID ASSET FUND                           |                                                                                                             | 903,951          | 903,951           |
|                                  | MONEY MARKET SEPARATE ACCT-Z                               |                                                                                                             | 1,371,887        | 1,371,887         |
| <b>Total Mutual Funds</b>        |                                                            |                                                                                                             | <b>2,275,838</b> | <b>2,275,838</b>  |
| <b>Limited Partnership</b>       |                                                            |                                                                                                             |                  |                   |
| PIMCO<br>COATUE<br>TPG           | PIMCO BRAVO Fund II Special TE                             |                                                                                                             | 538,881          | 538,881           |
|                                  | COATUE OFFSHORE FUND, LTD                                  |                                                                                                             | 4,102,316        | 4,102,316         |
|                                  | TPG PUBLIC EQUITY PARTNERS LTD                             |                                                                                                             | 1,777,078        | 1,777,078         |
| <b>Total Limited Partnership</b> |                                                            |                                                                                                             | <b>6,418,275</b> | <b>6,418,275</b>  |
| <b>Exchange Traded Funds</b>     |                                                            |                                                                                                             |                  |                   |
| MORGAN STANLEY                   | FIDELITY MSCI MATERIALS INDEX                              |                                                                                                             | 67,807           | 69,520            |
|                                  | ISHARES REAL ESTATE 50 ETF                                 |                                                                                                             | 61,747           | 86,583            |
|                                  | MATERIALS SEL SECT SPDR FD                                 |                                                                                                             | 67,890           | 70,042            |
|                                  | UTILITIES SEL SECT SPDR FUND                               |                                                                                                             | 103,323          | 111,808           |
|                                  | VANGUARD MATERIAL ETF                                      |                                                                                                             | 68,440           | 70,089            |
|                                  | VANGUARD REAL ESTATE ETF                                   |                                                                                                             | 62,966           | 85,267            |
|                                  | ISHARES MSCI BRIC ETF                                      |                                                                                                             | 217,482          | 221,652           |
|                                  | ISHARES MSCI EAFE ETF                                      |                                                                                                             | 2,234,885        | 2,825,477         |
|                                  | ISHARES MSCI EAFE GRWTH ETF                                |                                                                                                             | 1,234,825        | 1,743,575         |
|                                  | ISHARES RUSSELL 1000 GRW ETF                               |                                                                                                             | 1,912,607        | 6,715,340         |
|                                  | ISHARES RUSSELL 1000 VALUE ETF                             |                                                                                                             | 33,836           | 45,005            |
|                                  | ISHARES RUSSELL 2000 GRWTH ETF                             |                                                                                                             | 47,034           | 62,713            |
|                                  | ISHARES RUSSELL 2000 VALUE ETF                             |                                                                                                             | 200,789          | 335,753           |
|                                  | ISHARES RUSSELL MID-CAP ETF                                |                                                                                                             | 614,600          | 1,110,259         |
|                                  | ISHARES RUSSELL MIDCAP G ETF                               |                                                                                                             | 894,138          | 1,706,063         |
|                                  | ISHARES RUSSELL MIDCAP V ETF                               |                                                                                                             | 113,094          | 183,937           |
|                                  | ISHARES S&P 500 VAL ETF                                    |                                                                                                             | 36,069           | 46,206            |
|                                  | VANGUARD FTSE EMERGING MARKETS                             |                                                                                                             | 3,353,656        | 4,399,467         |
|                                  | ISHARES IBOX INVEST GR COR BD                              |                                                                                                             | 7,446,992        | 7,854,593         |

# Retirement Income Plan for the Employees of SAE International

Schedule H, line 4i-Schedule of Assets (Held at End of Year) (Continued)

December 31, 2021

EIN/PN: 25-1494402/001

| (a)                         | (b) Identity of<br>Issuer, Borrower,<br>Lessor, or<br>Similar Party | (c) Description of Investment,<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | (d) Cost      | (e) Current<br>Value |
|-----------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------|----------------------|
| MORGAN STANLEY              | Exchange Traded Funds<br>(Continued)                                |                                                                                                                      |               |                      |
|                             |                                                                     | ISHARES JP MORGAN EM BOND ETF                                                                                        | 3,537,905     | 3,447,492            |
|                             |                                                                     | SPDR PORTF LONG TERM CRP ETF                                                                                         | 3,343,825     | 3,420,711            |
|                             |                                                                     | VANGUARD INTERMEDIATE TERM BND                                                                                       | 10,619,620    | 10,386,562           |
| Total Exchange Traded Funds |                                                                     |                                                                                                                      | 36,273,530    | 44,998,114           |
| Total Investments           |                                                                     |                                                                                                                      | \$ 63,008,222 | \$ 77,285,760        |

