

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) <u>HURRICANE IAN RELIEF</u>
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>MIDREX 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1987</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>07/01/1987</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>07/01/1987</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>MIDREX TECHNOLOGIES, INC.</u> <u>3735 GLEN LAKE DRIVE</u> <u>SUITE 400</u> <u>CHARLOTTE, NC 28208</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>52-1791274</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>704-373-1600</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541330</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>52-1791274</u>	2c Plan Sponsor's telephone number <u>704-373-1600</u>	2d Business code (see instructions) <u>541330</u>	
2b Employer Identification Number (EIN) <u>52-1791274</u>					
2c Plan Sponsor's telephone number <u>704-373-1600</u>					
2d Business code (see instructions) <u>541330</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.	02/15/2023	KATHY DENT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/15/2023	KATHY DENT
	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	197
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	152
a(2) Total number of active participants at the end of the plan year		6a(2)	161
b Retired or separated participants receiving benefits.....		6b	2
c Other retired or separated participants entitled to future benefits		6c	48
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	211
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	211
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	193
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
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 2J 2F 2G 2K 3F 3H 2T			
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 MIDREX 401(K) PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 MIDREX TECHNOLOGIES, INC.	D Employer Identification Number (EIN) 52-1791274

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
MASSACHUSETTS MUTUAL 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
04-1590850	65935	SF 52228	211	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 47546	(b) Total amount of fees paid 0
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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
MML INVESTORS SERVICES INC
1295 STATE ST
SPRINGFIELD, MA 01111

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
41165			4

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
TIMOTHY C FLANAGAN
4350 CONGRESS ST STE 300
CHARLOTTE, NC 28209

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
6381			3

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

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

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

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

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

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

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

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

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

(b) 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	
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	22390
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. Specify nature of costs ▶	6d	
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 ▶ GROUP ANNUITY CONTRACT		
b	Balance at the end of the previous year	7b	8536231
c	Additions: (1) Contributions deposited during the year	7c(1)	2458011
	(2) Dividends and credits.....	7c(2)	0
	(3) Interest credited during the year.....	7c(3)	155464
	(4) Transferred from separate account.....	7c(4)	0
	(5) Other (specify below)..... ▶ LN INT, LN PRIN, LOAN DEFAULT, ROLL	7c(5)	565362
	(6) Total additions	7c(6)	3178837
d	Total of balance and additions (add lines 7b and 7c(6))	7d	11715068
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1095528
	(2) Administration charge made by carrier.....	7e(2)	18170
	(3) Transferred to separate account.....	7e(3)	3916239
	(4) Other (specify below)..... ▶ LN DISTRIB	7e(4)	15000
	(5) Total deductions	7e(5)	5044937
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	6670131

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 MIDREX 401(K) PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 MIDREX TECHNOLOGIES, INC.	D Employer Identification Number (EIN) 52-1791274	

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)

GREAT WEST LIFE & ANNUITY INSURANCE

84-0467907

(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?
52 60 62 63 64 68 72	CONTRACT ADMINISTRATOR	121547	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MML INVESTORS SERVICES INC

04-2746212

(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?
53	SHAREHOLDER SERVICE PROVI	0	Yes ☒ No ☐	Yes ☐ No ☒	42800	Yes ☐ No ☒

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

AB FUNDS

13-4071393

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

AB FUNDS

13-6021421

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

ALLSPRING

41-0449260

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

AMERICAN CENTURY

43-1646043

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

AMERICAN FUNDS

95-2884967

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

AMERICAN FUNDS

66-0793788

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

AMERICAN FUNDS

22-1557722

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

AMERICAN FUNDS

52-0792143

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

AMERICAN FUNDS

94-6050854

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

AMERICAN FUNDS

95-1411037

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

AMERICAN FUNDS

95-2817150

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

BAIRD FUNDS

39-6037917

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

BNY MELLON

13-3851784

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

CALVERT

52-1233223

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

COHEN & STEERS

14-1904657

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

DIMENSIONAL FUND ADVISORS

36-3129984

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

INVESTNET RETIREMENT SOLUTIONS, LLC

61-1732930

(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?
28	INVESTMENT ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

