

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><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:                                                                       | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                           | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                       | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|-------------------------------------------------------|--|---------------------------------------------------------------------|--|------------------------------------------------------------------|--|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                    | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>1a</b> Name of plan<br><u>GRAND RAPIDS FOAM TECHNOLOGIES INC RETIREMENT PLAN</u>                                                                                                                                                                                                                                                                               | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>12/28/1967</u></td> </tr> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>38-1812836</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Plan Sponsor's telephone number<br/><u>616-726-1677</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>326200</u></td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ▶ | <u>001</u> | <b>1c</b> Effective date of plan<br><u>12/28/1967</u> |  | <b>2b</b> Employer Identification Number (EIN)<br><u>38-1812836</u> |  | <b>2c</b> Plan Sponsor's telephone number<br><u>616-726-1677</u> |  | <b>2d</b> Business code (see instructions)<br><u>326200</u> |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                          | <u>001</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>12/28/1967</u>                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>38-1812836</u>                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>616-726-1677</u>                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |                                                       |  |                                                                     |  |                                                                  |  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>326200</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>GRAND RAPIDS FOAM TECHNOLOGIES, INC</u><br><br><u>2788 REMICO</u><br><u>WYOMING, MI 49519</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. | 10/17/2022 | BENJAMIN AMANN                                               |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 538 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 313 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 300 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                         |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 21  |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                         |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 288 |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 609 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 609 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                            |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 605 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                 |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 54  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                        |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 3D 2F 2H 2K 2J 2T                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                   |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                   |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <u>0</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |     |

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

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**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.

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**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 \_\_\_\_\_

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|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |  |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|
| <b>SCHEDULE C</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>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><b>GRAND RAPIDS FOAM TECHNOLOGIES INC RETIREMENT PLAN</b>                          | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>001</b> |
|                                                                                                             |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>GRAND RAPIDS FOAM TECHNOLOGIES, INC</b> | <b>D</b> Employer Identification Number (EIN)<br><b>38-1812836</b> |            |

Part I
Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

(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)

FIDELITY INVESTORS

31-4156830

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 18 19 21<br>25 50      | NONE                                                                                              | 37117                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

WATKINS ROSS

38-1477362

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 16 37<br>38 64 50   | NONE                                                                                              | 31225                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CHARLES SCHWAB

42-1558009

| (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? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 18 19 21<br>25         | NONE                                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" 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>(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"/>                                            |

**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 |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHARLES SCHWAB TRUST COMPANY                                               | 18 25                                                                                                                                                              | 0                                         |
| (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. |                                           |
| EPIC ADVISORS<br>150 STATE STREET<br>ROCHESTER, NY 14614<br><br>16-1450952 | CUSTODIAL AND DIRECTED TRUSTEE SERVICE FEES                                                                                                                        |                                           |
| (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:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <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>GRAND RAPIDS FOAM TECHNOLOGIES INC RETIREMENT PLAN</u>                          | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>GRAND RAPIDS FOAM TECHNOLOGIES, INC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>38-1812836</u> |            |

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

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

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 2001                  | 250000          |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    | 1001                  | 0               |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    | 23732                 | 24652           |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 445970                | 451891          |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    | 176907                | 263221          |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> | 1823877               | 1797297         |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> | 406171                | 507775          |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> | 2410914               | 2421546         |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 4196316               | 4906953         |
| <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>    | 9486889               | 10623335        |

**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> | 9486889 | 10623335 |
|-----------------------------------------------------------|-----------|---------|----------|

**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> | 349329     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 421621     |           |
| <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>    |            | 770950    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> |            |           |
| <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> |            | 0         |
| (2) Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> | 175195     |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 10632      |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 644075     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 829902    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 391235    |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 1992087   |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 777642     |           |
| (2) To insurance carriers for the provision of benefits.....                                   | 2e(2)  |            |           |
| (3) Other.....                                                                                 | 2e(3)  |            |           |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                                   | 2e(4)  |            | 777642    |
| f Corrective distributions (see instructions).....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            |           |
| h Interest expense.....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  |            |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  | 77999      |           |
| (4) Other.....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 77999     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 855641    |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 1136446   |
| 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: JANSSEN VALK THOMPSON & REAHM PC

(2) EIN: 38-3186775

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|                                                                                                                                                                                                                                                                                                                                                                                                 | Yes                 | No                 | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|--------|
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) .....                                                                                |                     |                    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                                                                                                            |                     |                    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                                                                                                 |                     |                    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                                                                                                        | X                   |                    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                                                                                                         |                     | X                  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                                                                                                      |                     |                    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                                                                                            |                     |                    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                                                                                                  | X                   |                    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                                                                                                       | X                   |                    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                                                                                                    |                     |                    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                                                                                                             |                     |                    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                                                                                                              |                     |                    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                                                                                                    |                     |                    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     | X                  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                                                                                                        |                     |                    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                                                                                                       |                     |                    |        |
| <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 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 _____. |                     |                    |        |

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <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

|                                                                                                           |                                                                  |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>GRAND RAPIDS FOAM TECHNOLOGIES INC RETIREMENT PLAN</div>                          | <div>B Three-digit plan number (PN) ► 001</div>                  |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500<br/>GRAND RAPIDS FOAM TECHNOLOGIES, INC</div> | <div>D Employer Identification Number (EIN)<br/>38-1812836</div> |

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

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

|                                                                  |                                                                                                                                                                                                                                                               |   |   |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 1                                                                | Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                  | 1 | 0 |
| 2                                                                | Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 31-4156830 42-1558009 |   |   |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3. |                                                                                                                                                                                                                                                               |   |   |
| 3                                                                | Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                       | 3 |   |

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

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

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

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

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

|    |                                                                                                                                                                                       |                              |                             |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 10 | Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 | a Does the ESOP hold any preferred stock? .....                                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|    | b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | 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 \_\_\_\_\_

**Grand Rapids Foam Technologies, Inc.  
Retirement Plan**

**Financial Statements  
and ERISA-Required Supplemental Schedule**

*Years ended December 31, 2021 and 2020*



**JANSEN VALK THOMPSON REAHM PC**  
*Certified Public Accountants and Consultants*

# **Grand Rapids Foam Technologies, Inc. Retirement Plan**

Years ended December 31, 2021 and 2020

## **Contents**

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**Kalamazoo Office**  
7171 Stadium Drive  
Kalamazoo, MI 49009

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## Independent Auditor's Report

Plan Administrator  
Grand Rapids Foam Technologies, Inc. Retirement Plan

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

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

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

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

### Opinion on the 2021 Financial Statements

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

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

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

### **Basis for Opinion on the 2021 Financial Statements**

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

### **Responsibilities of Management for the 2021 Financial Statements**

Management is responsible for the preparation and fair presentation of the 2021 financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

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

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

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

## **Other Matters**

### *2021 Supplemental Schedule Required by ERISA*

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

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

In our opinion—

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

*Auditor's Report on the 2020 Financial Statements*

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 2, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*Jansen Valle Thompson & Reahm PC*

October 14, 2022

# Grand Rapids Foam Technologies, Inc. Retirement Plan

## Statements of Net Assets Available for Benefits

|                                      | Participant<br>Directed | Non-<br>Participant<br>Directed | Totals               |
|--------------------------------------|-------------------------|---------------------------------|----------------------|
| <b>December 31, 2021</b>             |                         |                                 |                      |
| <b>Assets</b>                        |                         |                                 |                      |
| Investments, at fair value           | \$ 4,937,290            | \$ 5,411,393                    | \$ 10,348,683        |
| Receivables:                         |                         |                                 |                      |
| Employer profit-sharing contribution | -                       | 250,000                         | 250,000              |
| Interest and dividends               | -                       | 24,652                          | 24,652               |
| Total receivables                    | -                       | 274,652                         | 274,652              |
| Net assets available for benefits    | <u>\$ 4,937,290</u>     | <u>\$ 5,686,045</u>             | <u>\$ 10,623,335</u> |
| <b>December 31, 2020</b>             |                         |                                 |                      |
| <b>Assets</b>                        |                         |                                 |                      |
| Investments, at fair value           | \$ 4,231,640            | \$ 5,228,515                    | \$ 9,460,155         |
| Receivables:                         |                         |                                 |                      |
| Participants                         | 1,001                   | -                               | 1,001                |
| Employer match                       | 2,001                   | -                               | 2,001                |
| Interest and dividends               | -                       | 23,732                          | 23,732               |
| Total receivables                    | 3,002                   | 23,732                          | 26,734               |
| Net assets available for benefits    | <u>\$ 4,234,642</u>     | <u>\$ 5,252,247</u>             | <u>\$ 9,486,889</u>  |

See accompanying notes to financial statements.

