

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

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>RELO REDAC, INC 401(K) PLAN</u> 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>RELO REDAC, INC.</u> <u>1010 AVENUE OF THE AMERICAS</u> <u>4TH FLOOR</u> <u>NEW YORK, NY 10018</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 50%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2005</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>13-3368423</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>760-484-0437</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>531210</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2005</u>		2b Employer Identification Number (EIN) <u>13-3368423</u>		2c Plan Sponsor's telephone number <u>760-484-0437</u>		2d Business code (see instructions) <u>531210</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/2005</u>											
2b Employer Identification Number (EIN) <u>13-3368423</u>											
2c Plan Sponsor's telephone number <u>760-484-0437</u>											
2d Business code (see instructions) <u>531210</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	RENA SHIMIZU
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 225
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 204 6a(2) 188 6b 0 6c 24 6d 212 6e 0 6f 212 6g 110 6h 4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan RELO REDAC, INC 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 RELO REDAC, INC.	D Employer Identification Number (EIN) 13-3368423

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

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	350-80632	112	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid 1857	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1857		BROKER FEES	7

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

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

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

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

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 1164847**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 1137898**c** Additions: (1) Contributions deposited during the year **7c(1)** 67440
(2) Dividends and credits..... **7c(2)** 0
(3) Interest credited during the year..... **7c(3)** 17477
(4) Transferred from separate account..... **7c(4)** 5533
(5) Other (specify below) **7c(5)** 817

▶ LOAN REPAY

(6) Total additions **7c(6)** 91267**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 1229165**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 2910(2) Administration charge made by carrier..... **7e(2)** 1689(3) Transferred to separate account..... **7e(3)** 13854(4) Other (specify below) **7e(4)** 0

▶

(5) Total deductions **7e(5)** 18453**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 1210712

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan RELO REDAC, INC 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 RELO REDAC, INC.	D Employer Identification Number (EIN) 13-3368423	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-1592130

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 50 64	RECORDKEEPER	31257	Yes ☒ No ☐	Yes ☒ No ☐	4569	Yes ☐ No ☒

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

INTAC FUTUREPLAN

50 TICE BLVD
SUITE 151
WOODCLIFF LAKE, NJ 07677

11-3401702

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	CONSULTING/TP A	3132	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

MORGAN STANLEY INS SVCS INC

1 NEW YORK PLAZA, 12TH FL
ANNUITY AND INSURANCE OPERATIONS
NEW YORK, NY 10004

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	3989	Yes ☒ No ☐	Yes ☐ No ☒	15831	Yes ☐ No ☒

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

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

RELO REDAC INC

4TH FLOOR
1010 AVENUE OF THE AMERICAS
NEW YORK, NY 10018

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	EMPLOYER	5993	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan RELO REDAC, INC 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 RELO REDAC, INC.	D Employer Identification Number (EIN) 13-3368423	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	4682	4206
(2) Participant contributions.....	1b(2)	26327	23745
(3) Other	1b(3)		0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	93879	55131
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7671948	9570570
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1137898	1167395
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	8934734	10821047

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8934734	10821047
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	122021	
(B) Participants	2a(1)(B)	719925	
(C) Others (including rollovers).....	2a(1)(C)	78967	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		920913
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	4330	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4330
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	17337	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		17337
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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)		1044091
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1986671
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	73989	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		73989
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		10691
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	15678	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		15678
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		100358
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		1886313
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: CDH P.C.

(2) EIN: 36-4105119

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

A Name of plan RELO REDAC, INC 401(K) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 RELO REDAC, INC.	D Employer Identification Number (EIN) 13-3368423

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): EIN(s): 31-4156830		
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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

RELO REDAC, INC. 401(K) PLAN

AUDIT REPORT
December 31, 2021 and 2020



INDEPENDENT AUDITOR'S REPORT

To the Members of the 401k Committee and the Plan Administrator of the Relo Redac, Inc. 401(k) 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 financial statements of Relo Redac, Inc. 401(k) 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) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

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

Opinion 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.
- 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).

Headquarters

100 E. Pierce Road, Suite 100
Itasca, IL 60143

Tel: 630.285.0215

Fax: 630.285.1166

Website: cdhcpa.com

Other locations

Chicago, Milwaukee,
Albany and Japan

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 audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for at least one year following the date that 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 of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. 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 accounting principles generally accepted in the United States of America.