FIDELITY ADVISOR

04-3022712

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

FIDELITY INVESTMENTS

04-2466841

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

FIDELITY INVESTMENTS

04-2993075

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

FIDELITY INVESTMENTS

04-3022712

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

FIDELITY INVESTMENTS

04-3365630

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

FIDELITY INVESTMENTS

06-1194217

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

FRANKLINTEMPLETON

13-3151768

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

INVESCO

13-5657518

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

INVESCO

13-2527171

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

INVESCO

76-0343427

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

INVESCO

93-1036175

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

IVY FUNDS

45-3046545

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

JP MORGAN

26-3613641

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

LORD ABBETT

13-2958970

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

MANNING & NAPIER

16-1371994

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

MFS INVESTMENT MANAGEMENT

04-3158862

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

NORTHERN FUNDS

36-3608252

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

PGIM INVESTMENTS

13-2974999

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

PIMCO FUNDS

95-2632339

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

T. ROWE PRICE

52-1175211

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

THE HARTFORD

22-2937447

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

VANGUARD

23-1899003

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

VANGUARD

23-1999755

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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)

VANGUARD

23-2120820

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

VICTORY

31-6364605

(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?
52	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

MASSACHUSETTS MUTUAL LIFE INS. CO,

04-1590850

(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?
52 72	INVESTMENT PROVIDER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	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
MASSACHUSETTS MUTUAL LIFE INS. CO.	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SMALL CAP VALUE EQUITY MASSMUTUAL 02-0769954	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SAGIC 52228 04-1590850	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
STRATEGIC INCOME FIDELITY ADVSR 04-3022712	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLENDED RESEARCH CORE EQ MFS 04-3158862	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GOVERNMENT SECURITIES MFS 04-3158862	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VALUE MFS 04-3158862	BASIS POINTS * PLAN ASSETS	

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
GREAT WEST LIFE & ANNUITY INS. CO.	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SHORT DURATION BOND MASSMUTUAL 04-3212057	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
US GOVT MONEY MARKT MASSMUTUAL 04-3212059	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM S&P 500 INDEX NORTHERN TRUST 04-3410047	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MID CAP GROWTH MASSMUTUAL 04-3512596	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HIGH YIELD MASSMUTUAL 04-3520009	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DISCIPLINED GROWTH MASSMUTUAL 04-3539084	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLUE CHIP GROWTH MASSMUTUAL 04-3556992	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT WEST LIFE & ANNUITY INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INTERMEDIATE BD FACTOR FD INVESCO 13-2527171	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DYNAMIC VALUE FUND BNY MELLON 13-3851784	BASIS POINTS * PLAN ASSETS	

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
GREAT WEST LIFE & ANNUITY INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GLOBAL BOND AB 13-4071393	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT WEST LIFE & ANNUITY INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INTERNATIONAL DIVERSIFIED INVESCO 13-5657518	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT WEST LIFE & ANNUITY INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRO-BLEND MAXTRM MANNING&NAPIER 16-1371994	BASIS POINTS * PLAN ASSETS	

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
GREAT WEST LIFE & ANNUITY INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FNDMNTL INVSTRS AMERICAN 22-1557722	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT WEST LIFE & ANNUITY INS. CO.	63 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SYCAMORE SM CO OPPTY VICTORY 31-6364605	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT WEST LIFE & ANNUITY INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BOND INDEX NORTHERN 36-3608252	BASIS POINTS * PLAN ASSETS	

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
GREAT WEST LIFE & ANNUITY INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INTERNATIONAL EQUITY ALLSPRING 41-0449260	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT WEST LIFE & ANNUITY INS. CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MID CAP VALUE AMERICAN CENTURY 43-1646043	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT WEST LIFE & ANNUITY INS. CO.	63 60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SMALL CAP GROWTH DELAWARE IVY 45-3046545	BASIS POINTS * PLAN ASSETS

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM S&P MID CAP INDEX NRTN TR 45-5349772	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM MSCI EAFE INTL INDX NRTN TR 45-5357167	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM RSL 2000 SMCAP INDX NRTN TR 45-5366542	BASIS POINTS * PLAN ASSETS	

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
GREAT WEST LIFE & ANNUITY INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GROWTH AMERICA AMERICAN 52-0792143	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT WEST LIFE & ANNUITY INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WASHINGTON MUTUAL INVS AMERICAN 66-0793788	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT WEST LIFE & ANNUITY INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
REAL ESTATE INVESCO 76-0343427	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MM SEL T. ROWE PRICE RET 2005 82-3347422	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MM SEL T. ROWE PRICE RET 2010 82-3355639	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MM SEL T. ROWE PRICE RET 2015 82-3382389	BASIS POINTS * PLAN ASSETS