## Grand Rapids Foam Technologies, Inc. Retirement Plan

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

Year ended December 31, 2021

|                                                                 | Participant<br>Directed | Non-<br>Participant<br>Directed | Totals        |
|-----------------------------------------------------------------|-------------------------|---------------------------------|---------------|
| <b>Additions</b>                                                |                         |                                 |               |
| Investment income:                                              |                         |                                 |               |
| Net appreciation (depreciation) in<br>fair value of investments | \$ (104,321)            | \$ 495,556                      | \$ 391,235    |
| Interest and dividend income                                    | 644,075                 | 185,827                         | 829,902       |
| Net investment income                                           | 539,754                 | 681,383                         | 1,221,137     |
| Contributions:                                                  |                         |                                 |               |
| Participants                                                    | 421,621                 | -                               | 421,621       |
| Employer profit-sharing                                         | -                       | 250,000                         | 250,000       |
| Employer matching                                               | 99,329                  | -                               | 99,329        |
| Total contributions                                             | 520,950                 | 250,000                         | 770,950       |
| Total additions                                                 | 1,060,704               | 931,383                         | 1,992,087     |
| <b>Deductions</b>                                               |                         |                                 |               |
| Benefits paid to participants                                   | 317,186                 | 460,456                         | 777,642       |
| Administrative expenses                                         | 40,870                  | 37,129                          | 77,999        |
| Total deductions                                                | 358,056                 | 497,585                         | 855,641       |
| Increase in net assets<br>available for benefits                | 702,648                 | 433,798                         | 1,136,446     |
| Net assets available for benefits:                              |                         |                                 |               |
| Beginning of year                                               | 4,234,642               | 5,252,247                       | 9,486,889     |
| End of year                                                     | \$ 4,937,290            | \$ 5,686,045                    | \$ 10,623,335 |

*See accompanying notes to financial statements.*

## Grand Rapids Foam Technologies, Inc. Retirement Plan

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

Year ended December 31, 2020

|                                                  | Participant<br>Directed | Non-<br>Participant<br>Directed | Totals       |
|--------------------------------------------------|-------------------------|---------------------------------|--------------|
| <b>Additions</b>                                 |                         |                                 |              |
| Investment income:                               |                         |                                 |              |
| Net appreciation in fair value of investments    | \$ 317,210              | \$ 413,937                      | \$ 731,147   |
| Interest and dividend income                     | 131,377                 | 172,196                         | 303,573      |
| Net investment income                            | 448,587                 | 586,133                         | 1,034,720    |
| Contributions:                                   |                         |                                 |              |
| Participants, including rollovers                | 376,654                 | -                               | 376,654      |
| Employer matching                                | 98,654                  | -                               | 98,654       |
| Total contributions                              | 475,308                 | -                               | 475,308      |
| Total additions                                  | 923,895                 | 586,133                         | 1,510,028    |
| <b>Deductions</b>                                |                         |                                 |              |
| Benefits paid to participants                    | 389,560                 | 59,589                          | 449,149      |
| Administrative expenses                          | 30,530                  | 32,561                          | 63,091       |
| Total deductions                                 | 420,090                 | 92,150                          | 512,240      |
| Increase in net assets available<br>for benefits | 503,805                 | 493,983                         | 997,788      |
| Net assets available for benefits:               |                         |                                 |              |
| Beginning of year                                | 3,730,837               | 4,758,264                       | 8,489,101    |
| End of year                                      | \$ 4,234,642            | \$ 5,252,247                    | \$ 9,486,889 |

*See accompanying notes to financial statements.*

# **Grand Rapids Foam Technologies, Inc. Retirement Plan**

## **Notes to Financial Statements**

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### **Note A—Description of the Plan**

The following description of the Grand Rapids Foam Technologies, Inc. Retirement Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

#### **General**

The Plan is a defined contribution profit-sharing and 401(k) plan covering substantially all employees of Grand Rapids Foam Technologies, Inc. (the “Company”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

#### **Eligibility**

Employees become eligible to make contributions on the first day of the quarter after their hire date and they become eligible to participate in employer contributions on the first of January or July following six months of employment, provided they are not a union or leased employee or nonresident alien.

#### **Contributions**

Each year, participants may contribute up to 100% of annual compensation, as defined in the Plan agreement, up to the maximum amount allowed by the Internal Revenue Code (IRC). Participants who have reached age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 1% of eligible compensation and their contributions are invested in a designated fund until changed by the participant. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

The Company may make discretionary matching and profit-sharing contributions to the Plan as determined annually by the Board of Directors. The Company elected to match 100% of the first 3% of compensation contributed by employees for 2021 and 2020. The Company made a discretionary profit-sharing contribution of \$250,000 for 2021. No such contributions were made for 2020.

# **Grand Rapids Foam Technologies, Inc. Retirement Plan**

## **Notes to Financial Statements (continued)**

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### **Note A—Description of the Plan (continued)**

#### **Participant Accounts**

Each participant's account is credited with the participant's contributions, allocations of the Company's contributions (when made), Plan earnings and forfeitures of terminated participants' nonvested profit-sharing amounts and charged with an allocation of administrative expenses. Allocations are based on participant compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### **Vesting**

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's discretionary matching and profit-sharing contributions, plus actual earnings thereon, is based on years of continuous service. A participant is 100% vested after six years of credited service.

#### **Participant Loans**

The Plan does not allow loans to participants.

#### **Payment of Benefits**

Upon retirement at age 65, termination of employment, death, or disability, a participant or their beneficiary may elect to receive the value of the participant's vested interest in their account in a lump-sum distribution. If a terminated participant's account balance is less than \$5,000, the participant's benefit will be automatically distributed in a single lump-sum payment. Participants who have reached age 59½ may take in-service withdrawals.

#### **Forfeitures**

Forfeitures resulting from the nonvested portions of accounts of participants who terminate prior to being fully vested are allocated to the remaining participants, if from profit-sharing contributions and are used to reduce employer contributions or pay plan expenses, if from matching contributions. Approximately \$4,000 of forfeitures were used to reduce employer contributions during 2021. No amounts were used during 2020 to reduce contributions or expenses. Forfeited account balances totaled approximately \$42,700 and \$21,500 at December 31, 2021 and 2020, respectively.

# **Grand Rapids Foam Technologies, Inc. Retirement Plan**

## **Notes to Financial Statements (continued)**

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### **Note B—Summary of 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 the reported amounts of Plan assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

#### **Investment Valuation and Income Recognition**

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

#### **Payment of Benefits**

Benefits are recorded when paid.

#### **Expenses**

Certain expenses of maintaining the Plan are paid by the Plan unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

#### **Risks and Uncertainties**

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

# Grand Rapids Foam Technologies, Inc. Retirement Plan

## Notes to Financial Statements (continued)

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### Note B—Summary of Accounting Policies (continued)

#### Subsequent Events

Subsequent events were evaluated through October 14, 2022, which is the date the financial statements were available to be issued.

### Note C—Fair Value Measurements

Inputs to valuation techniques refer to the assumptions that market participants would use in pricing the asset. The Plan utilizes a fair value hierarchy for valuation inputs that gives the highest priority to quoted prices in active markets for identical assets (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The three levels of the fair value hierarchy are described as follows:

Level 1—Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets.

Level 2—Inputs to the valuation methodology include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, other inputs that are observable, or can be corroborated by observable market data.

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

The following valuation methodologies were used to measure the fair value of the Plan's investments:

*Money Market Fund:* Valued at the net asset value (NAV) of shares held by the Plan at year-end and determined based on the value of the underlying investments of the fund. The money market fund seeks to maintain a \$1.00 NAV.

*Certificates of Deposit (CDs):* Valued at the net asset value (NAV) of shares held by the Plan at year-end.

*Mutual Funds:* Valued at daily closing prices as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

# Grand Rapids Foam Technologies, Inc. Retirement Plan

## Notes to Financial Statements (continued)

### Note C—Fair Value Measurements (continued)

*Common and Preferred Stock:* Investments in common stock listed on national securities exchange are valued at the last reported sale price on the valuation date. Preferred stock is valued at a fixed price as per information received from investment managers. As significant inputs used to price preferred stock are observable market inputs, fair values are included in the Level 2 fair value hierarchy.