**Retirement Income Plan for the Employees of SAE International**  
**Schedule H, line 4i-Schedule of Assets (Acquired and Disposed of During Year)**  
**December 31, 2021**  
**EIN/PN: 25-1494402/001**

| (a) Identity of<br>Issuer, Borrower,<br>Lessor, or<br>Similar Party | (b) Description of Investment,<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | (c) Costs<br>of<br>Acquisition | (d) Proceeds<br>of<br>Dispositions |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------------|
| MORGAN STANLEY                                                      | A O SMITH CORP                                                                                                       | \$ 51,876                      | \$ 67,578                          |
| MORGAN STANLEY                                                      | CHEESECAKE FACTORY INC                                                                                               | \$ 98,257                      | \$ 87,991                          |
| MORGAN STANLEY                                                      | CHEMOURS CO COM                                                                                                      | \$ 51,995                      | \$ 64,163                          |
| MORGAN STANLEY                                                      | DOW INC                                                                                                              | \$ 58,489                      | \$ 75,280                          |
| MORGAN STANLEY                                                      | DROPBOX INC CL A                                                                                                     | \$ 52,741                      | \$ 58,221                          |
| MORGAN STANLEY                                                      | EASTMAN CHEMICAL COMPANY                                                                                             | \$ 52,850                      | \$ 68,292                          |
| MORGAN STANLEY                                                      | EVERBRIDGE INC                                                                                                       | \$ 101,764                     | \$ 78,466                          |
| MORGAN STANLEY                                                      | FIFTH 3RD BANCORP OHIO                                                                                               | \$ 55,108                      | \$ 78,402                          |
| MORGAN STANLEY                                                      | FREEPORT-MCMORAN CL-B                                                                                                | \$ 35,194                      | \$ 52,637                          |
| MORGAN STANLEY                                                      | GRAHAM HLDGS CO COM                                                                                                  | \$ 33,943                      | \$ 38,542                          |
| MORGAN STANLEY                                                      | ISHARES RUSSELL 1000 ETF                                                                                             | \$ 19,714                      | \$ 21,076                          |
| MORGAN STANLEY                                                      | LUMENTUM HOLDINGS INC                                                                                                | \$ 104,359                     | \$ 83,235                          |
| MORGAN STANLEY                                                      | NCR CORPORATION                                                                                                      | \$ 40,204                      | \$ 56,811                          |
| MORGAN STANLEY                                                      | NETAPP INC COM                                                                                                       | \$ 53,723                      | \$ 62,247                          |
| MORGAN STANLEY                                                      | NEWMONT CORPORATION                                                                                                  | \$ 36,388                      | \$ 41,901                          |
| MORGAN STANLEY                                                      | PERKIN ELMER INC                                                                                                     | \$ 54,434                      | \$ 52,201                          |
| MORGAN STANLEY                                                      | PHILIP MORRIS INTL INC                                                                                               | \$ 74,912                      | \$ 90,531                          |
| MORGAN STANLEY                                                      | QUEST DIAGNOSTICS INC                                                                                                | \$ 54,606                      | \$ 57,246                          |
| MORGAN STANLEY                                                      | TARGET CORPORATION                                                                                                   | \$ 69,402                      | \$ 79,803                          |
| MORGAN STANLEY                                                      | T-MOBILE US INC COM                                                                                                  | \$ 48,230                      | \$ 52,730                          |
| MORGAN STANLEY                                                      | UNION PACIFIC CORP                                                                                                   | \$ 27,007                      | \$ 31,039                          |

# Retirement Income Plan for the Employees of SAE International

Schedule H, line 4j-Schedule of Reportable Transactions

December 31, 2021

EIN/PN: 25-1494402/001

| (a) Identity of<br>Party Involved                                      | (b) Description of Asset<br>(Including Interest<br>Rate and Maturity in<br>Case of a Loan) | (c) Purchase<br>Price | (d) Selling<br>Price | (e) Lease<br>Rental | (f) Expense<br>Incurred with<br>Transactions | (g) Cost of<br>Asset | (h) Current<br>Value of Asset<br>on Transaction<br>Date | (i) Net Gain |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------|----------------------|---------------------|----------------------------------------------|----------------------|---------------------------------------------------------|--------------|
| Category (iii) - Series of Transactions in Excess of 5% of Plan Assets |                                                                                            |                       |                      |                     |                                              |                      |                                                         |              |
| Purchases                                                              |                                                                                            |                       |                      |                     |                                              |                      |                                                         |              |
| Vanguard                                                               | Intermediate Term Bond                                                                     | \$ 9,793,297          | \$ -                 | \$ -                | \$ -                                         | \$ 9,793,297         | \$ 9,793,297                                            | \$ -         |
| Sales                                                                  |                                                                                            |                       |                      |                     |                                              |                      |                                                         |              |
| Vanguard                                                               | Short Term Bond                                                                            | \$ -                  | \$ 4,011,637         | \$ -                | \$ -                                         | \$ 3,908,624         | \$ 4,011,637                                            | \$ 103,013   |
| iShares                                                                | Intermediate Government/Credit Bond                                                        | \$ -                  | \$ 4,158,450         | \$ -                | \$ -                                         | \$ 3,967,535         | \$ 4,158,450                                            | \$ 190,915   |

There were no category (i), (ii) or (iv) reportable transactions during the year ended December 31, 2021.

SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

R I P E SAE I  
EIN 25 1494402  
PLAN NUMBER 001  
PLAN YEAR 01/01/2021 TO 12/31/2021

| DESCRIPTION OF ASSET                                       | (A)<br>Total Number<br>of Purchases | (B)<br>Total Number<br>of Sales | (C)<br>Total Value of Purchases | (D)<br>Total Value of Sales | (E)<br>Net Gain/(Loss) |
|------------------------------------------------------------|-------------------------------------|---------------------------------|---------------------------------|-----------------------------|------------------------|
| Pooled Separate Accounts<br>PRINCIPAL LIQUID ASSETS SEPARA | 14                                  |                                 | \$ 3,575,085.65                 |                             | \$ 0.00                |
| Pooled Separate Accounts<br>PRINCIPAL LIQUID ASSETS SEPARA |                                     | 24                              |                                 | \$ 3,397,049.66             | \$ 553.27 -            |
|                                                            |                                     |                                 |                                 |                             |                        |
|                                                            |                                     |                                 |                                 |                             |                        |
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\* Schedule is prepared using the alternative way of reporting (iii) series transactions under DOL Regulation 2520.103-6(d)(2).



SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

R I P E SAE I  
EIN 25 1494402  
PLAN NUMBER 001  
PLAN YEAR 01/01/2021 TO 12/31/2021

| (A) | (B)<br>Identity of issuer, borrower,<br>lessor or similar party. | (C)<br>Description of investment including maturity date,<br>rate of interest, collateral, par or maturity value. | (D)<br>Cost     | (E)<br>Current Value |
|-----|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------|----------------------|
| *   | Principal Life Insurance Company                                 | Pooled Separate Accounts<br>PRIN LIQUID ASSETS SEP ACCT-Z                                                         | \$ 1,372,526.11 | \$ 1,371,887.44      |
|     | Transfer Business                                                | Interest Bearing Cash<br>Transfer Business                                                                        | \$ 0.00         | \$ 903,951.00        |
|     | Transfer Business                                                | Corporate Debt - Other<br>Transfer Business                                                                       | \$ 0.00         | \$ 60,732,384.00     |
|     | Transfer Business                                                | Corporate Stock - Common<br>Transfer Business                                                                     | \$ 0.00         | \$ 14,277,538.00     |
|     |                                                                  |                                                                                                                   |                 |                      |
|     |                                                                  |                                                                                                                   |                 |                      |
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|     |                                                                  |                                                                                                                   |                 |                      |



Schedule SB, Line 26 - Schedule of Active Participant Data  
Retirement Income Plan for Employees of SAE International  
EIN 25-1494402 Plan No. 001

| Form 5500 - Schedule of Active Participation Data |                           |                |                |                |                |                |                |                |                |                |
|---------------------------------------------------|---------------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Valuation Date 01/01/2021                         |                           |                |                |                |                |                |                |                |                |                |
| Attained Age                                      | YEARS OF CREDITED SERVICE |                |                |                |                |                |                |                |                |                |
|                                                   | Under 1                   | 1 to 4         | 5 to 9         | 10 to 14       | 15 to 19       | 20 to 24       | 25 to 29       | 30 to 34       | 35 to 39       | 40 & up        |
|                                                   | Avg. No. Comp.            | Avg. No. Comp. | Avg. No. Comp. | Avg. No. Comp. | Avg. No. Comp. | Avg. No. Comp. | Avg. No. Comp. | Avg. No. Comp. | Avg. No. Comp. | Avg. No. Comp. |
| Under 25                                          | 0                         | 0              | 0              | 0              | 0              | 0              | 0              | 0              | 0              | 0              |
| 25 to 29                                          | 0                         | 0              | 0              | 0              | 0              | 0              | 0              | 0              | 0              | 0              |
| 30 to 34                                          | 0                         | 0              | 0              | 0              | 0              | 0              | 0              | 0              | 0              | 0              |
| 35 to 39                                          | 0                         | 0              | 0              | 4              | 0              | 0              | 0              | 0              | 0              | 0              |
| 40 to 44                                          | 0                         | 0              | 0              | 3              | 3              | 0              | 0              | 0              | 0              | 0              |
| 45 to 49                                          | 0                         | 0              | 0              | 7              | 7              | 1              | 1              | 0              | 0              | 0              |
| 50 to 54                                          | 0                         | 0              | 1              | 3              | 9              | 5              | 6              | 1              | 0              | 0              |
| 55 to 59                                          | 0                         | 0              | 0              | 7              | 5              | 3              | 2              | 4              | 0              | 0              |
| 60 to 64                                          | 0                         | 0              | 0              | 4              | 6              | 2              | 3              | 2              | 1              | 0              |
| 65 to 69                                          | 0                         | 0              | 0              | 1              | 0              | 2              | 0              | 0              | 0              | 0              |
| 70 & up                                           | 0                         | 0              | 0              | 0              | 0              | 0              | 0              | 0              | 0              | 0              |