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

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

Other Matters

2021 Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, line 4i – Schedule of Assets (Held at End of Year), as of and for the year ended 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

The information included in the supplemental 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 their form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental 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

The financial statements of the Plan for the year ended December 31, 2020, were audited by another auditor. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed them not to perform and they did not perform any auditing procedures with respect to the information certified by a qualified institution. In their report dated February 15, 2022, they indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A large, handwritten signature of 'CDH' in black ink.

CDH, P.C.
Itasca, IL
October 17, 2022

Relo Redac, Inc. 401(k) Plan

Statements of Net Assets Available for Benefits As of December 31,

	<u>2021</u>	<u>2020</u>
Investments, at fair value	\$ 9,570,570	\$ 7,671,948
Investments, at contract value	<u>1,167,395</u>	<u>1,092,033</u>
Total Investments	10,737,965	8,763,981
Receivables		
Participant contributions	23,745	26,327
Employer contributions	4,206	4,682
Notes receivable from participants	<u>55,131</u>	<u>93,879</u>
Total Receivables	<u>83,082</u>	<u>124,888</u>
Net Assets Available for Benefits	<u>\$ 10,821,047</u>	<u>\$ 8,888,869</u>

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

Relo Redac, Inc. 401(k) Plan

Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2021

Net Assets Available for Benefits, Beginning of Year	\$ 8,888,869
Investment income	
Net appreciation in fair value investments	1,079,265
Dividends and interest income	<u>17,337</u>
Total Investment Income	1,096,602
Interest income on notes receivable from participants	4,330
Contributions	
Employer contributions	122,021
Participant contributions	719,925
Rollovers	<u>78,967</u>
Total Contributions	920,913
Total Additions	2,021,845
Withdrawals	
Benefit payments	73,989
Administrative expenses	<u>15,678</u>
Total Withdrawals	<u>89,667</u>
Net Change During Year	<u>1,932,178</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 10,821,047</u></u>

The accompanying notes are an integral
part of this financial statement.

Relo Redac, Inc.
401(k) Savings Plan

Notes to the Financial Statements
As of December 31, 2021 and 2020, and for the Year Ended December 31, 2021

NOTE 1 – PLAN DESCRIPTION

The following is a brief description of the Relo Redac, Inc. 401k Plan (the “Plan”), which is provided for general purposes only. The Plan document, related adoption agreement and individual statements provided to each Plan participant should be referred to for more complete information.

A. GENERAL

The Plan is a qualified defined contribution pension plan covering all eligible employees who are members of a controlled group which includes the Relo Redac, Inc. and affiliated companies (collectively, the “Company”). The Plan provides deferred compensation benefits and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). Nationwide Trust Company, FSB, and Nationwide Life Insurance Company (“Nationwide”) are the investment custodians (“Investment Custodians”) of the Plan and record-keeper. The Plan’s investments were administered and held in a trust by the Investment Custodians. The Plan administrator is responsible for overseeing and ensuring compliance with the Plan document. The Investment Custodians, record-keeper and the Plan administrator are appointed by the Company.

The Plan has adopted certain provisions of the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”) that was signed into law on March 27, 2020, which were immediately available. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and IRS guidance. The plan was also restated effective January 1, 2022.

B. ELIGIBILITY

Employees are eligible to participate in the Plan after six months of service. Any employees of the controlled group members that are not employed by a sponsoring entity are excluded. Residents of Puerto Rico are also excluded.

On December 20, 2019, the Setting Every Community Up for Retirement Enhancement Act of 2019 (“SECURE Act”) was enacted and signed into law. The SECURE Act no longer allows non-bargained 401(k) plans to exclude long-term part-time employees from participating in the plan if they work at least 500 hours in each of three consecutive years. Service before 2021 will not be counted.

C. CONTRIBUTIONS

Under the Plan, employees make voluntary contributions to be placed into a trust fund for their benefit on a before-tax or after-tax basis, up to the maximum contributions allowed under the Internal Revenue Service Code (“IRC”). Compensation per the Plan document means wages, tips and other compensation on Form W-2. Compensation is adjusted to exclude fringe benefits, expense reimbursements, deferred compensation, and welfare benefits.

The Company may make a discretionary match to match a percentage of the participant’s contributions. For the year ended December 31, 2021, the Company contributed 25% of each qualified employee’s contribution, up to a maximum of 10% of the employee’s compensation. The Company’s matching contributions are only credited to those participants that have completed 1,000 hours of service within the 6-month time period following their date of hire.