*Corporate and Municipal Bonds:* Bonds issued by corporations and municipalities are generally priced by independent pricing services, including spreads obtained from broker-dealers, trade prices and new issue market. As significant inputs used to price bonds are observable market inputs, fair values are included in the Level 2 fair value hierarchy.

The Plan's valuation methods may result in a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Although the Plan's management believes the valuation methods are appropriate and consistent with the 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.

There have been no changes in the methodologies used for the years ended December 31, 2021 and 2020.

Plan investment assets at fair value set forth by level within the fair value hierarchy are as follows:

|                                  | Level 1      | Level 2      | Level 3 | Total         |
|----------------------------------|--------------|--------------|---------|---------------|
| <b>December 31, 2021</b>         |              |              |         |               |
| As certified by Charles Schwab:  |              |              |         |               |
| Money market fund                | \$ 30,487    | \$ —         | \$ —    | \$ 30,487     |
| Mutual funds                     | 4,906,803    | —            | —       | 4,906,803     |
| Total participant directed       | 4,937,290    | —            | —       | 4,937,290     |
| As reported by Fidelity:         |              |              |         |               |
| Money market and CDs             | 421,554      | —            | —       | 421,554       |
| Common stock                     | 2,421,546    | —            | —       | 2,421,546     |
| Preferred stock                  | —            | 507,775      | —       | 507,775       |
| Corporate bonds                  | —            | 1,797,297    | —       | 1,797,297     |
| Municipal bonds                  | —            | 263,221      | —       | 263,221       |
| Total non-participant directed   | 2,843,100    | 2,568,293    | —       | 5,411,393     |
| Total investments, at fair value | \$ 7,780,390 | \$ 2,568,293 | \$ —    | \$ 10,348,683 |

# Grand Rapids Foam Technologies, Inc. Retirement Plan

## Notes to Financial Statements (continued)

### Note C—Fair Value Measurements (continued)

|                                  | Level 1      | Level 2      | Level 3 | Total        |
|----------------------------------|--------------|--------------|---------|--------------|
| <b>December 31, 2020</b>         |              |              |         |              |
| As certified by Charles Schwab:  |              |              |         |              |
| Money market fund                | \$ 35,324    | \$ —         | \$ —    | \$ 35,324    |
| Mutual funds                     | 4,196,316    | —            | —       | 4,196,316    |
| Total participant directed       | \$ 4,231,640 | \$ —         | \$ —    | \$ 4,231,640 |
| As reported by Fidelity:         |              |              |         |              |
| Money market and CDs             | \$ 410,646   | \$ —         | \$ —    | \$ 410,646   |
| Common stock                     | 2,410,914    | —            | —       | 2,410,914    |
| Preferred stock                  | —            | 406,171      | —       | 406,171      |
| Corporate bonds                  | —            | 1,823,877    | —       | 1,823,877    |
| Municipal bonds                  | —            | 176,907      | —       | 176,907      |
| Total non-participant directed   | 2,821,560    | 2,406,955    | —       | 5,228,515    |
| Total investments, at fair value | \$ 7,053,200 | \$ 2,406,955 | \$ —    | \$ 9,460,155 |

### Note D—Certification of Information by the Custodian

The Plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C), pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the custodian, Charles Schwab Trust Bank, has certified that the following data included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

- Participant directed investments, as shown in the accompanying statements of net assets available for benefits as of December 31, 2021 and 2020.
- Participant directed investment income, as shown in the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2021 and 2020.
- Participant directed investment information included in Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2021.

At the request of the Plan administrator, the Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and ERISA-required supplemental schedule. Information provided by Fidelity Investments regarding the non-participant directed investments was not certified and was subject to full scope audit procedures. Investments held by Fidelity totaled \$5,411,393 and \$5,228,515 as of December 31, 2021 and 2020, respectively.

# **Grand Rapids Foam Technologies, Inc. Retirement Plan**

## **Notes to Financial Statements (continued)**

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### **Note E—Related Party and Party in Interest Transactions**

Certain plan investments are in funds managed by Charles Schwab Trust Bank and Fidelity Investments, the custodians of the Plan, therefore these transactions qualify as party in interest transactions. Fees incurred by the Plan for investment management services are included in net appreciation or depreciation in fair value of investments. Fees paid by the Plan to the custodians and third-party administrator totaled approximately \$78,000 and \$63,000 in 2021 and 2020, respectively. The Plan Sponsor pays directly any other fees related to the Plan's operations.

### **Note F—Plan Termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in the Company's discretionary matching and profit-sharing contributions, plus actual earnings thereon.

### **Note G—Income Tax Status**

The Internal Revenue Service (IRS) has determined and informed the trustee by a letter dated March 31, 2014, that the Volume Submitter Profit Sharing Plan (the prototype plan which the Plan is based) is designed in accordance with the applicable sections of the IRC. Although the Plan has been amended since receiving the opinion letter, the Plan Administrator believes the Plan is designed, and is currently being operated, in compliance with the applicable requirement of the IRS and therefore, believes the Plan is qualified and tax-exempt.

## ERISA-Required Supplemental Schedule

# Grand Rapids Foam Technologies, Inc. Retirement Plan

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

EIN: 38-1812836 Plan Number: 001

December 31, 2021

| (a)                                     | (b)<br>Identity of Issuer | (c)<br>Description of Investment        | (d)<br>Cost | (e)<br>Current<br>Value |
|-----------------------------------------|---------------------------|-----------------------------------------|-------------|-------------------------|
| <b>Certified by Charles Schwab Bank</b> |                           |                                         |             |                         |
| <b>Participant directed:</b>            |                           |                                         |             |                         |
| <b>Money market fund</b>                |                           |                                         |             |                         |
|                                         | Cash reserves             | Money Market Fund                       | **          | \$ 30,487               |
| <b>Mutual funds:</b>                    |                           |                                         |             |                         |
|                                         | Dodge & Cox               | Balanced Fund                           | **          | 9,775                   |
|                                         | Fidelity Advisors         | Low Priced Stock Fund                   | **          | 45,013                  |
|                                         | Fidelity Advisors         | Total Bond Fund                         | **          | 188,594                 |
|                                         | Oakmark Funds             | International Fund                      | **          | 7,053                   |
|                                         | T Rowe Price              | Blue Chip Growth Fund                   | **          | 176,489                 |
|                                         | Vanguard                  | Balanced Index Fund                     | **          | 6,507                   |
|                                         | Vanguard                  | Developed Markets Index Fund            | **          | 3,388                   |
|                                         | Vanguard                  | Emerging Markets Index Fund             | **          | 22,622                  |
|                                         | Vanguard                  | Intermediate-Term Treasury Fund         | **          | 1,938                   |
|                                         | Vanguard                  | Intermediate-Term Investment Grade Fund | **          | 3,789                   |
|                                         | Vanguard                  | Mid Cap Index Fund                      | **          | 23,430                  |
|                                         | Vanguard                  | Short-Term Corporate Bond Index Fund    | **          | 14,998                  |
|                                         | Vanguard                  | Small Cap Index Fund                    | **          | 22,307                  |
|                                         | Vanguard                  | Target Retirement 2020 Fund             | **          | 500,843                 |
|                                         | Vanguard                  | Target Retirement 2025 Fund             | **          | 733,438                 |
|                                         | Vanguard                  | Target Retirement 2030 Fund             | **          | 633,404                 |
|                                         | Vanguard                  | Target Retirement 2035 Fund             | **          | 576,308                 |
|                                         | Vanguard                  | Target Retirement 2040 Fund             | **          | 467,457                 |
|                                         | Vanguard                  | Target Retirement 2045 Fund             | **          | 867,093                 |
|                                         | Vanguard                  | Target Retirement 2050 Fund             | **          | 334,082                 |
|                                         | Vanguard                  | Target Retirement 2055 Fund             | **          | 71,866                  |
|                                         | Vanguard                  | Target Retirement 2060 Fund             | **          | 58,709                  |
|                                         | Vanguard                  | Total International Stock Index Fund    | **          | 20,062                  |
|                                         | Vanguard                  | Total Stock Market Index Fund           | **          | 93,961                  |
|                                         | Vanguard                  | 500 Index Fund                          | **          | 23,677                  |
|                                         | Total mutual funds        |                                         |             | 4,906,803               |