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods  
Retirement Income Plan for Employees of SAE International  
EIN 25-1494402 Plan No. 001

Assumptions prescribed by law

|                  |                                                                                                           |
|------------------|-----------------------------------------------------------------------------------------------------------|
| <b>Mortality</b> | <u>During benefit payment period</u><br>IRS Prescribed Mortality - Static Annuitant, male and female.     |
|                  | <u>Before benefit payment period</u><br>IRS Prescribed Mortality - Static Non-annuitant, male and female. |

Assumptions selected by actuary

| <b>Inflation</b>        | 2.25% increase per year.                                                                                                                                                                                                                                                      |     |                           |       |    |       |    |    |     |       |     |    |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------------------|-------|----|-------|----|----|-----|-------|-----|----|
|                         | See Long-Term Capital Market Assumptions link.                                                                                                                                                                                                                                |     |                           |       |    |       |    |    |     |       |     |    |
| <b>Asset return</b>     | 6.50% for the current plan year.                                                                                                                                                                                                                                              |     |                           |       |    |       |    |    |     |       |     |    |
|                         | The asset return is developed as a weighted average rate based on the target asset allocation of the plan and the long-term capital market assumptions. The calculated return is on an arithmetic mean basis. For details, see the Long-Term Capital Market Assumptions link. |     |                           |       |    |       |    |    |     |       |     |    |
| <b>Expected expense</b> | The expected expense included in target normal cost is an estimate based on prior year expenses paid from plan assets. This is the best estimate available of upcoming year's expenses.                                                                                       |     |                           |       |    |       |    |    |     |       |     |    |
| <b>Retirement</b>       | Active participants                                                                                                                                                                                                                                                           |     |                           |       |    |       |    |    |     |       |     |    |
|                         | <table><tr><th>Age</th><th>Probability of retirement</th></tr><tr><td>55-59</td><td>2%</td></tr><tr><td>60-61</td><td>5%</td></tr><tr><td>62</td><td>25%</td></tr><tr><td>63-64</td><td>15%</td></tr><tr><td>65</td><td>100%</td></tr></table>                                | Age | Probability of retirement | 55-59 | 2% | 60-61 | 5% | 62 | 25% | 63-64 | 15% | 65 |
| Age                     | Probability of retirement                                                                                                                                                                                                                                                     |     |                           |       |    |       |    |    |     |       |     |    |
| 55-59                   | 2%                                                                                                                                                                                                                                                                            |     |                           |       |    |       |    |    |     |       |     |    |
| 60-61                   | 5%                                                                                                                                                                                                                                                                            |     |                           |       |    |       |    |    |     |       |     |    |
| 62                      | 25%                                                                                                                                                                                                                                                                           |     |                           |       |    |       |    |    |     |       |     |    |
| 63-64                   | 15%                                                                                                                                                                                                                                                                           |     |                           |       |    |       |    |    |     |       |     |    |
| 65                      | 100%                                                                                                                                                                                                                                                                          |     |                           |       |    |       |    |    |     |       |     |    |
|                         | Inactive participants are assumed to retire at age 65.                                                                                                                                                                                                                        |     |                           |       |    |       |    |    |     |       |     |    |
|                         | This assumption is based on the results of recent experience analysis and anticipated future experience.                                                                                                                                                                      |     |                           |       |    |       |    |    |     |       |     |    |
| <b>Disability</b>       | None. This plan does not offer a subsidized disability benefit therefore the disability assumption is built into the withdrawal assumption.                                                                                                                                   |     |                           |       |    |       |    |    |     |       |     |    |
| <b>Marriage</b>         | 75% married; husbands are 3 years older than wives.                                                                                                                                                                                                                           |     |                           |       |    |       |    |    |     |       |     |    |
|                         | This assumption does not have material impact on the results of this report and has been selected based on our best estimate of active workforce.                                                                                                                             |     |                           |       |    |       |    |    |     |       |     |    |

|                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Withdrawal</b>                           | <p>2003 Society of Actuaries Small Plan Age Table, multiplied by 0.50.</p> <p>We rely on a publicly published table due to the limited size of the plan. The SOA Small Plan Age Table is the most recent withdrawal experience table published by the Society of Actuaries. A multiplier of 0.50 is applied to this table to reflect the results of the most recent experience analysis and anticipated future experience.</p>                                                                                                                                                                                                                                                                  |
| <b>Form of benefit</b>                      | <p>Participants are assumed to receive their benefits on the normal form at the assumed retirement age.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Retirement cost of living adjustment</b> | <p>1.00% per year</p> <p>This assumption is based on plan provisions for cost of living adjustments.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Methods prescribed by law                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Liability measure</b>                    | <p>Funding target is the present value of the benefits accrued on the valuation date.</p> <p>Target normal cost is based on benefits expected to accrue during the current plan year and includes an estimate of plan expenses for the year.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>HCE benefit payment restrictions</b>     | <p>A ratio of the plan assets and accrued liability is used to determine if restrictions apply. Assets and accrued liability are as of the valuation date and are reduced by:</p> <ul style="list-style-type: none"> <li>any retiree benefit index or floor</li> <li>amounts for HCEs who were previously restricted</li> <li>an amount for the retiring HCE</li> </ul> <p>The estimated HCE ratio illustrated in this report is based on the market value of plan assets (excluding late deposits) and funding target as of the valuation date. The funding target uses the non-stabilized interest rates as defined in IRC §430(h)(2)(C)(iv). Other assumptions or methods could be used.</p> |