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SEL T. ROWE PRICE RET 2020 82-3396442	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SEL T. ROWE PRICE RET 2025 82-3417420	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SEL T. ROWE PRICE RET 2030 82-3430358	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SEL T. ROWE PRICE RET 2035 82-3439837	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SEL T. ROWE PRICE RET 2040 82-3451779	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SEL T. ROWE PRICE RET 2045 82-3472295	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SEL T. ROWE PRICE RET 2050 82-3481715	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SEL T. ROWE PRICE RET 2055 82-3502011	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SEL T. ROWE PRICE RET 2060 82-3525148	BASIS POINTS * PLAN ASSETS	

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
MASSACHUSETTS MUTUAL LIFE INS. CO.	72 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MM SEL T. ROWE PRICE RET BAL 82-3533944	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT WEST LIFE & ANNUITY INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GLOBAL OPPORTUNITIES INVESCO 93-1036175	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT WEST LIFE & ANNUITY INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BALANCED AMERICAN 94-6050854	BASIS POINTS * PLAN ASSETS	

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
GREAT WEST LIFE & ANNUITY INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CAP WORLD GRWTH AND INCM AMERICAN 95-1411037	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT WEST LIFE & ANNUITY INS. CO.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NEW WORLD AMERICAN 95-1411037	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MML INVESTORS SERVICES INC	53	42800
(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.	
MASSACHUSETTS MUTUAL LIFE INS. CO. 04-1590850	COMMISSIONS AND FEES	

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
AB FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GLOBAL BOND AB 13-4071393	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AB FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AB DISCOVERY GROWTH FUND 13-6021421	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ALLSPRING	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INTERNATIONAL EQUITY ALLSPRING 41-0449260	BASIS POINTS * PLAN ASSETS	

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
AMERICAN CENTURY	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MID CAP VALUE AMERICAN CENTURY 43-1646043	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS BOND FUND OF AMERICA 95-2884967	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WASHINGTON MUTUAL INVS AMERICAN 66-0793788	BASIS POINTS * PLAN ASSETS	

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
AMERICAN FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS FNDMNTL INVSTRS FND 22-1557722	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FNDMNTL INVSTRS AMERICAN 22-1557722	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GROWTH AMERICA AMERICAN 52-0792143	BASIS POINTS * PLAN ASSETS	

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
AMERICAN FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS BALANCED FUND	BASIS POINTS * PLAN ASSETS	
94-6050854		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BALANCED AMERICAN	BASIS POINTS * PLAN ASSETS	
94-6050854		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FND 2010 TARGET DT RET FD	BASIS POINTS * PLAN ASSETS	
95-1411037		

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
AMERICAN FUNDS	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FNDS 2015 TARGET DT RET FD 95-1411037	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FNDS 2020 TARGET DT RET FD 95-1411037	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FNDS 2025 TARGET DT RET FD 95-1411037	BASIS POINTS * PLAN ASSETS

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
AMERICAN FUNDS	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS 2030 TARGET DT RET FD 95-1411037	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS 2035 TARGET DT RET FD 95-1411037	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS 2040 TARGET DT RET FD 95-1411037	BASIS POINTS * PLAN ASSETS

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
AMERICAN FUNDS	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FNDS 2045 TARGET DT RET FD 95-1411037	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FNDS 2050 TARGET DT RET FD 95-1411037	BASIS POINTS * PLAN ASSETS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FNDS 2055 TARGET DT RET FD 95-1411037	BASIS POINTS * PLAN ASSETS

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
AMERICAN FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS 2060 TARGET DT RET FD 95-1411037	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS 2065 TRGT DT RTMT FD 95-1411037	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS NEW WORLD FUND 95-1411037	BASIS POINTS * PLAN ASSETS	

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
AMERICAN FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS SMALL CAP WORLD FUND 95-1411037	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CAP WORLD GRWTH AND INCM AMERICAN 95-1411037	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NEW WORLD AMERICAN 95-1411037	BASIS POINTS * PLAN ASSETS	

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
AMERICAN FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS NEW PERSPECTIVE FUND 95-2817150	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BAIRD FUNDS	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BAIRD SHORT-TERM BOND FUND 39-6037917	BASIS POINTS * PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BNY MELLON	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DYNAMIC VALUE FUND BNY MELLON 13-3851784	BASIS POINTS * PLAN ASSETS	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>MIDREX 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MIDREX TECHNOLOGIES, INC.</u>	D Employer Identification Number (EIN) <u>52-1791274</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-B0 MM SEL T. ROWE PRICE RET 201</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-BG GOVERNMENT SECURITIES</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>90-0342299-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-C0 MM SEL T. ROWE PRICE RET 202</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-CAA MM S&P 500 INDEX</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>90-0342299-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-CB REAL ESTATE</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>04-1590850-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-CBK MM RSL 2000 SMCAP INDX</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA-CBT MM S&P MID CAP INDEX</u>				
b Name of sponsor of entity listed in (a): <u>MASSACHUSETTS MUTUAL LIFE INSURANCE</u>				
c EIN-PN <u>90-0779283-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CBZ MM MSCI EAFE INTL INDX