# Grand Rapids Foam Technologies, Inc. Retirement Plan

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

EIN: 38-1812836 Plan Number: 001

December 31, 2021

| (a)                                     | (b)<br>Identity of Issuer     | (c)<br>Description of Investment | (d)<br>Cost | (e)<br>Current Value |
|-----------------------------------------|-------------------------------|----------------------------------|-------------|----------------------|
| <b>Reported by Fidelity Investments</b> |                               |                                  |             |                      |
| <b>Non-participant directed:</b>        |                               |                                  |             |                      |
| <b>Money market fund</b>                |                               |                                  |             |                      |
|                                         | Fidelity Government           |                                  |             |                      |
|                                         | Cash Reserves                 | Money Market Fund                | 125,002     | 125,002              |
| <b>Preferred stock:</b>                 |                               |                                  |             |                      |
|                                         | Atlas Corp                    | Preferred Stock                  | 25,346      | 26,740               |
|                                         | B.Riley Financial Nt 2028     | Preferred Stock                  | 25,010      | 25,500               |
|                                         | B.Riley Financial Nt 26       | Preferred Stock                  | 55,766      | 56,144               |
|                                         | DigitalBridge Group J         | Preferred Stock                  | 25,034      | 26,360               |
|                                         | DigitalBridge Group I         | Preferred Stock                  | 60,054      | 65,275               |
|                                         | National Storage              | Preferred Stock                  | 8,055       | 8,382                |
|                                         | Pebblebrook Hotel             | Preferred Stock                  | 24,146      | 25,280               |
|                                         | QVC Inc.                      | Preferred Stock                  | 37,542      | 38,565               |
|                                         | Qwest Corp                    | Preferred Stock                  | 104,634     | 102,640              |
|                                         | Stifel Financial Corp.        | Preferred Stock                  | 25,012      | 26,990               |
|                                         | Stifel Financial Corp.        | Preferred Stock                  | 26,865      | 27,130               |
|                                         | Telephone & Data Sys          | Preferred Stock                  | 25,012      | 26,600               |
|                                         | Wells Fargo                   | Preferred Stock                  | 50,546      | 52,169               |
|                                         | Total preferred stock         |                                  | 493,022     | 507,775              |
| <b>Common stock:</b>                    |                               |                                  |             |                      |
|                                         | Linde PLC                     | Common Stock                     | 31,724      | 65,822               |
|                                         | Abbott Laboratories           | Common Stock                     | 33,191      | 46,866               |
|                                         | Activision Blizzard, Inc.     | Common Stock                     | 21,998      | 26,479               |
|                                         | Adobe System Inc.             | Common Stock                     | 6,004       | 28,353               |
|                                         | Akamai Technologies           | Common Stock                     | 20,972      | 22,355               |
|                                         | Allison Transmission          | Common Stock                     | 42,242      | 36,132               |
|                                         | Alphabet Inc.                 | Common Stock                     | 39,552      | 86,911               |
|                                         | Apple Inc.                    | Common Stock                     | 2,885       | 27,168               |
|                                         | Applied Materials             | Common Stock                     | 16,676      | 47,208               |
|                                         | Arista Networks Inc           | Common Stock                     | 15,412      | 42,550               |
|                                         | Avantor Corp                  | Common Stock                     | 15,217      | 39,822               |
|                                         | Ball Corp.                    | Common Stock                     | 35,130      | 57,762               |
|                                         | Berkshire Hathaway Inc.       | Common Stock                     | 53,278      | 74,750               |
|                                         | Bristol-Myers Squibb Co.      | Common Stock                     | 35,055      | 36,412               |
|                                         | CDW Corp                      | Common Stock                     | 18,525      | 32,765               |
|                                         | Catalent Inc.                 | Common Stock                     | 6,927       | 26,246               |
|                                         | Charles Riv Laboratories Intl | Common Stock                     | 6,620       | 33,910               |
|                                         | Cheniere Energy               | Common Stock                     | 41,979      | 58,316               |
|                                         | Cognex Corp.                  | Common Stock                     | 16,703      | 26,205               |

# Grand Rapids Foam Technologies, Inc. Retirement Plan

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

EIN: 38-1812836 Plan Number: 001

December 31, 2021

| (a) | (b)<br>Identity of Issuer     | (c)<br>Description of Investment | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|-------------------------------|----------------------------------|-------------|-------------------------|
|     | Costco Wholesale Corp.        | Common Stock                     | 12,204      | 58,473                  |
|     | Danaher Corp.                 | Common Stock                     | 12,970      | 49,352                  |
|     | Disney Walt Co                | Common Stock                     | 30,990      | 28,035                  |
|     | Dolby Laboratories            | Common Stock                     | 40,273      | 39,802                  |
|     | Dollar Tree                   | Common Stock                     | 27,463      | 45,107                  |
|     | Ecolab Inc                    | Common Stock                     | 27,076      | 35,189                  |
|     | Fastenal                      | Common Stock                     | 34,593      | 46,507                  |
|     | Home Depot                    | Common Stock                     | 26,242      | 50,631                  |
|     | Illinois Tool Works           | Common Stock                     | 15,735      | 29,616                  |
|     | JPMorgan Chase & Co.          | Common Stock                     | 21,762      | 43,071                  |
|     | Johnson & Johnson             | Common Stock                     | 46,985      | 56,111                  |
|     | Knight Swift Transn           | Common Stock                     | 28,889      | 46,863                  |
|     | L3Harris Technologies         | Common Stock                     | 34,565      | 42,648                  |
|     | Lyft Inc                      | Common Stock                     | 14,393      | 12,819                  |
|     | McDonald's Corp.              | Common Stock                     | 16,049      | 20,105                  |
|     | Merck & Co                    | Common Stock                     | 36,065      | 39,086                  |
|     | Microsoft                     | Common Stock                     | 39,299      | 100,896                 |
|     | Middleby Corp                 | Common Stock                     | 34,375      | 56,667                  |
|     | Moodys Corp                   | Common Stock                     | 18,256      | 33,980                  |
|     | Motorola Solutions            | Common Stock                     | 29,238      | 40,483                  |
|     | Neogenomics, Inc              | Common Stock                     | 9,267       | 17,299                  |
|     | Nike                          | Common Stock                     | 12,479      | 14,500                  |
|     | Nordson Corp                  | Common Stock                     | 26,013      | 31,909                  |
|     | Organan & Co                  | Common Stock                     | 41,055      | 39,037                  |
|     | Progressive Corp              | Common Stock                     | 26,813      | 31,411                  |
|     | Qualcomm Inc                  | Common Stock                     | 35,358      | 47,912                  |
|     | Qualys Inc                    | Common Stock                     | 29,601      | 41,852                  |
|     | Quanta Services               | Common Stock                     | 42,788      | 41,736                  |
|     | SS&C Technologies             | Common Stock                     | 27,453      | 34,760                  |
|     | Southern Co.                  | Common Stock                     | 48,558      | 61,379                  |
|     | TJX Companies                 | Common Stock                     | 20,057      | 23,611                  |
|     | Texas Instruments Inc.        | Common Stock                     | 19,785      | 33,548                  |
|     | Thermo Fisher Scientific Inc. | Common Stock                     | 7,902       | 30,693                  |
|     | Trimble Inc.                  | Common Stock                     | 15,831      | 29,732                  |
|     | II-VI Inc                     | Common Stock                     | 22,652      | 21,114                  |
|     | Tyler Technologies Inc        | Common Stock                     | 6,178       | 18,290                  |
|     | Ulta Beauty                   | Common Stock                     | 18,793      | 28,864                  |
|     | Union Pacific Corp.           | Common Stock                     | 24,706      | 53,409                  |
|     | Verisk Analytics              | Common Stock                     | 44,761      | 56,955                  |
|     | Visa Inc.                     | Common Stock                     | 26,959      | 33,374                  |
|     | Zebra Technologies            | Common Stock                     | 17,260      | 38,688                  |
|     | Total common stock            |                                  | 1,531,781   | 2,421,546               |