Methods selected by plan sponsor

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |           |           |           |            |           |       |       |       |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-----------|-----------|------------|-----------|-------|-------|-------|
| <b>Asset method</b>       | <p>The asset valuation method is prescribed by law for plans that elect to use a value other than market value.</p> <p>For each of the preceding two years, an expected value of assets at the end of the year is compared to the end of year market value. The resulting gain or loss is recognized evenly over three plan years.</p> <p>The expected value includes contributions, distributions, any deducted administrative expenses, and expected earnings (based on the lesser of the assumed interest rate or the maximum allowable rate). The deferred gains and losses are added to the current market value and then restricted to no more than 110% and no less than 90% of that market value.</p> <p>When actual returns exceed the assumed return, the actuarial value of assets will lag below market value. The lag and the smoothing effect are limited since the value must be within 10% of market value.</p> |           |           |           |           |            |           |       |       |       |
| <b>Segment rates</b>      | <p>24-month average with no weighting to prior law basis. Use rates where August is the last month included in the average.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |           |           |           |            |           |       |       |       |
| <b>PBGC premium basis</b> | <p>Variable rate premiums are calculated using census, market value of assets and the one-month average of corporate bond rates in effect on the valuation date. You elected this Standard interest method for the 01/01/2014 plan year and the method must be used for five years before a change can be made.</p> <table><tr><td>Segment 1</td><td>Segment 2</td><td>Segment 3</td></tr><tr><td>years 0-5</td><td>years 5-20</td><td>years 20+</td></tr><tr><td>0.51%</td><td>2.26%</td><td>3.01%</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                           | Segment 1 | Segment 2 | Segment 3 | years 0-5 | years 5-20 | years 20+ | 0.51% | 2.26% | 3.01% |
| Segment 1                 | Segment 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Segment 3 |           |           |           |            |           |       |       |       |
| years 0-5                 | years 5-20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | years 20+ |           |           |           |            |           |       |       |       |
| 0.51%                     | 2.26%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3.01%     |           |           |           |            |           |       |       |       |

Methods elected by actuary

|                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Retirees</b>        | <p>Assets and liabilities for current and future retirees are included.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Vested benefits</b> | <p>A benefit is included in vested benefits if it meets the requirements under PBGC. The benefit is multiplied by the participant's vesting percentage applicable to each benefit on the valuation date.</p> <p>The following ancillary benefits are always treated as nonvested: disability benefits payable to retirement age unless in pay status, pre-retirement death benefits in excess of the survivor annuity death benefit and post retirement death benefits for non-retired participants except as noted in the Plan provisions.</p> |

Assumptions and methods elected by actuary - plan accounting (ASC 960)

With the exceptions below, all assumptions and methods are the same as those used in determining your plan's regular funding target and target normal cost.

**Mortality**

Based on Pri-2012 Total dataset base rate mortality table projected generationally using the Principal Mortality Improvement Scale (Principal 2016-10).

Base rates

Before benefit payment period

Employee amount-weighted, male and female

During benefit payment period

Retiree amount-weighted, male and female

The Society of Actuaries is an actuarial organization that periodically reviews mortality data and publishes mortality tables and improvement scales. In October 2019, the SOA released the Pri-2012 Mortality Tables for private-sector retirement plans in the U.S. The Pri-2012 report contains different sets of mortality tables based on complete dataset or various subsets. The Total dataset base rate table was selected based on information provided by the plan sponsor.

Pri-2012 section 12.4. provided three approaches for designated beneficiaries in the calculation of joint-and-survivor annuities. We believe "Approach 1" is reasonable for this plan and has been selected due to data limitations in identifying contingent survivors. In addition, we believe beneficiary mortality isn't materially different while both participants are alive.

Mortality improvement (MI)

Principal 2016-10 MI scale: this scale is based on MP-2020 study and model issued by SOA with the exception of the following user-selected assumptions:

- 10-year convergence period on age and cohort
- Long-term rates (LTR) assumptions using sex-distinct and age-based rates developed from Social Security Trustees Reports.

See [Mortality Documentation](#) for rationale and additional information.