The Company may make an additional contribution to the Plan termed as a Qualified Nonelective Contributions (“QNEC”) and Qualified Matching Contribution (“QMAC”). The QNEC and QMAC contributions are calculated based upon a uniform percentage applied to compensation. The QNEC and QMAC contribution is only credited to those participants that have completed 1,000 hours of service and are employed at the end of the Plan year. For 2021 a QNEC and QMAC was not declared.

Relo Redac, Inc.
401(k) Savings Plan

Notes to the Financial Statements
As of December 31, 2021 and 2020, and for the Year Ended December 31, 2021

NOTE 1 – PLAN DESCRIPTION – (CONTINUED) –

D. PARTICIPANT ACCOUNTS

Each participant account is credited with the participant's contribution and allocations of employer contributions, plan earnings, and distribution and loan fees (if applicable). Allocations are based on participant earnings or account balances, as defined.

E. NOTES RECEIVABLE FROM PARTICIPANTS

Each participant may borrow up to the lesser of: (1) 50% of the present value of the participant's vested interest in the account or (2) \$50,000. The notes are secured by the vested balance in the participant's account. No note shall be less than \$500 and no more than one note at a time is allowed. The notes bear a reasonable rate of interest as determined by the Plan administrator. The interest rate on notes outstanding at December 31, 2021, ranged from 5.25% to 7.5% per annum. Any such borrowings are to be repaid within five years, unless the note is for the purchase of a principal residence for which the repayment period may not extend beyond 30 years. Principal and interest is paid pro rata through payroll deductions. A note becomes immediately due and payable upon a participant's termination of employment, death or disability.

F. PAYMENTS OF BENEFITS

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual instalments over a 10-year period, or partial withdrawals. For termination of services for other reasons, a participant will receive the value of the vested interest in his or her account as a lump-sum distribution or installments if balance is fully vested and exceeds \$5,000. Participant account balances less than \$5,000 will be automatically distributed as a lump sum distribution. The Plan also allows hardship withdrawals.

The SECURE Act increased the age for required minimum distributions from 70 ½ years old to 72 years old.

G. VESTING

Participants are vested immediately in their contributions, rollover contributions and earnings thereon. Participants vest in the employer contributions as follows:

<u>Full Years of Service</u>	<u>Vested Percentage</u>
Less than 1	0%
At least 2, but less than 3	20%
At least 3, but less than 4	40%
At least 4, but less than 5	60%
At least 5, but less than 6	80%
6 or more	100%

Participants become fully vested upon attainment of normal retirement age, death, or becoming disabled while still employed.

**Relo Redac, Inc.
401(k) Savings Plan**

*Notes to the Financial Statements
As of December 31, 2021 and 2020, and for the Year Ended December 31, 2021*

NOTE 1 – PLAN DESCRIPTION – (CONTINUED) –

H. TERMINATION PRIORITIES

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contribution at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination or partial termination, each participant would become 100% vested in their account balance.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. FINANCIAL REPORTING FRAMEWORK

The accompanying financial statements are prepared according to accounting principles generally accepted in the United States of America ("GAAP"), as promulgated by the Financial Accounting Standards Board ("FASB") in the Accounting Standards Codification ("ASC").

B. BASIS OF ACCOUNTING

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

C. ESTIMATES

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

D. INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are reported at fair value (except the group annuity fund contract with Nationwide, which is stated at contract value, see Note 7). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 8 for a discussion of fair value measurements.

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

E. NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent notes receivable from participants are recorded as a distribution based upon the terms of the Plan documents. No allowance for credit losses has been recorded as of December 31, 2021 or 2020.

F. ADMINISTRATIVE EXPENSES

The Company pays for the cost of the Plan except for investment administration and record-keeping fees, which are deducted from the fair value of the investments. Administrative expenses that are to be paid from the Plan are paid from the Plan's trust funds and allocated to all participants on a pro rata basis. For the year ended December 31, 2021, the Company incurred certain administrative expenses relating to the Plan without charge to the Plan.

Relo Redac, Inc.
401(k) Savings Plan

Notes to the Financial Statements
As of December 31, 2021 and 2020, and for the Year Ended December 31, 2021

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – (CONTINUED) –

G. PAYMENT OF BENEFITS

Benefits are recorded when paid.