## Grand Rapids Foam Technologies, Inc. Retirement Plan

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

EIN: 38-1812836 Plan Number: 001

December 31, 2021

| (a)                     | (b)<br>Identity of Issuer            | (c)<br>Description of Investment                                              | (d)<br>Cost | (e)<br>Current<br>Value |
|-------------------------|--------------------------------------|-------------------------------------------------------------------------------|-------------|-------------------------|
| <b>Municipal bonds:</b> |                                      |                                                                               |             |                         |
|                         | Arkansas State Dev Authority         | Government Bond, Maturing 6/01/2035, 4.40% Interest, Maturity Value \$35,000  | 37,681      | 37,140                  |
|                         | Dallas County Texas School District  | Government Bond, Maturing 2/15/2018, 8.75% Interest, Maturity Value \$50,000  | 20,339      | 19,714                  |
|                         | Eastern IL Univ Ctfs Partn Rev Bonds | Government Bond, Maturing 4/1/2029, 6.20% Interest, Maturity Value \$25,000   | 26,054      | 25,059                  |
|                         | Kentucky Assn of Countys             | Government Bond, Maturing 02/01/2027, 1.60% Interest, Maturity Value \$50,000 | 49,950      | 49,714                  |
|                         | Miami Dade County Aviation           | Government Bond, Maturing 10/01/2041, 3.98% Interest, Maturity Value \$35,000 | 37,725      | 37,466                  |
|                         | Port Portland OR Arpt Rev            | Government Bond, Maturing 7/01/2039, 4.07% Interest, Maturity Value \$55,000  | 59,319      | 58,148                  |
|                         | Public Fin Auth WI Taxable Rev Bonds | Government Bond, Maturing 10/1/2025, 4.45% Interest, Maturity Value \$25,000  | 15,081      | 15,214                  |
|                         | Reading, PA Taxable Go Bonds         | Government Bond, Maturing 11/1/2031, 5.125% Interest, Maturity Value \$20,000 | 20,158      | 20,766                  |
|                         | Total municipal bonds                |                                                                               | 266,307     | 263,221                 |
| <b>Corporate bonds:</b> |                                      |                                                                               |             |                         |
|                         | Albertsons Inc.                      | Corporate Bond, Maturing 3/15/2025, 5.75% Interest, Maturity Value \$25,000   | 27,559      | 27,375                  |
|                         | Albertsons Inc Bond Call             | Corporate Bond, Maturing 8/01/2029, 7.45% Interest, Maturity Value \$20,000   | 23,410      | 23,150                  |
|                         | Ball Corp.                           | Corporate Bond, Maturing 11/15/2023, 4.00% Interest, Maturity Value \$20,000  | 19,700      | 20,875                  |
|                         | Block Financial Corp.                | Corporate Bond, Maturing 11/1/2022, 5.50% Interest, Maturity Value \$50,000   | 50,530      | 50,708                  |
|                         | Block Financial Corp.                | Corporate Bond, Maturing 10/01/2025, 5.25% Interest, Maturity Value \$25,000  | 25,195      | 27,710                  |
|                         | Carpenter Technology                 | Corporate Bond, Maturing 7/15/2028, 6.375% Interest, Maturity Value \$40,000  | 43,353      | 42,532                  |
|                         | Cleveland Cliffs Inc                 | Corporate Bond, Maturing 06/01/2027, 5.875% Interest, Maturity Value \$25,000 | 26,036      | 26,031                  |
|                         | Ford Motor Co.                       | Corporate Bond, Maturing 2/15/2028, 6.625% Interest, Maturity Value \$70,000  | 74,182      | 82,600                  |
|                         | Freeport McMoran Inc                 | Corporate Bond, Maturing 09/01/2027, 5.00% Interest, Maturity Value \$50,000  | 52,468      | 52,000                  |
|                         | General Electric Co.                 | Corporate Bond, Maturing Perpetual 5.00% Interest, Maturity Value \$213,000   | 187,440     | 211,935                 |
|                         | General Motors Co.                   | Corporate Bond, Maturing Perpetual 6.50% Interest, Maturity Value \$25,000    | 25,015      | 27,653                  |

## Grand Rapids Foam Technologies, Inc. Retirement Plan

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

EIN: 38-1812836 Plan Number: 001

December 31, 2021

| (a) | (b)<br>Identity of Issuer  | (c)<br>Description of Investment                                                 | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|----------------------------|----------------------------------------------------------------------------------|-------------|-------------------------|
|     | Goldman Sachs              | Corporate Bond, Maturing Perpetual<br>4.00% Interest, Maturity Value \$50,000    | 44,637      | 49,000                  |
|     | Grand Canyon University    | Corporate Bond, Maturing 10/01/2028,<br>5.125% Interest, Maturity Value \$35,000 | 35,765      | 35,973                  |
|     | HSBC Holdings              | Corporate Bond, Maturing Perpetual<br>6.00% Interest, Maturity Value \$50,000    | 48,933      | 53,625                  |
|     | JPMorgan Chase & Co.       | Corporate Bond, Maturing Perpetual,<br>5.406% Interest, Maturity Value \$15,000  | 15,476      | 15,075                  |
|     | Keysight Technologies Inc. | Corporate Bond, Maturing 10/30/2024,<br>4.55% Interest, Maturity Value \$25,000  | 24,603      | 27,035                  |
|     | Kirby Corp                 | Corporate Bond, Maturing 03/01/2028,<br>4.20% Interest, Maturity Value \$25,000  | 25,945      | 26,937                  |
|     | M & T Bank Corp.           | Corporate Bond, Maturing Perpetual,<br>6.45% Interest, Maturity Value \$50,000   | 53,671      | 53,625                  |
|     | Match Group Holdings       | Corporate Bond, Maturing 6/01/2028,<br>4.625% Interest, Maturity Value \$50,000  | 51,903      | 52,020                  |
|     | Motorola Solutions Inc.    | Corporate Bond, Maturing 9/1/2024,<br>4.00% Interest, Maturity Value \$75,000    | 69,047      | 79,893                  |
|     | Murphy Oil USA             | Corporate Bond, Maturing 9/15/2029,<br>4.75% Interest, Maturity Value \$50,000   | 53,164      | 52,625                  |
|     | Occidental Pete Corp       | Corporate Bond, Maturing 5/15/2028,<br>7.15% Interest, Maturity Value \$29,000   | 32,620      | 33,930                  |
|     | Occidental Pete Corp       | Corporate Bond, Maturing 4/15/2029,<br>7.95% Interest, Maturity Value \$20,000   | 20,450      | 22,980                  |
|     | Old Rep Intl Corp.         | Corporate Bond, Maturing 10/1/2024,<br>4.875% Interest, Maturity Value \$30,000  | 31,105      | 32,677                  |
|     | Olin Corp                  | Corporate Bond, Maturing 8/1/2029,<br>5.625% Interest, Maturity Value \$75,000   | 80,855      | 81,221                  |
|     | Perrigo PLC                | Corporate Bond, Maturing 3/15/2026,<br>4.375% Interest, Maturity Value \$50,000  | 51,228      | 53,492                  |
|     | Qualcomm Inc.              | Corporate Bond, Maturing 5/20/2025,<br>3.45% Interest, Maturity Value \$55,000   | 51,720      | 58,633                  |
|     | Seagate HDD Cayman         | Corporate Bond, Maturing 6/1/2023,<br>4.75% Interest, Maturity Value \$25,000    | 21,140      | 26,131                  |
|     | Seagate HDD Cayman         | Corporate Bond, Maturing 6/1/2027,<br>4.875% Interest, Maturity Value \$25,000   | 23,623      | 27,250                  |