**Interest rate used to value liabilities**

6.25%

The interest rate used to value ASC 960 liabilities is developed as long-term expected geometric return on plan assets. Arithmetic expected return is calculated as the weighted average of broad asset classes' arithmetic returns of the plan's target asset allocation, and then converted to the geometric under lognormal distribution assumption. For details, see Long-Term Capital Market Assumptions link.

**Treatment of administrative expenses**

No adjustments are made for administrative expenses, either through a reduction in the discount rate or by calculating a present value of future expenses.

Plan sponsors may change their administrative expense handling at any time. Our approach provides consistent handling of ASC 960 liabilities from year to year, whether expenses are paid with plan assets or directly by the employer.

Note - expenses paid with plan assets are required to be included in funding normal cost. As a result, the plan is reimbursed annually through required funding. Exception – contributions are not required due to assets sufficiently in excess of liabilities to fund both expenses and normal cost. In this case, administrative expenses are taken from the excess assets.

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

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

▶ **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<br><u>Retirement Income Plan for Employees of SAE International</u>                                                 | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>SAE International</u>                                      | <b>D</b> Employer Identification Number (EIN)<br><u>25-1494402</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 type="checkbox"/> 101-500 <input checked="" 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>74094690</u>                                                                                                |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> <u>67727079</u>                                                                                                |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            |                                                                                                                          |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | (1) Number of participants <u>242</u> (2) Vested Funding Target <u>38223129</u> (3) Total Funding Target <u>38223129</u> |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | <u>197</u> <u>17261923</u> <u>17261923</u>                                                                               |
| <b>c</b> For active participants .....                                                                                                                                                                         | <u>93</u> <u>15248339</u> <u>15248339</u>                                                                                |
| <b>d</b> Total.....                                                                                                                                                                                            | <u>532</u> <u>70733391</u> <u>70733391</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>5.62</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>35000</u>                                                                                                   |
| <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                       | <b>6c</b> <u>35000</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>9/21/2022</u>                       |
|                                                        | Signature of actuary                                                                | Date                                   |
| <u>Michael E. Clark</u>                                | Type or print name of actuary                                                       | <u>2006659</u>                         |
|                                                        |                                                                                     | Most recent enrollment number          |
| <u>Principal Financial Group</u>                       | Firm name                                                                           | <u>412-394-9383</u>                    |
| <u>PO Box 9394</u><br><u>Des Moines, IA 50306-9394</u> |                                                                                     | Telephone number (including area code) |
|                                                        | 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) .....                                                             | 0                     | 85913                  |
| <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                     | 85913                  |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>14.94</u> % .....                                                                                | 0                     | 12835                  |
| <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) .....                                                                                      |                       | 282341                 |
| <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>5.43</u> % ..... |                       | 15331                  |
| <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 .....                                                                        |                       | 297672                 |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <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                     | 98748                  |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 95.61 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 95.61 % |
| <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> | 87.82 % |
| <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<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees           |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|-------------------------------------------|
| 04/07/2021               | 500000                            | 0                               |                          |                                   |                                           |
| 04/23/2021               | 2500000                           | 0                               |                          |                                   |                                           |
|                          |                                   |                                 |                          |                                   |                                           |
|                          |                                   |                                 |                          |                                   |                                           |
|                          |                                   |                                 |                          |                                   |                                           |
|                          |                                   |                                 |                          |                                   |                                           |
|                          |                                   |                                 |                          |                                   |                                           |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 3000000                           | <b>18(c)</b> style="text-align: right;">0 |

**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> | 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> | 2951267 |

**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****21** Discount rate:**a** Segment rates:1st segment:  
4.75 %2nd segment:  
5.36 %3rd segment:  
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

4

**22** Weighted average retirement age .....**22**

63

**23** Mortality table(s) (see instructions) .....☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. ....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years ..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) ..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c) ..... **31a** 35000**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment ..... Outstanding Balance 3105060 Installment 289521**b** Waiver amortization installment ..... 0 0**33** 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 ..... **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..... **34** 324521**35** Balances elected for use to offset funding requirement ..... Carryover balance 0 Prefunding balance 0 Total balance 0**36** Additional cash requirement (line 34 minus line 35) ..... **36** 324521**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) ..... **37** 2951267**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) ..... **38a** 2626746**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) ..... **39** 0**40** Unpaid minimum required contributions for all years ..... **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ..... ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ..... ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Schedule SB, Line 22 - Description Of Weighted Average Retirement Age  
Retirement Income Plan for Employees of SAE International  
EIN 25-1494402 Plan No. 001

The weighted average retirement age is weighted by the expected percentage of active participants retiring at each age. The retirement rate reflects only those participants who meet retirement eligibility. An active participant working past assumed retirement age is expected to retire at current age.