H. RISKS AND UNCERTAINTIES

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

The COVID-19 pandemic effects on the economy and financial markets in the future is uncertain. Subsequent changes in interest rates and volatility in financial markets could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits. Because of the uncertainty, Plan management is unable to estimate the total impact the pandemic will have.

I. SUBSEQUENT EVENTS

The Plan evaluated subsequent events through October 17, 2022, which is the financial statement issuance date. All items which are required for disclosure have been included in the accompanying financial statements and notes thereto.

NOTE 3 – FORFEITED ACCOUNTS

Upon termination of employment participants forfeit their non-vested balances. These amounts may be used to reduce future Company contributions or to pay administrative expenses of the Plan. At December 31, 2021 and 2020, forfeited non-vested accounts totaled \$0, for both years respectively. Forfeited amounts used was \$2,790 for the year ended December 31, 2021.

NOTE 4 – INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The Plan's investments are held in a trust fund administered by Nationwide Trust Company, the custodian of the Plan. The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the trustee:

- Investments and notes receivable from participants, as shown in the statements of net assets available for benefits as of December 31, 2021 and 2020.
- Investment income and interest income on notes receivable from participants, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2021.
- Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2021.

NOTE 5 – TAX STATUS

The Plan obtained its latest determination letter dated June 30, 2020, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan's administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Relo Redac, Inc.
401(k) Savings Plan

Notes to the Financial Statements
As of December 31, 2021 and 2020, and for the Year Ended December 31, 2021

NOTE 5 – TAX STATUS – (CONTINUED) –

US GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examinations by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 6 – PARTY-IN-INTEREST

Certain Plan investments are shares in mutual funds managed by Nationwide and, therefore, these transactions qualify as party-in-interest transactions. As of December 31, 2021 and 2020, there were investments in funds managed by the trustee that qualified as party-in-interest transactions totaling \$1,196,468 and \$1,111,817 respectively. Notes receivable from participants also qualify as party-in-interest transactions. The total of notes receivable from participants was \$55,131 and \$93,879 as of December 31, 2021 and 2020, respectively.

NOTE 7 – UNALLOCATED INVESTMENT CONTRACT WITH AN INSURANCE COMPANY

The Plan has a fully benefit responsive group annuity contract with Nationwide, whose account balance was \$1,167,395 and \$1,092,033 as of December 31, 2021 and 2020 respectively. The contract is a traditional investment contract. Nationwide maintains the contributions in an unallocated fund, which is included in its general account, to which it adds interest. Since the group annuity contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the group annuity contract. The group annuity contract is presented on the face of the statements of net assets available for benefits at contract value. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

Certain events limit the Plan's ability to transact at contract value with the insurance company including Plan termination and other events as specified in group annuity contract. Plan management believes that the occurrence of events that would cause the Plan to transact at less than contract value is not probable. Nationwide may not terminate the contract at any amount less than the contract value.

Nationwide is contractually obligated to pay the principal and specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with Nationwide. Such interest rates are reviewed on a quarterly basis for resetting. The crediting rate is based on a formula established by the contract issuer but may not be less than zero percent.

NOTE 8 – FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements).

In accordance with the framework, the Plan groups assets and liabilities measured at fair value into three levels based on the markets in which the assets and liabilities are traded and the reliability of the assumptions used to determine fair value.

**Relo Redac, Inc.
401(k) Savings Plan**

*Notes to the Financial Statements
As of December 31, 2021 and 2020, and for the Year Ended December 31, 2021*

NOTE 8 – FAIR VALUE MEASUREMENTS – (CONTINUED) –

These levels are described as follows:

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

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

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

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

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

- *Mutual Funds*: valued based on the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

The following table classifies the investments measured at fair value on a recurring basis by level within the fair value hierarchy as of December 31, 2021:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$ 9,570,570	\$ -	\$ -	\$ 9,570,570
Total assets at fair value	\$ 9,570,570	\$ -	\$ -	\$ 9,570,570

The following table classifies the investments measured at fair value on the recurring basis by level within the fair value hierarchy as of December 31, 2020:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$ 7,671,948	\$ -	\$ -	\$ 7,671,948
Total assets at fair value	\$ 7,671,948	\$ -	\$ -	\$ 7,671,948

**Relo Redac, Inc.
401(k) Savings Plan**

*Notes to the Financial Statements
As of December 31, 2021 and 2020, and for the Year Ended December 31, 2021*