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CDJ MID CAP VALUE

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CDP STRATEGIC INCOME

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CGG INTERMEDIATE BD FACTOR FD

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CGJ SMALL CAP GROWTH

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CKF SMALL CAP VALUE EQUITY

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CLE LONGTERM US GOVT

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CRL MM SEL T. ROWE PRICE RET 20

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-D0 MM SEL T. ROWE PRICE RET 203

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-E0 MM SEL T. ROWE PRICE RET 204

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-EM FNDMNTL INVSTRS		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-F0 MM SEL T. ROWE PRICE RET 205		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-FQ SHORT DURATION BOND		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-FS GLOBAL BOND		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-G US GOVT MONEY MARKT		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22390
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-GM NEW WORLD		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-IM WASHINGTON MUTUAL INVS		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-J7D BLENDED RESEARCH CORE EQ		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-JZR INTERNATIONAL DIVERSIFIED		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-KM BALANCED		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-MH HIGH YIELD

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-MU DISCIPLINED GROWTH

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-NH GLOBAL OPPORTUNITIES

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-OM GROWTH AMERICA

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-PR INTERNATIONAL EQUITY

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-QM CAP WORLD GRWTH AND INCM

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-QW BOND INDEX

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-SA DYNAMIC VALUE FUND

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-T2 MM SEL T. ROWE PRICE RET BAL

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-T3 MM SEL T. ROWE PRICE RET 201

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE

c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-T4 MM SEL T. ROWE PRICE RET 202		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-T6 MM SEL T. ROWE PRICE RET 203		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-T7 MM SEL T. ROWE PRICE RET 204		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-T9 MM SEL T. ROWE PRICE RET 205		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-UH MID CAP GROWTH		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-VV VALUE		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-WA BLUE CHIP GROWTH		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 04-1590850-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-XA SYCAMORE SM CO OPPTY		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0342299-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-ZM PRO-BLEND MAXTRM		
b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INSURANCE		
c EIN-PN 90-0779283-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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 MIDREX 401(K) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 MIDREX TECHNOLOGIES, INC.		
D Employer Identification Number (EIN) 52-1791274		

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)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
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)	303307	309283
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(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)	42222104	50360831
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	8536231	6670130
(15) Other.....	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1) 0	0
(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 51061642	57340244
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 0	0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l 51061642	57340244

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 905191	
	(B) Participants	2a(1)(B) 1552820	
	(C) Others (including rollovers).....	2a(1)(C) 391983	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	2849994
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(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) 14655	
	(F) Other	2b(1)(F) 155464	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	170119
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B) 0	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C) 2143331	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	2143331
(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)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		3774880
(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)		1680170
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		10618494
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	4184566	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		4184566
f Corrective distributions (see instructions).....	2f		33779
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	1099	
(3) Investment advisory and management fees.....	2i(3)	119808	
(4) Other.....	2i(4)	640	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		121547
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4339892
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		6278602
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: **BGW CPA**

(2) EIN: **46-1302809**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	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.			
4n			

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

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

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

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

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

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

A Name of plan MIDREX 401(K) PLAN	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 MIDREX TECHNOLOGIES, INC.	D Employer Identification Number (EIN) 52-1791274

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): 04-1590850 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? If the plan is a defined benefit plan, go to line 8.	☐ Yes ☐ No ☐ N/A	
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	0
b Enter the amount contributed by the employer to the plan for this plan year	6b	0
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	0
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes ☐ No ☐ N/A	
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes ☐ No ☐ N/A	

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

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____



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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants
Midrex 401(k) Plan
Charlotte, North Carolina

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

We have performed an audit of the accompanying financial statements of the **Midrex 401(k) 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 (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 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 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).

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 Financial Statements section of our report. We are required to be independent of **Midrex 401(k) 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 **Midrex 401(k) Plan's** ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(c) Audit 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 **Midrex 401(k) 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 **Midrex 401(k) Plan**'s ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, 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 schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of **Midrex 401(k) Plan**. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 11, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Charlotte, North Carolina,
December 13, 2022

BGW CPA, PLLC

A Name of Plan Midrex 401(k) Plan	B Three-digit plan Number 002
C Plan sponsor's name as shown on line 2a of Form 5500 Midrex Technologies, Inc.	D Employer Identification Number 521791274