| (1)<br>Age | (2)<br>Expected<br>Active<br>Headcount | (3)<br>Retirement<br>Rate | (4)<br>Expected<br>Retirements<br>(2)*(3) | (5)<br>Weighted<br>Age<br>(1)*(4) |
|------------|----------------------------------------|---------------------------|-------------------------------------------|-----------------------------------|
| 55         | 41.7384                                | 0.0200                    | 0.8348                                    | 45.9122                           |
| 56         | 44.8348                                | 0.0200                    | 0.8967                                    | 50.2150                           |
| 57         | 46.8567                                | 0.0200                    | 0.9371                                    | 53.4166                           |
| 58         | 48.8239                                | 0.0200                    | 0.9765                                    | 56.6357                           |
| 59         | 52.7365                                | 0.0200                    | 1.0547                                    | 62.2291                           |
| 60         | 57.5481                                | 0.0500                    | 2.8774                                    | 172.6443                          |
| 61         | 58.5102                                | 0.0500                    | 2.9255                                    | 178.4561                          |
| 62         | 60.4037                                | 0.2500                    | 15.1009                                   | 936.2573                          |
| 63         | 50.0943                                | 0.1500                    | 7.5141                                    | 473.3910                          |
| 64         | 44.3875                                | 0.1500                    | 6.6581                                    | 426.1196                          |
| 65         | 37.5353                                | 1.0000                    | 37.5353                                   | 2,439.7950                        |
| 66         | 2.0000                                 | 1.0000                    | 2.0000                                    | 132.0000                          |
| 67         | 0.0000                                 | 1.0000                    | 0.0000                                    | 0.0000                            |
| 68         | 1.0000                                 | 1.0000                    | 1.0000                                    | 68.0000                           |
| Total      |                                        |                           | 80.3112                                   | 5,095.0720                        |
| Average    |                                        |                           |                                           | 63.44                             |

Schedule SB, Part V - Summary of Plan Provisions  
Retirement Income Plan for Employees of SAE International  
EIN 25-1494402 Plan No. 001

This report reflects the maximum benefit limits under Internal Revenue Code (IRC) Section 415 and maximum compensation limits under IRC Section 401 in effect on the first day of each plan year.

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document.

Plan eligibility

|                   |                                                                                                                                                                                                       |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Age</b>        | Attained age 20-1/2.                                                                                                                                                                                  |
| <b>Service</b>    | 6 months of service and completion of 1,000 hours.                                                                                                                                                    |
| <b>Entry date</b> | An employee will enter the plan on the January 1 coincident with or next following the completion of the age and service requirements. No new participants will enter the plan after January 1, 2008. |

Normal retirement benefit

|                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Age</b>                          | Attained age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Service</b>                      | Five years of service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Form</b>                         | Monthly annuity payable for life with 60 monthly payments guaranteed. (Other optional forms are available.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Amount<br/>(accrued benefit)</b> | <p>The greater of a) or b) below:</p> <p>a) 1.30% of average compensation not greater than covered compensation multiplied by credited service up to 35 years, plus 1.925% of average compensation over covered compensation multiplied by credited service up to 35 years, plus 1.30% of average compensation multiplied by credited service over 35 years.</p> <p>b) The participant's accrued benefit as of December 31, 1988 based on 2.0% of average monthly compensation multiplied by credited service, less 2.0% of primary social security benefit multiplied by credited service up to 25 years.</p> <p>The accrued benefit will be frozen effective 12/31/2017.</p> |

Early retirement benefit

|                                         |                                                                                                                                                                                                                     |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Age</b>                              | Attained age 55.                                                                                                                                                                                                    |
| <b>Service</b>                          | 10 years of vesting service.                                                                                                                                                                                        |
| <b>Form</b>                             | Same as normal retirement benefit.                                                                                                                                                                                  |
| <b>Amount</b>                           | Accrued benefit at date of actual retirement payable at normal retirement.                                                                                                                                          |
| <b>Reduction for early commencement</b> | Benefit may be elected immediately, but reduced by 8/12 of 1% for each of the first 36 months and 4/12 of 1% for each of the next 84 months by which the early retirement date precedes the normal retirement date. |

Schedule SB, Part V - Summary of Plan Provisions  
Retirement Income Plan for Employees of SAE International  
EIN 25-1494402 Plan No. 001

Late retirement benefit

|               |                                             |
|---------------|---------------------------------------------|
| <b>Age</b>    | No maximum age.                             |
| <b>Form</b>   | Same as normal retirement benefit.          |
| <b>Amount</b> | Accrued benefit accrued to late retirement. |

Termination benefit

|                           |                                                                                                          |
|---------------------------|----------------------------------------------------------------------------------------------------------|
| <b>Vesting percentage</b> | 100% after five years of vesting service.                                                                |
| <b>Form</b>               | Same as normal retirement benefit.                                                                       |
| <b>Amount</b>             | Accrued benefit at date of termination multiplied by the vested percentage payable at normal retirement. |

Disability benefit

|                    |                                                                                                                                                                      |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Eligibility</b> | Payment of the benefit will commence at age 65 with 5 years of service.                                                                                              |
| <b>Form</b>        | Same as normal retirement benefit.                                                                                                                                   |
| <b>Amount</b>      | Based on average monthly compensation and covered compensation as of the employee's date of disability, but credited service is projected to normal retirement date. |