NOTE 9 – RECONCILIATION TO FORM 5500

The following reconciles net assets available for benefits per the financial statements as of December 31, 2020, to the Plan's Form 5500, as filed by the Company:

Net assets available for benefits per financial statements	\$	8,888,869
Adjustment due to contract value versus fair value of the Guaranteed Insurance Contract		<u>45,865</u>
Amount reported per Form 5500	\$	<u><u>8,934,734</u></u>

The following reconciles financial statement information as of and for the year ended December 31, 2021, to the Plan's Form 5500, as filed by the Company:

Total income per financial statements	\$	2,021,845
Adjustment from prior year, flow through 2021		<u>(35,174)</u>
Amount reported per Form 5500	\$	<u><u>1,986,671</u></u>
Total expense per financial statements	\$	(89,667)
Adjustment from prior year, flow through 2021		<u>(10,691)</u>
Amount reported per Form 5500	\$	<u><u>(100,358)</u></u>
Net income per financial statements	\$	1,932,178
Adjustment from prior year, flow through 2021		<u>(45,865)</u>
Amount reported per Form 5500	\$	<u><u>1,886,313</u></u>

NOTE 10 – RECLASSIFICATION OF RECEIVABLES

The Trust Report received from the Trustee is on an accrual basis and therefore, the receivables for the contributions were already recorded in the total contributions for the year and included in each affected investment. Based on this, a general reclassification was made from the investments to properly record the receivables on the accompanying financial statements, but not the individual investments.

SUPPLEMENTAL SCHEDULE

Relo Redac, Inc. 401(k) Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2021

Employer Identification Number: 13-3368423

Plan Number: 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	AB Gbl Bd I	Registered Investment Company	**	16,718
	AB LgCap Gr I	Registered Investment Company	**	222,155
	AmCent Emrg Mkt R6	Registered Investment Company	**	264,215
	AmFds 2015 TrgtDtRtrmt R6	Registered Investment Company	**	296,824
	AmFds 2020 TrgtDtRtrmt R6	Registered Investment Company	**	6,563
	AmFds 2025 TrgtDtRtrmt R6	Registered Investment Company	**	143,432
	AmFds 2030 TrgtDtRtrmt R6	Registered Investment Company	**	324,976
	AmFds 2035 TrgtDtRtrmt R6	Registered Investment Company	**	79,962
	AmFds 2040 TrgtDtRtrmt R6	Registered Investment Company	**	213,573
	AmFds 2045 TrgtDtRtrmt R6	Registered Investment Company	**	184,435
	AmFds 2050 TrgtDtRtrmt R6	Registered Investment Company	**	77,964
	AmFds 2055 TrgtDtRtrmt R6	Registered Investment Company	**	99,016
	AmFds 2060 TrgtDtRtrmt R6	Registered Investment Company	**	6,831
	BlkRk Hi Yld Bd Port K	Registered Investment Company	**	37,644
	BlkRk Hlth Scnc Oppr Inst	Registered Investment Company	**	41,427
	BlkRk MdCap Gr Eq Inst	Registered Investment Company	**	18,024
	BlkRk Ttl Rtn K	Registered Investment Company	**	4,842
	Col Sel LgCap Gr Inst2	Registered Investment Company	**	26,422
	DFA Emrg Mkt Cor Eq Inst	Registered Investment Company	**	27,999
	DFA US LgCap Val Inst	Registered Investment Company	**	35,899
	DFA US Trgt Val Inst	Registered Investment Company	**	1,734
	Diamond Hill MdCap I	Registered Investment Company	**	18,831
	DodgeCox Intl Stk	Registered Investment Company	**	40,167
	Fed Inv Govt Obligations Fund	Registered Investment Company	**	14,068
	Fid 500 Indx	Registered Investment Company	**	63,004
	Fid Intl Indx	Registered Investment Company	**	43,835
	Fid US Bd Indx	Registered Investment Company	**	22,072
	GdmnScs Infl PrtctSec Inst	Registered Investment Company	**	72,369
	JPM Eq Inc R5	Registered Investment Company	**	34,187
	JnsHndrsn Triton N	Registered Investment Company	**	61,623
	MFS MdCap Gr R6	Registered Investment Company	**	225,010
	MSIF Inst Gr I	Registered Investment Company	**	75,509
*	NW Loomis AllCap Gr R6	Registered Investment Company	**	29,073
	PGIM Ttl Rtn Bd R6	Registered Investment Company	**	17,455
	PIMCO Invmt Grd Cr Bd Inst	Registered Investment Company	**	130,748
	PIMCO Real Rtn Inst	Registered Investment Company	**	15,962
	Vngrd 500 Index Fd AS	Registered Investment Company	**	1,099,227
	Vngrd Bal Indx Adml	Registered Investment Company	**	1,319,379
	Vngrd Cnsmr Stpls Adml	Registered Investment Company	**	5,613
	Vngrd Explr Adml	Registered Investment Company	**	8,673