## Grand Rapids Foam Technologies, Inc. Retirement Plan

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

EIN: 38-1812836 Plan Number: 001

December 31, 2021

| (a) | (b)<br>Identity of Issuer | (c)<br>Description of Investment                                                 | (d)<br>Cost | (e)<br>Current Value |
|-----|---------------------------|----------------------------------------------------------------------------------|-------------|----------------------|
|     | Steelcase, Inc.           | Corporate Bond, Maturing 1/18/2029,<br>5.125% Interest, Maturity Value \$75,000  | 76,618      | 84,823               |
|     | Synovus Corp.             | Corporate Bond, Maturing 11/1/2022,<br>3.125% Interest, Maturity Value \$50,000  | 48,130      | 50,807               |
|     | Teva Pharmaceutical       | Corporate Bond, Maturing 4/15/2024,<br>6.00% Interest, Maturity Value \$25,000   | 50,504      | 52,375               |
|     | Truist Financial Corp.    | Corporate Bond, Maturing 6/15/2022,<br>5.05% Interest, Maturity Value \$25,000   | 25,703      | 25,344               |
|     | United Insurance Holdings | Corporate Bond, Maturing 12/15/2027,<br>6.25% Interest, Maturity Value \$50,000  | 51,034      | 50,732               |
|     | Unum Group                | Corporate Bond, Maturing 03/15/2028,<br>7.25% Interest, Maturity Value \$35,000  | 40,676      | 44,030               |
|     | Wells Fargo Co.           | Corporate Bond, Maturing Perpetual,<br>5.90% Interest, Maturity Value \$20,000   | 20,415      | 21,103               |
|     | Western Digital           | Corporate Bond, Maturing 02/15/2026,<br>4.75% Interest, Maturity Value \$25,000  | 26,121      | 27,312               |
|     | Zoetis Inc.               | Corporate Bond, Maturing 11/13/2025,<br>4.50% Interest, Maturity Value \$ 60,000 | 60,171      | 66,080               |
|     | Total corporate bonds     |                                                                                  | 1,690,145   | 1,797,297            |
|     | <b>Other:</b>             |                                                                                  |             |                      |
|     | Capital One               | Certificate of Deposit, Maturing<br>8/7/2024, 2.25% Interest                     | 50,006      | 51,866               |
|     | Goldman Sachs             | Certificate of Deposit, Maturing<br>1/3/2023, 3.30% Interest                     | 87,968      | 90,602               |
|     | Morgan Stanley            | Certificate of Deposit, Maturing<br>06/06/2024, 2.70% Interest                   | 25,570      | 26,170               |
|     | State Bank India          | Certificate of Deposit, Maturing<br>01/22/2025, 1.95% Interest                   | 75,002      | 76,354               |
|     | State Bank India          | Certificate of Deposit, Maturing<br>8/29/2022, 3.00% Interest                    | 49,884      | 51,560               |
|     | Total other               |                                                                                  | 288,430     | 296,552              |
|     | Total investments         |                                                                                  |             | <u>\$ 10,348,683</u> |

\* A party in interest, as defined by ERISA.

\*\* The cost of participant-directed investments is not required to be disclosed.

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1510-0110  
1510-0089**2021****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

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

- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)  
☒ a single-employer plan ☐ a DFE (specify) \_\_\_\_\_
- B** This return/report is: ☐ the first return/report ☐ the final return/report  
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. . . . . ☐
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program  
☐ special extension (enter description) \_\_\_\_\_
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ☐

**Part II Basic Plan Information—enter all requested information**

|                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1a</b> Name of plan<br>GRAND RAPIDS FOAM TECHNOLOGIES INC RETIREMENT PLAN                                                                                                                                                                                                                                                                    | <b>1b</b> Three-digit plan number (PN) ▶ 001                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                 | <b>1c</b> Effective date of plan<br>12/28/1967                                                                                                                                    |
| <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>GRAND RAPIDS FOAM TECHNOLOGIES, INC<br><br>2788 REMICO<br><br>WYOMING MI 49519 | <b>2b</b> Employer Identification Number (EIN)<br>38-1812836<br><b>2c</b> Plan Sponsor's telephone number<br>616-726-1677<br><b>2d</b> Business code (see instructions)<br>326200 |

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

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

|              |                                                                                     |          |                                                              |
|--------------|-------------------------------------------------------------------------------------|----------|--------------------------------------------------------------|
| SIGN<br>HERE |  | 10/10/22 | BENJAMIN AMANN                                               |
|              | Signature of plan administrator                                                     | Date     | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE |                                                                                     |          |                                                              |
|              | Signature of employer/plan sponsor                                                  | Date     | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |                                                                                     |          |                                                              |
|              | Signature of DFE                                                                    | Date     | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 201209

# Grand Rapids Foam Technologies, Inc. Retirement Plan

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

EIN: 38-1812836 Plan Number: 001

December 31, 2021

| (a)                                     | (b)<br>Identity of Issuer | (c)<br>Description of Investment        | (d)<br>Cost | (e)<br>Current<br>Value |
|-----------------------------------------|---------------------------|-----------------------------------------|-------------|-------------------------|
| <b>Certified by Charles Schwab Bank</b> |                           |                                         |             |                         |
| <b>Participant directed:</b>            |                           |                                         |             |                         |
| <b>Money market fund</b>                |                           |                                         |             |                         |
|                                         | Cash reserves             | Money Market Fund                       | **          | \$ 30,487               |
| <b>Mutual funds:</b>                    |                           |                                         |             |                         |
|                                         | Dodge & Cox               | Balanced Fund                           | **          | 9,775                   |
|                                         | Fidelity Advisors         | Low Priced Stock Fund                   | **          | 45,013                  |
|                                         | Fidelity Advisors         | Total Bond Fund                         | **          | 188,594                 |
|                                         | Oakmark Funds             | International Fund                      | **          | 7,053                   |
|                                         | T Rowe Price              | Blue Chip Growth Fund                   | **          | 176,489                 |
|                                         | Vanguard                  | Balanced Index Fund                     | **          | 6,507                   |
|                                         | Vanguard                  | Developed Markets Index Fund            | **          | 3,388                   |
|                                         | Vanguard                  | Emerging Markets Index Fund             | **          | 22,622                  |
|                                         | Vanguard                  | Intermediate-Term Treasury Fund         | **          | 1,938                   |
|                                         | Vanguard                  | Intermediate-Term Investment Grade Fund | **          | 3,789                   |
|                                         | Vanguard                  | Mid Cap Index Fund                      | **          | 23,430                  |
|                                         | Vanguard                  | Short-Term Corporate Bond Index Fund    | **          | 14,998                  |
|                                         | Vanguard                  | Small Cap Index Fund                    | **          | 22,307                  |
|                                         | Vanguard                  | Target Retirement 2020 Fund             | **          | 500,843                 |
|                                         | Vanguard                  | Target Retirement 2025 Fund             | **          | 733,438                 |
|                                         | Vanguard                  | Target Retirement 2030 Fund             | **          | 633,404                 |
|                                         | Vanguard                  | Target Retirement 2035 Fund             | **          | 576,308                 |
|                                         | Vanguard                  | Target Retirement 2040 Fund             | **          | 467,457                 |
|                                         | Vanguard                  | Target Retirement 2045 Fund             | **          | 867,093                 |
|                                         | Vanguard                  | Target Retirement 2050 Fund             | **          | 334,082                 |
|                                         | Vanguard                  | Target Retirement 2055 Fund             | **          | 71,866                  |
|                                         | Vanguard                  | Target Retirement 2060 Fund             | **          | 58,709                  |
|                                         | Vanguard                  | Total International Stock Index Fund    | **          | 20,062                  |
|                                         | Vanguard                  | Total Stock Market Index Fund           | **          | 93,961                  |
|                                         | Vanguard                  | 500 Index Fund                          | **          | 23,677                  |
|                                         | Total mutual funds        |                                         |             | 4,906,803               |