Death benefit

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Eligibility</b> | Qualified married participant fully vested in an accrued benefit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Form</b>        | Monthly annuity payable to spouse, deferred to participant's earliest retirement date if later than the date of death.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Amount</b>      | <p>One of the following of a), b) or c):</p> <p>a) If the employee's death occurs prior to age 50 and completion of 15 years of service and prior to becoming eligible for early retirement, the benefit payable to the spouse is equal to 50% of the benefit that would have been payable had the employee retired under the joint and 50% survivor option as of his/her earliest retirement date. This benefit will commence at this earliest retirement date.</p> <p>b) If the employee's death occurs after age 50 and completion of 15 years of service, or after becoming eligible for early retirement, the amount of the benefit payable to the spouse is equal to the greater of (1) 50% of the accrued benefit or (2) the benefit payable had the employee retired under the joint and 100% survivor option as of his/her death. This benefit will be payable immediately.</p> <p>c) If the employee's death occurs after becoming eligible for normal retirement but before the commencement, the benefit payable will be that described in b), above. The benefit will be payable to the spouse unless prior spousal consent was obtained to name an alternate beneficiary and/or choose an alternate form of survivor annuity.</p> |

Cost of living adjustment

**Amount** As of each July 1, a cost of living adjustment will be made to benefits in pay status to those employees retiring on or after October 1, 1980. The amount of this adjustment shall be 1/3 of the increase in the CPI. Should the increase in the CPI be less than 3.0%, no adjustment is made until the cumulative increase of CPI since the last adjustment exceeds 3.0%.

Definitions

**Average compensation** Frozen as of December 31, 2017. Average monthly compensation will be equal to the average of the highest consecutive 60 months of earnings during the most recent 120 months. Earnings for this calculation will not include bonuses, overtime or compensation in excess of the limits set by the IRS.

**Covered compensation** Frozen as of December 31, 2017. Covered compensation is the final 35-year average of social security taxable wage bases, ending with the year the employee reaches social security normal retirement age. If a participant's service terminates before normal retirement age, covered compensation is calculated by using the taxable wage base in the year of termination for any future years.

**Accrued benefit** Frozen as of December 31, 2017. An employee's accrued benefit will be based upon the formulas described under normal retirement benefit, the participant's current average monthly earnings, and credited service projected to normal retirement date )or actual credited service at late retirement date). If employment ceases prior to the normal retirement date, the benefit is multiplied by credited service to date and divided by projected credited service. Effective January 1, 1994, however, the accrued benefit may not be less than the amount as of December 31, 1993 nor may it be less than the sum of a) the December 31, 1993 accrued benefit plus b) the accrued benefit to date based on credited service from January 1, 1994 only.

**Vesting service** An employee will accrue 1 year of vesting service for each 12-month period of employment. Vesting service will accrue from the employee's date of hire, but will exclude any periods of employment before age 18.

**Credited service** Frozen as of December 31, 2017. An employee will be credited with a year of credited service and fractional parts thereof for each year or partial year of participation in the plan. For years prior to January 1, 1976, credited service was based on each year or partial year of employment provided the participant made the required contributions.

**Optional forms of benefit payments** Actuarial equivalent of normal form of payment available as:  
Life annuity with periods certain of 10, 15, and 20 years; joint and survivor annuity with 50%, 66.67%, 75% or 100% continuing to surviving spouse;  
lump sum not greater than \$5,000.

The optional form conversion basis is 8.0% interest and the UP-1984 Mortality Table set back 3 years for payments other than lump sums.

**Changes in Principal Eligibility or Benefit Provisions**

There have been no changes in principal eligibility or benefit provisions since the last valuation.

**Significant Event**

The enrolled actuary has not been made aware that any significant events have occurred during the year.

Schedule SB, Line 32 - Schedule of Amortization Bases  
Retirement Income Plan for Employees of SAE International  
EIN 25-1494402 Plan No. 001

**Shortfall**

| Date created | Present value | Remaining years | Annual charge |
|--------------|---------------|-----------------|---------------|
| 01/01/2021   | \$3,105,060   | 15              | \$289,521     |

---

|              |                    |  |                  |
|--------------|--------------------|--|------------------|
| <b>Total</b> | <b>\$3,105,060</b> |  | <b>\$289,521</b> |
|--------------|--------------------|--|------------------|

Last year's total shortfall annual charge was \$1,975,111. ARPA extends the shortfall amortization period from 7 to 15 years. Any existing shortfall bases have been eliminated and replaced with a new base amortized over 15 years.

The total annual charge used in calculating your annual cost can't be less than zero.

Waiver charges represent your repayment to the plan for an annual charge that was not funded. A waiver only exists once the Internal Revenue Service has granted approval. See Waivers in Rules and regulations.

**Waiver**

| Date created | Present value | Remaining years | Annual charge |
|--------------|---------------|-----------------|---------------|
| N/A          | N/A           | N/A             | N/A           |

There are no waiver bases for the current year.