See accompanying independent auditor's report

Relo Redac, Inc. 401(k) Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2021

Employer Identification Number: 13-3368423

Plan Number: 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Vngrd Intl Gr Adml	Registered Investment Company	**	108,554
	Vngrd Intl Val Inv	Registered Investment Company	**	159,904
	Vngrd LT Invmt Grd Adml	Registered Investment Company	**	117,484
	Vngrd Strat Eq Inv	Registered Investment Company	**	471,137
	Vngrd Strat SmCap Eq Inv	Registered Investment Company	**	50,627
	Vngrd Wlsly Inc Adml	Registered Investment Company	**	10,562
	MFS Divrs Inc R4	Registered Investment Company	**	43,696
	DFA US Vectr Eq Inst	Registered Investment Company	**	18,695
	JPM LgCap Gr R6	Registered Investment Company	**	4,235
	BlkRk Strat Inc Oppr I	Registered Investment Company	**	7,722
	GdmnScs Emrg Mkt Db Inst	Registered Investment Company	**	5,594
	PRIMECAP Odysy Stk	Registered Investment Company	**	310,723
	Baird Cor Pls Bd Inst	Registered Investment Company	**	261,026
	TIAACRF RealEst Sec Inst	Registered Investment Company	**	7,701
	TIAACRF LfCyclnd 2010 Inst	Registered Investment Company	**	43,119
	Hartford Bal Inc R5	Registered Investment Company	**	86,935
	PGIM Jnism Util R6	Registered Investment Company	**	2,845
	Fid Asset Mgr 30 I	Registered Investment Company	**	43,104
	GdmnScs GQGPtnrIntlOppr	Registered Investment Company	**	39,999
	Pncpl Gbl RealEst R6	Registered Investment Company	**	11,635
	AmCent Focs Dynmc	Registered Investment Company	**	2,079,905
	Avnts US SmCap Val Inst	Registered Investment Company	**	8,707
	PIMCOComdyRealRtn StratInst	Registered Investment Company	**	11,047
	AmFds 2010 TrgtDtRtrmt R6	Registered Investment Company	**	2,565
	AmFds Am Mut R6	Registered Investment Company	**	263,540
*	NW Fxd Sel Optn	Guaranteed Insurance Contract	**	1,167,395
*	Participant Loans	Interest rates 5.25% to 7.50%	-0-	55,131
	Reclassification of receivables	See Note 10	**	(27,951)
Total assets held for investment purposes				<u>\$ 10,793,096</u>

* Represents party-in-interest with respect to the Plan.