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	MassMutual	Guaranteed Interest Account	6,670,130	6,670,130
*	MassMutual	Balanced (American)	0	0
*	MassMutual	Blended Research Core Eq (MFS)	0	0
*	MassMutual	Blue Chip Growth (MassMutual)	0	0
*	MassMutual	Bond Index (Northern)	0	0
*	MassMutual	Cap World Grwth and Incm (American)	0	0
*	MassMutual	Disciplined Growth (MassMutual)	0	0
*	MassMutual	Dynamic Value Fund (BNY Mellon)	0	0
*	MassMutual	Fndmntl Invstrs (American)	0	0
*	MassMutual	Global Bond (AB)	0	0
*	MassMutual	Global Opportunities (Invesco)	0	0
*	MassMutual	Government Securities (MFS)	0	0
*	MassMutual	Growth America (American)	0	0
*	MassMutual	High Yield (MassMutual)	0	0
*	MassMutual	Intermediate Bd Factor Fd (Invesco)	0	0
*	MassMutual	International Diversified (Invesco)	0	0
*	MassMutual	International Equity (Allspring)	0	0
*	MassMutual	LongTerm US Govt (PIMCO)	0	0
*	MassMutual	Mid Cap Growth (MassMutual)	0	0
*	MassMutual	Mid Cap Value (American Century)	0	0
*	MassMutual	MM MSCI EAFE Intl Indx (Nrtm Tr)	0	0
*	MassMutual	MM Rsl 2000 SmCap Indx (Nrtm Tr)	0	0
*	MassMutual	MM S&P 500 Index (Northern Trust)	0	0
*	MassMutual	MM S&P Mid Cap Index (Nrtm Tr)	0	0
*	MassMutual	MM Sel T. Rowe Price Ret 2010	0	0
*	MassMutual	MM Sel T. Rowe Price Ret 2015	0	0
*	MassMutual	MM Sel T. Rowe Price Ret 2020	0	0
*	MassMutual	MM Sel T. Rowe Price Ret 2025	0	0
*	MassMutual	MM Sel T. Rowe Price Ret 2030	0	0
*	MassMutual	MM Sel T. Rowe Price Ret 2035	0	0
*	MassMutual	MM Sel T. Rowe Price Ret 2040	0	0
*	MassMutual	MM Sel T. Rowe Price Ret 2045	0	0
*	MassMutual	MM Sel T. Rowe Price Ret 2050	0	0
*	MassMutual	MM Sel T. Rowe Price Ret 2055	0	0
*	MassMutual	MM Sel T. Rowe Price Ret 2060	0	0
*	MassMutual	MM Sel T. Rowe Price Ret Bal	0	0
*	MassMutual	New World (American)	0	0
*	MassMutual	Pro-Blend MaxTrm (Manning&Napier)	0	0
*	MassMutual	Real Estate (Invesco)	0	0
*	MassMutual	Short Duration Bond (MassMutual)	0	0
*	MassMutual	Small Cap Growth (Delaware Ivy)	0	0
*	MassMutual	Small Cap Value Equity (MassMutual)	0	0