# Grand Rapids Foam Technologies, Inc. Retirement Plan

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

EIN: 38-1812836 Plan Number: 001

December 31, 2021

| (a)                                     | (b)<br>Identity of Issuer     | (c)<br>Description of Investment | (d)<br>Cost | (e)<br>Current Value |
|-----------------------------------------|-------------------------------|----------------------------------|-------------|----------------------|
| <b>Reported by Fidelity Investments</b> |                               |                                  |             |                      |
| <b>Non-participant directed:</b>        |                               |                                  |             |                      |
| <b>Money market fund</b>                |                               |                                  |             |                      |
|                                         | Fidelity Government           |                                  |             |                      |
|                                         | Cash Reserves                 | Money Market Fund                | 125,002     | 125,002              |
| <b>Preferred stock:</b>                 |                               |                                  |             |                      |
|                                         | Atlas Corp                    | Preferred Stock                  | 25,346      | 26,740               |
|                                         | B.Riley Financial Nt 2028     | Preferred Stock                  | 25,010      | 25,500               |
|                                         | B.Riley Financial Nt 26       | Preferred Stock                  | 55,766      | 56,144               |
|                                         | DigitalBridge Group J         | Preferred Stock                  | 25,034      | 26,360               |
|                                         | DigitalBridge Group I         | Preferred Stock                  | 60,054      | 65,275               |
|                                         | National Storage              | Preferred Stock                  | 8,055       | 8,382                |
|                                         | Pebblebrook Hotel             | Preferred Stock                  | 24,146      | 25,280               |
|                                         | QVC Inc.                      | Preferred Stock                  | 37,542      | 38,565               |
|                                         | Qwest Corp                    | Preferred Stock                  | 104,634     | 102,640              |
|                                         | Stifel Financial Corp.        | Preferred Stock                  | 25,012      | 26,990               |
|                                         | Stifel Financial Corp.        | Preferred Stock                  | 26,865      | 27,130               |
|                                         | Telephone & Data Sys          | Preferred Stock                  | 25,012      | 26,600               |
|                                         | Wells Fargo                   | Preferred Stock                  | 50,546      | 52,169               |
|                                         | Total preferred stock         |                                  | 493,022     | 507,775              |
| <b>Common stock:</b>                    |                               |                                  |             |                      |
|                                         | Linde PLC                     | Common Stock                     | 31,724      | 65,822               |
|                                         | Abbott Laboratories           | Common Stock                     | 33,191      | 46,866               |
|                                         | Activision Blizzard, Inc.     | Common Stock                     | 21,998      | 26,479               |
|                                         | Adobe System Inc.             | Common Stock                     | 6,004       | 28,353               |
|                                         | Akamai Technologies           | Common Stock                     | 20,972      | 22,355               |
|                                         | Allison Transmission          | Common Stock                     | 42,242      | 36,132               |
|                                         | Alphabet Inc.                 | Common Stock                     | 39,552      | 86,911               |
|                                         | Apple Inc.                    | Common Stock                     | 2,885       | 27,168               |
|                                         | Applied Materials             | Common Stock                     | 16,676      | 47,208               |
|                                         | Arista Networks Inc           | Common Stock                     | 15,412      | 42,550               |
|                                         | Avantor Corp                  | Common Stock                     | 15,217      | 39,822               |
|                                         | Ball Corp.                    | Common Stock                     | 35,130      | 57,762               |
|                                         | Berkshire Hathaway Inc.       | Common Stock                     | 53,278      | 74,750               |
|                                         | Bristol-Myers Squibb Co.      | Common Stock                     | 35,055      | 36,412               |
|                                         | CDW Corp                      | Common Stock                     | 18,525      | 32,765               |
|                                         | Catalent Inc.                 | Common Stock                     | 6,927       | 26,246               |
|                                         | Charles Riv Laboratories Intl | Common Stock                     | 6,620       | 33,910               |
|                                         | Cheniere Energy               | Common Stock                     | 41,979      | 58,316               |
|                                         | Cognex Corp.                  | Common Stock                     | 16,703      | 26,205               |

## Grand Rapids Foam Technologies, Inc. Retirement Plan

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

EIN: 38-1812836 Plan Number: 001

December 31, 2021

| (a) | (b)<br>Identity of Issuer     | (c)<br>Description of Investment | (d)<br>Cost | (e)<br>Current Value |
|-----|-------------------------------|----------------------------------|-------------|----------------------|
|     | Costco Wholesale Corp.        | Common Stock                     | 12,204      | 58,473               |
|     | Danaher Corp.                 | Common Stock                     | 12,970      | 49,352               |
|     | Disney Walt Co                | Common Stock                     | 30,990      | 28,035               |
|     | Dolby Laboratories            | Common Stock                     | 40,273      | 39,802               |
|     | Dollar Tree                   | Common Stock                     | 27,463      | 45,107               |
|     | Ecolab Inc                    | Common Stock                     | 27,076      | 35,189               |
|     | Fastenal                      | Common Stock                     | 34,593      | 46,507               |
|     | Home Depot                    | Common Stock                     | 26,242      | 50,631               |
|     | Illinois Tool Works           | Common Stock                     | 15,735      | 29,616               |
|     | JPMorgan Chase & Co.          | Common Stock                     | 21,762      | 43,071               |
|     | Johnson & Johnson             | Common Stock                     | 46,985      | 56,111               |
|     | Knight Swift Transn           | Common Stock                     | 28,889      | 46,863               |
|     | L3Harris Technologies         | Common Stock                     | 34,565      | 42,648               |
|     | Lyft Inc                      | Common Stock                     | 14,393      | 12,819               |
|     | McDonald's Corp.              | Common Stock                     | 16,049      | 20,105               |
|     | Merck & Co                    | Common Stock                     | 36,065      | 39,086               |
|     | Microsoft                     | Common Stock                     | 39,299      | 100,896              |
|     | Middleby Corp                 | Common Stock                     | 34,375      | 56,667               |
|     | Moodys Corp                   | Common Stock                     | 18,256      | 33,980               |
|     | Motorola Solutions            | Common Stock                     | 29,238      | 40,483               |
|     | Neogenomics, Inc              | Common Stock                     | 9,267       | 17,299               |
|     | Nike                          | Common Stock                     | 12,479      | 14,500               |
|     | Nordson Corp                  | Common Stock                     | 26,013      | 31,909               |
|     | Organan & Co                  | Common Stock                     | 41,055      | 39,037               |
|     | Progressive Corp              | Common Stock                     | 26,813      | 31,411               |
|     | Qualcomm Inc                  | Common Stock                     | 35,358      | 47,912               |
|     | Qualys Inc                    | Common Stock                     | 29,601      | 41,852               |
|     | Quanta Services               | Common Stock                     | 42,788      | 41,736               |
|     | SS&C Technologies             | Common Stock                     | 27,453      | 34,760               |
|     | Southern Co.                  | Common Stock                     | 48,558      | 61,379               |
|     | TJX Companies                 | Common Stock                     | 20,057      | 23,611               |
|     | Texas Instruments Inc.        | Common Stock                     | 19,785      | 33,548               |
|     | Thermo Fisher Scientific Inc. | Common Stock                     | 7,902       | 30,693               |
|     | Trimble Inc.                  | Common Stock                     | 15,831      | 29,732               |
|     | II-VI Inc                     | Common Stock                     | 22,652      | 21,114               |
|     | Tyler Technologies Inc        | Common Stock                     | 6,178       | 18,290               |
|     | Ulta Beauty                   | Common Stock                     | 18,793      | 28,864               |
|     | Union Pacific Corp.           | Common Stock                     | 24,706      | 53,409               |
|     | Verisk Analytics              | Common Stock                     | 44,761      | 56,955               |
|     | Visa Inc.                     | Common Stock                     | 26,959      | 33,374               |
|     | Zebra Technologies            | Common Stock                     | 17,260      | 38,688               |
|     | Total common stock            |                                  | 1,531,781   | 2,421,546            |

## Grand Rapids Foam Technologies, Inc. Retirement Plan

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

EIN: 38-1812836 Plan Number: 001

December 31, 2021

| (a)                     | (b)<br>Identity of Issuer            | (c)<br>Description of Investment                                              | (d)<br>Cost | (e)<br>Current<br>Value |
|-------------------------|--------------------------------------|-------------------------------------------------------------------------------|-------------|-------------------------|
| <b>Municipal bonds:</b> |                                      |                                                                               |             |                         |
|                         | Arkansas State Dev Authority         | Government Bond, Maturing 6/01/2035, 4.40% Interest, Maturity Value \$35,000  | 37,681      | 37,140                  |
|                         | Dallas County Texas School District  | Government Bond, Maturing 2/15/2018, 8.75% Interest, Maturity Value \$50,000  | 20,339      | 19,714                  |
|                         | Eastern IL Univ Ctfs Partn Rev Bonds | Government Bond, Maturing 4/1/2029, 6.20% Interest, Maturity Value \$25,000   | 26,054      | 25,059                  |
|                         | Kentucky Assn of Countys             | Government Bond, Maturing 02/01/2027, 1.60% Interest, Maturity Value \$50,000 | 49,950      | 49,714                  |
|                         | Miami Dade County Aviation           | Government Bond, Maturing 10/01/2041, 3.98% Interest, Maturity Value \$35,000 | 37,725      | 37,466                  |
|                         | Port Portland OR Arpt Rev            | Government Bond, Maturing 7/01/2039, 4.07% Interest, Maturity Value \$55,000  | 59,319      | 58,148                  |
|                         | Public Fin Auth WI Taxable Rev Bonds | Government Bond, Maturing 10/1/2025, 4.45% Interest, Maturity Value \$25,000  | 15,081      | 15,214                  |
|                         | Reading, PA Taxable Go Bonds         | Government Bond, Maturing 11/1/2031, 5.125% Interest, Maturity Value \$20,000 | 20,158      | 20,766                  |
|                         | Total municipal bonds                |                                                                               | 266,307     | 263,221                 |
| <b>Corporate bonds:</b> |                                      |                                                                               |             |                         |
|                         | Albertsons Inc.                      | Corporate Bond, Maturing 3/15/2025, 5.75% Interest, Maturity Value \$25,000   | 27,559      | 27,375                  |
|                         | Albertsons Inc Bond Call             | Corporate Bond, Maturing 8/01/2029, 7.45% Interest, Maturity Value \$20,000   | 23,410      | 23,150                  |
|                         | Ball Corp.                           | Corporate Bond, Maturing 11/15/2023, 4.00% Interest, Maturity Value \$20,000  | 19,700      | 20,875                  |
|                         | Block Financial Corp.                | Corporate Bond, Maturing 11/1/2022, 5.50% Interest, Maturity Value \$50,000   | 50,530      | 50,708                  |
|                         | Block Financial Corp.                | Corporate Bond, Maturing 10/01/2025, 5.25% Interest, Maturity Value \$25,000  | 25,195      | 27,710                  |
|                         | Carpenter Technology                 | Corporate Bond, Maturing 7/15/2028, 6.375% Interest, Maturity Value \$40,000  | 43,353      | 42,532                  |
|                         | Cleveland Cliffs Inc                 | Corporate Bond, Maturing 06/01/2027, 5.875% Interest, Maturity Value \$25,000 | 26,036      | 26,031                  |
|                         | Ford Motor Co.                       | Corporate Bond, Maturing 2/15/2028, 6.625% Interest, Maturity Value \$70,000  | 74,182      | 82,600                  |
|                         | Freeport McMoran Inc                 | Corporate Bond, Maturing 09/01/2027, 5.00% Interest, Maturity Value \$50,000  | 52,468      | 52,000                  |
|                         | General Electric Co.                 | Corporate Bond, Maturing Perpetual 5.00% Interest, Maturity Value \$213,000   | 187,440     | 211,935                 |
|                         | General Motors Co.                   | Corporate Bond, Maturing Perpetual 6.50% Interest, Maturity Value \$25,000    | 25,015      | 27,653                  |