** Cost information is not provided as all investments are participant directed.

See accompanying independent auditor's report

Relo Redac, Inc. 401(k) Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2021

Employer Identification Number: 13-3368423

Plan Number: 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	AB Gbl Bd I	Registered Investment Company	**	16,718
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	AmFds 2025 TrgtDtRtrmt R6	Registered Investment Company	**	143,432
	AmFds 2030 TrgtDtRtrmt R6	Registered Investment Company	**	324,976
	AmFds 2035 TrgtDtRtrmt R6	Registered Investment Company	**	79,962
	AmFds 2040 TrgtDtRtrmt R6	Registered Investment Company	**	213,573
	AmFds 2045 TrgtDtRtrmt R6	Registered Investment Company	**	184,435
	AmFds 2050 TrgtDtRtrmt R6	Registered Investment Company	**	77,964
	AmFds 2055 TrgtDtRtrmt R6	Registered Investment Company	**	99,016
	AmFds 2060 TrgtDtRtrmt R6	Registered Investment Company	**	6,831
	BlkRk Hi Yld Bd Port K	Registered Investment Company	**	37,644
	BlkRk Hlth Scnc Oppr Inst	Registered Investment Company	**	41,427
	BlkRk MdCap Gr Eq Inst	Registered Investment Company	**	18,024
	BlkRk Ttl Rtn K	Registered Investment Company	**	4,842
	Col Sel LgCap Gr Inst2	Registered Investment Company	**	26,422
	DFA Emrg Mkt Cor Eq Inst	Registered Investment Company	**	27,999
	DFA US LgCap Val Inst	Registered Investment Company	**	35,899
	DFA US Trgt Val Inst	Registered Investment Company	**	1,734
	Diamond Hill MdCap I	Registered Investment Company	**	18,831
	DodgeCox Intl Stk	Registered Investment Company	**	40,167
	Fed Inv Govt Obligations Fund	Registered Investment Company	**	14,068
	Fid 500 Indx	Registered Investment Company	**	63,004
	Fid Intl Indx	Registered Investment Company	**	43,835
	Fid US Bd Indx	Registered Investment Company	**	22,072
	GdmnScs Infl PrtctSec Inst	Registered Investment Company	**	72,369
	JPM Eq Inc R5	Registered Investment Company	**	34,187
	JnsHndrsn Triton N	Registered Investment Company	**	61,623
	MFS MdCap Gr R6	Registered Investment Company	**	225,010
	MSIF Inst Gr I	Registered Investment Company	**	75,509
*	NW Loomis AllCap Gr R6	Registered Investment Company	**	29,073
	PGIM Ttl Rtn Bd R6	Registered Investment Company	**	17,455
	PIMCO Invmt Grd Cr Bd Inst	Registered Investment Company	**	130,748
	PIMCO Real Rtn Inst	Registered Investment Company	**	15,962
	Vngrd 500 Index Fd AS	Registered Investment Company	**	1,099,227
	Vngrd Bal Indx Adml	Registered Investment Company	**	1,319,379
	Vngrd Cnsmr Stpls Adml	Registered Investment Company	**	5,613
	Vngrd Explr Adml	Registered Investment Company	**	8,673

See accompanying independent auditor's report

Relo Redac, Inc. 401(k) Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) December 31, 2021

Employer Identification Number: 13-3368423

Plan Number: 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Vngrd Intl Gr Adml	Registered Investment Company	**	108,554
	Vngrd Intl Val Inv	Registered Investment Company	**	159,904
	Vngrd LT Invmt Grd Adml	Registered Investment Company	**	117,484
	Vngrd Strat Eq Inv	Registered Investment Company	**	471,137
	Vngrd Strat SmCap Eq Inv	Registered Investment Company	**	50,627
	Vngrd Wlsly Inc Adml	Registered Investment Company	**	10,562
	MFS Divrs Inc R4	Registered Investment Company	**	43,696
	DFA US Vectr Eq Inst	Registered Investment Company	**	18,695
	JPM LgCap Gr R6	Registered Investment Company	**	4,235
	BlkRk Strat Inc Oppr I	Registered Investment Company	**	7,722
	GdmnScs Emrg Mkt Db Inst	Registered Investment Company	**	5,594
	PRIMECAP Odysy Stk	Registered Investment Company	**	310,723
	Baird Cor Pls Bd Inst	Registered Investment Company	**	261,026
	TIAACRF RealEst Sec Inst	Registered Investment Company	**	7,701
	TIAACRF LfCyclnd 2010 Inst	Registered Investment Company	**	43,119
	Hartford Bal Inc R5	Registered Investment Company	**	86,935
	PGIM Jnism Util R6	Registered Investment Company	**	2,845
	Fid Asset Mgr 30 I	Registered Investment Company	**	43,104
	GdmnScs GQGPtnrIntlOppr	Registered Investment Company	**	39,999
	Pncpl Gbl RealEst R6	Registered Investment Company	**	11,635
	AmCent Focs Dynmc	Registered Investment Company	**	2,079,905
	Avnts US SmCap Val Inst	Registered Investment Company	**	8,707
	PIMCOComdyRealRtn StratInst	Registered Investment Company	**	11,047
	AmFds 2010 TrgtDtRtrmt R6	Registered Investment Company	**	2,565
	AmFds Am Mut R6	Registered Investment Company	**	263,540
*	NW Fxd Sel Optn	Guaranteed Insurance Contract	**	1,167,395
*	Participant Loans	Interest rates 5.25% to 7.50%	-0-	55,131
	Reclassification of receivables	See Note 10	**	(27,951)
Total assets held for investment purposes				<u>\$ 10,793,096</u>

* Represents party-in-interest with respect to the Plan.

** Cost information is not provided as all investments are participant directed.

See accompanying independent auditor's report