*	MassMutual	Strategic Income (Fidelity Advsr)	0	0
*	MassMutual	Sycamore Sm Co Oppty (Victory)	0	0
*	MassMutual	Holding Account - US Govt Money Mar	0	22,390
*	MassMutual	Value (MFS)	0	0
*	MassMutual	Washington Mutual Invs (American)	0	0
*	AB Funds	AB Discovery Growth Fund	72	66
*	American Funds	American Fnds 2010 Target Dt Ret Fd	584,476	586,785
*	American Funds	American Fnds 2015 Target Dt Ret Fd	145,287	144,694
*	American Funds	American Fnds 2020 Target Dt Ret Fd	2,473,162	2,438,340
*	American Funds	American Fnds 2025 Target Dt Ret Fd	4,341,131	4,284,289
*	American Funds	American Fnds 2030 Target Dt Ret Fd	5,309,525	5,281,632
*	American Funds	American Fnds 2035 Target Dt Ret Fd	2,675,625	2,698,045
*	American Funds	American Fnds 2040 Target Dt Ret Fd	1,557,908	1,588,671
*	American Funds	American Fnds 2045 Target Dt Ret Fd	2,729,748	2,796,663
*	American Funds	American Fnds 2050 Target Dt Ret Fd	693,234	711,360
*	American Funds	American Fnds 2055 Target Dt Ret Fd	567,669	575,082
*	American Funds	American Fnds 2060 Target Dt Ret Fd	59,513	60,817
*	American Funds	American Funds 2065 Trgt Dt Rtmt Fd	1,774	1,784
*	American Funds	American Funds Balanced Fund	1,427,772	1,478,600
*	American Funds	American Funds Bond Fund of America	865,886	856,736
*	American Funds	American Funds Fndmntl Invstrs Fnd	210,834	207,402
*	American Funds	American Funds New Perspective Fund	558,505	563,625
*	American Funds	American Funds New World Fund	527,438	481,742
*	Baird Funds	Baird Short-Term Bond Fund	665,404	656,217
*	Calvert	Calvert US Lrg Cap Core Resp Ind Fd	191,933	202,519
*	Cohen & Steers	Cohen & Steers Real Est Scrts Fd	41,890	44,987
*	Dimensional Fund Advisors	DFA Real Estate Sec Prtfl Fd	461,102	524,701
*	Fidelity Investments	Fidelity 500 Index Fund	6,364,452	7,232,914
*	Fidelity Investments	Fidelity Emerging Markets Index Fd	30,508	28,744
*	Fidelity Investments	Fidelity Lg Cap Growth Ind Fd	834,727	939,603
*	Fidelity Investments	Fidelity Lg Cap Value Ind Fd	685,150	736,760
*	Fidelity Investments	Fidelity LgTrm Treasury Bnd Indx Fd	2,321	2,311
*	Fidelity Investments	Fidelity Mid Cap Index Fund	1,388,780	1,461,613
*	Fidelity Investments	Fidelity Small Cap Index Fund	1,225,186	1,192,218
*	Fidelity Investments	Fidelity U.S. Bond Index Fund	544,860	537,853
*	Franklin/Templeton	Franklin Small Cap Value Fund	32,472	31,278
*	The Hartford	Hartford Core Equity Fund	2,587,150	2,846,625
*	JP Morgan	JP Morgan Equity Income Fund	598,815	643,184
*	JP Morgan	JP Morgan Government Bond Fund	550,230	542,061
*	JP Morgan	JP Morgan Large Cap Growth Fund	3,229,560	3,189,691
*	Lord Abbett	Lord Abbett Developing Growth Fund	32,164	28,776
*	MFS Investment Management	MFS International Growth Fund	493,585	473,423
*	MFS Investment Management	MFS Mid Cap Value Fund	69	69
*	MFS Investment Management	MFS Research International Fund	97,050	97,290
*	PGIM Investments	PGIM High-Yield Fund	14,579	14,373
*	PIMCO Funds	PIMCO Diversified Inc Fund	39,161	38,765
*	PIMCO Funds	PIMCO Intl Bd US Dollar-Hedged Fd	189,299	187,187
*	PIMCO Funds	PIMCO Sm Cp StocksPlus AR Strat Fd	209,568	194,579
*	T. Rowe Price	T. Rowe Price Overseas Stck Fd	992,409	1,000,536
*	Vanguard	Vanguard International Value Fund	178,566	169,746
*	Vanguard	Vanguard Long-Term Treasury Fund	626,367	633,874
*	Vanguard	Vanguard Mid-Cap Growth Index Fund	416,708	454,720
*	Vanguard	Vanguard Mid-Cap Value Index Fund	445,804	482,038

*	Vanguard	Vanguard Small Cap Growth Index Fnd	600,937	600,203
*	Vanguard	Vanguard Small-Cap Value Index Fund	375,998	393,249
	Participant Loans	-	0	309,283

A Name of Plan Midrex 401(k) Plan	B Three-digit Plan Number 002
C Plan sponsor's name as shown on line 2a of Form 5500 Midrex Technologies, Inc.	D Employee Identification Number 521791274

Schedule H, line 4j - Schedule of Reportable Transactions

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
The Hartford	Hartford Core Equity Fund	2,772,667	0		0	0	0	0
MassMutual	MM Sel T. Rowe Price Ret 2020	0	2,889,325		0	1,986,228	2,889,325	903,097
MassMutual	MM Sel T. Rowe Price Ret 2025	0	3,923,710		0	2,680,574	3,923,710	1,243,136
MassMutual	MM Sel T. Rowe Price Ret 2030	0	5,140,314		0	3,374,221	5,140,314	1,766,093
JP Morgan	JP Morgan Large Cap Growth Fund	2,996,152	0		0	0	0	0
Fidelity Investments	Fidelity 500 Index Fund	6,806,428	0		0	0	0	0
MassMutual	MM S&P 500 Index (Northern Trust)	0	5,132,398		0	3,327,948	5,132,398	1,804,450
American Funds	American Fnds 2020 Target Dt Ret Fd	2,889,325	0		0	0	0	0
American Funds	American Fnds 2025 Target Dt Ret Fd	3,923,710	0		0	0	0	0
American Funds	American Fnds 2030 Target Dt Ret Fd	5,140,314	0		0	0	0	0

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SF 52228 - 1**5500 Schedule C Service Provider Information for the period of: 01/01/2021 - 12/31/2021**

The following information may be required for the preparation of Schedule C (Service Provider Information (Form 5500)) for the plan year indicated above.