## Grand Rapids Foam Technologies, Inc. Retirement Plan

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

EIN: 38-1812836 Plan Number: 001

December 31, 2021

| (a) | (b)<br>Identity of Issuer  | (c)<br>Description of Investment                                                 | (d)<br>Cost | (e)<br>Current<br>Value |
|-----|----------------------------|----------------------------------------------------------------------------------|-------------|-------------------------|
|     | Goldman Sachs              | Corporate Bond, Maturing Perpetual<br>4.00% Interest, Maturity Value \$50,000    | 44,637      | 49,000                  |
|     | Grand Canyon University    | Corporate Bond, Maturing 10/01/2028,<br>5.125% Interest, Maturity Value \$35,000 | 35,765      | 35,973                  |
|     | HSBC Holdings              | Corporate Bond, Maturing Perpetual<br>6.00% Interest, Maturity Value \$50,000    | 48,933      | 53,625                  |
|     | JPMorgan Chase & Co.       | Corporate Bond, Maturing Perpetual,<br>5.406% Interest, Maturity Value \$15,000  | 15,476      | 15,075                  |
|     | Keysight Technologies Inc. | Corporate Bond, Maturing 10/30/2024,<br>4.55% Interest, Maturity Value \$25,000  | 24,603      | 27,035                  |
|     | Kirby Corp                 | Corporate Bond, Maturing 03/01/2028,<br>4.20% Interest, Maturity Value \$25,000  | 25,945      | 26,937                  |
|     | M & T Bank Corp.           | Corporate Bond, Maturing Perpetual,<br>6.45% Interest, Maturity Value \$50,000   | 53,671      | 53,625                  |
|     | Match Group Holdings       | Corporate Bond, Maturing 6/01/2028,<br>4.625% Interest, Maturity Value \$50,000  | 51,903      | 52,020                  |
|     | Motorola Solutions Inc.    | Corporate Bond, Maturing 9/1/2024,<br>4.00% Interest, Maturity Value \$75,000    | 69,047      | 79,893                  |
|     | Murphy Oil USA             | Corporate Bond, Maturing 9/15/2029,<br>4.75% Interest, Maturity Value \$50,000   | 53,164      | 52,625                  |
|     | Occidental Pete Corp       | Corporate Bond, Maturing 5/15/2028,<br>7.15% Interest, Maturity Value \$29,000   | 32,620      | 33,930                  |
|     | Occidental Pete Corp       | Corporate Bond, Maturing 4/15/2029,<br>7.95% Interest, Maturity Value \$20,000   | 20,450      | 22,980                  |
|     | Old Rep Intl Corp.         | Corporate Bond, Maturing 10/1/2024,<br>4.875% Interest, Maturity Value \$30,000  | 31,105      | 32,677                  |
|     | Olin Corp                  | Corporate Bond, Maturing 8/1/2029,<br>5.625% Interest, Maturity Value \$75,000   | 80,855      | 81,221                  |
|     | Perrigo PLC                | Corporate Bond, Maturing 3/15/2026,<br>4.375% Interest, Maturity Value \$50,000  | 51,228      | 53,492                  |
|     | Qualcomm Inc.              | Corporate Bond, Maturing 5/20/2025,<br>3.45% Interest, Maturity Value \$55,000   | 51,720      | 58,633                  |
|     | Seagate HDD Cayman         | Corporate Bond, Maturing 6/1/2023,<br>4.75% Interest, Maturity Value \$25,000    | 21,140      | 26,131                  |
|     | Seagate HDD Cayman         | Corporate Bond, Maturing 6/1/2027,<br>4.875% Interest, Maturity Value \$25,000   | 23,623      | 27,250                  |

## Grand Rapids Foam Technologies, Inc. Retirement Plan

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

EIN: 38-1812836 Plan Number: 001

December 31, 2021

| (a) | (b)<br>Identity of Issuer | (c)<br>Description of Investment                                                 | (d)<br>Cost | (e)<br>Current Value |
|-----|---------------------------|----------------------------------------------------------------------------------|-------------|----------------------|
|     | Steelcase, Inc.           | Corporate Bond, Maturing 1/18/2029,<br>5.125% Interest, Maturity Value \$75,000  | 76,618      | 84,823               |
|     | Synovus Corp.             | Corporate Bond, Maturing 11/1/2022,<br>3.125% Interest, Maturity Value \$50,000  | 48,130      | 50,807               |
|     | Teva Pharmaceutical       | Corporate Bond, Maturing 4/15/2024,<br>6.00% Interest, Maturity Value \$25,000   | 50,504      | 52,375               |
|     | Truist Financial Corp.    | Corporate Bond, Maturing 6/15/2022,<br>5.05% Interest, Maturity Value \$25,000   | 25,703      | 25,344               |
|     | United Insurance Holdings | Corporate Bond, Maturing 12/15/2027,<br>6.25% Interest, Maturity Value \$50,000  | 51,034      | 50,732               |
|     | Unum Group                | Corporate Bond, Maturing 03/15/2028,<br>7.25% Interest, Maturity Value \$35,000  | 40,676      | 44,030               |
|     | Wells Fargo Co.           | Corporate Bond, Maturing Perpetual,<br>5.90% Interest, Maturity Value \$20,000   | 20,415      | 21,103               |
|     | Western Digital           | Corporate Bond, Maturing 02/15/2026,<br>4.75% Interest, Maturity Value \$25,000  | 26,121      | 27,312               |
|     | Zoetis Inc.               | Corporate Bond, Maturing 11/13/2025,<br>4.50% Interest, Maturity Value \$ 60,000 | 60,171      | 66,080               |
|     | Total corporate bonds     |                                                                                  | 1,690,145   | 1,797,297            |
|     | <b>Other:</b>             |                                                                                  |             |                      |
|     | Capital One               | Certificate of Deposit, Maturing<br>8/7/2024, 2.25% Interest                     | 50,006      | 51,866               |
|     | Goldman Sachs             | Certificate of Deposit, Maturing<br>1/3/2023, 3.30% Interest                     | 87,968      | 90,602               |
|     | Morgan Stanley            | Certificate of Deposit, Maturing<br>06/06/2024, 2.70% Interest                   | 25,570      | 26,170               |
|     | State Bank India          | Certificate of Deposit, Maturing<br>01/22/2025, 1.95% Interest                   | 75,002      | 76,354               |
|     | State Bank India          | Certificate of Deposit, Maturing<br>8/29/2022, 3.00% Interest                    | 49,884      | 51,560               |
|     | Total other               |                                                                                  | 288,430     | 296,552              |
|     | Total investments         |                                                                                  |             | <u>\$ 10,348,683</u> |

\* A party in interest, as defined by ERISA.

\*\* The cost of participant-directed investments is not required to be disclosed.