Some of the information provided in this report may be information that was furnished via the Plan Year End Plan Census or if information is not provided it is anticipated that this information can be supplied from your own records.

Part I Service Provider Information**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

Yes**X 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.

Name**EIN****2. Information on Other Service Providers Receiving Direct or Indirect Compensation****(a) Name and EIN or address of Service Provider****Name****EIN****(b) Service Codes****(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?**

MML INVESTORS SERVICES INC

042746212

53

Shareholder Service Provider

0.00

Y

N

42800.10

N

Massachusetts Mutual Life Insurance Company

041590850

52 60 62 63 64 68 72

Contract Administrator

121546.60

Y

Y

0.00

Y

TIMOTHY C FLANAGAN

4350 CONGRESS ST STE 300

CHARLOTTE, NC 28209 7045579622

53

Shareholder Service Provider

0.00

N

N

0.00

N

Calvert

521233223

52

Investment Provider

0.00

Y

N

0.00

Y

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SF 52228 - 1**5500 Schedule C Service Provider Information for the period of: 01/01/2021 - 12/31/2021**

Invesco			132527171			
52	Investment Provider	0.00	Y	N	0.00	Y
Invesco			135657518			
52	Investment Provider	0.00	Y	N	0.00	Y
Invesco			760343427			
52	Investment Provider	0.00	Y	N	0.00	Y
Invesco			931036175			
52	Investment Provider	0.00	Y	N	0.00	Y
Victory			316364605			
52	Investment Provider	0.00	Y	N	0.00	Y
AB Funds			134071393			
52	Investment Provider	0.00	Y	N	0.00	Y
AB Funds			136021421			
52	Investment Provider	0.00	Y	N	0.00	Y
Vanguard			231899003			
52	Investment Provider	0.00	Y	N	0.00	Y
Vanguard			231999755			
52	Investment Provider	0.00	Y	N	0.00	Y

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SF 52228 - 1**5500 Schedule C Service Provider Information for the period of: 01/01/2021 - 12/31/2021**

Vanguard		232120820				
52	Investment Provider	0.00	Y	N	0.00	Y
Allspring		410449260				
52	Investment Provider	0.00	Y	N	0.00	Y
Ivy Funds		453046545				
52	Investment Provider	0.00	Y	N	0.00	Y
JP Morgan		263613641				
52	Investment Provider	0.00	Y	N	0.00	Y
BNY Mellon		133851784				
52	Investment Provider	0.00	Y	N	0.00	Y
Baird Funds		396037917				
52	Investment Provider	0.00	Y	N	0.00	Y
Lord Abbett		132958970				
52	Investment Provider	0.00	Y	N	0.00	Y
PIMCO Funds		952632339				
52	Investment Provider	0.00	Y	N	0.00	Y
The Hartford		222937447				

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SF 52228 - 1**5500 Schedule C Service Provider Information for the period of: 01/01/2021 - 12/31/2021**

52	Investment Provider	0.00	Y	N	0.00	Y
T. Rowe Price			521175211			
52	Investment Provider	0.00	Y	N	0.00	Y
American Funds			221557722			
52	Investment Provider	0.00	Y	N	0.00	Y
American Funds			520792143			
52	Investment Provider	0.00	Y	N	0.00	Y
American Funds			660793788			
52	Investment Provider	0.00	Y	N	0.00	Y
American Funds			946050854			
52	Investment Provider	0.00	Y	N	0.00	Y
American Funds			951411037			
52	Investment Provider	0.00	Y	N	0.00	Y
American Funds			952817150			
52	Investment Provider	0.00	Y	N	0.00	Y
American Funds			952884967			
52	Investment Provider	0.00	Y	N	0.00	Y
Cohen & Steers			141904657			

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SF 52228 - 1**5500 Schedule C Service Provider Information for the period of: 01/01/2021 - 12/31/2021**

52	Investment Provider	0.00	Y	N	0.00	Y
Northern Funds			363608252			
52	Investment Provider	0.00	Y	N	0.00	Y
American Century			431646043			
52	Investment Provider	0.00	Y	N	0.00	Y
Fidelity Advisor			043022712			
52	Investment Provider	0.00	Y	N	0.00	Y
Manning & Napier			161371994			
52	Investment Provider	0.00	Y	N	0.00	Y
PGIM Investments			132974999			
52	Investment Provider	0.00	Y	N	0.00	Y
FranklinTempleton			133151768			
52	Investment Provider	0.00	Y	N	0.00	Y
Fidelity Investments			042466841			
52	Investment Provider	0.00	Y	N	0.00	Y
Fidelity Investments			042993075			
52	Investment Provider	0.00	Y	N	0.00	Y
Fidelity Investments			043022712			

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SF 52228 - 1**5500 Schedule C Service Provider Information for the period of: 01/01/2021 - 12/31/2021**

52	Investment Provider	0.00	Y	N	0.00	Y
Fidelity Investments			043365630			
52	Investment Provider	0.00	Y	N	0.00	Y
Fidelity Investments			061194217			
52	Investment Provider	0.00	Y	N	0.00	Y
Dimensional Fund Advisors			363129984			
52	Investment Provider	0.00	Y	N	0.00	Y
MFS Investment Management			043158862			
52	Investment Provider	0.00	Y	N	0.00	Y
Envestnet Retirement Solutions, LLC			611732930			
28	Investment Advisor	0.00	Y	N	0.00	Y

3. Sources of Indirect Information

Name		EIN		(c) Enter Amount of Indirect Compensation	
(b) Service Codes					
MML INVESTORS SERVICES INC		042746212			
53	(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...		42800.10
	Massachusetts Mutual Life Insurance Company	041590850	Commissions and Fees		
AB Funds		134071393			

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SF 52228 - 1**5500 Schedule C Service Provider Information for the period of: 01/01/2021 - 12/31/2021**

52	(d) Name and EIN of source of indirect compensation Global Bond (AB) 134071393	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
Invesco		760343427	
52	(d) Name and EIN of source of indirect compensation Real Estate (Invesco) 760343427	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
AB Funds		136021421	
52	(d) Name and EIN of source of indirect compensation AB Discovery Growth Fund 136021421	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
American Funds		946050854	
52	(d) Name and EIN of source of indirect compensation Balanced (American) 946050854	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
American Funds		951411037	
52	(d) Name and EIN of source of indirect compensation New World (American) 951411037	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
Northern Funds		363608252	
52	(d) Name and EIN of source of indirect compensation Bond Index (Northern) 363608252	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
PIMCO Funds		952632339	
52	(d) Name and EIN of source of indirect compensation	(e) Describe the indirect compensation including any formula...	0.00

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SF 52228 - 1**5500 Schedule C Service Provider Information for the period of: 01/01/2021 - 12/31/2021**

	LongTerm US Govt (PIMCO)	952632339	Basis points * plan assets	
	MFS Investment Management		043158862	
52	(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	0.00
	Value (MFS)	043158862	Basis points * plan assets	
	PGIM Investments		132974999	
52	(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	0.00
	PGIM High-Yield Fund	132974999	Basis points * plan assets	
	Baird Funds		396037917	
52	(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	0.00
	Baird Short-Term Bond Fund	396037917	Basis points * plan assets	
	Invesco		931036175	
52	(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	0.00
	Global Opportunities (Invesco)	931036175	Basis points * plan assets	
	JP Morgan		263613641	
52	(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	0.00
	JP Morgan Equity Income Fund	263613641	Basis points * plan assets	
	PIMCO Funds		952632339	
52	(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	0.00
	PIMCO Diversified Inc Fund	952632339	Basis points * plan assets	

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SF 52228 - 1**5500 Schedule C Service Provider Information for the period of: 01/01/2021 - 12/31/2021**

The Hartford

222937447

52 0.00

(d) Name and EIN of source of indirect compensation
Hartford Core Equity Fund 222937447**(e) Describe the indirect compensation including any formula...**
Basis points * plan assets

Victory

316364605

52 0.00

(d) Name and EIN of source of indirect compensation
Sycamore Sm Co Oppty (Victory) 316364605**(e) Describe the indirect compensation including any formula...**
Basis points * plan assets

American Funds

520792143

52 0.00

(d) Name and EIN of source of indirect compensation
Growth America (American) 520792143**(e) Describe the indirect compensation including any formula...**
Basis points * plan assets

JP Morgan

263613641

52 0.00

(d) Name and EIN of source of indirect compensation
JP Morgan Government Bond Fund 263613641**(e) Describe the indirect compensation including any formula...**
Basis points * plan assets

American Funds

221557722

52 0.00

(d) Name and EIN of source of indirect compensation
Fndmntl Invstrs (American) 221557722**(e) Describe the indirect compensation including any formula...**
Basis points * plan assets

Ivy Funds

453046545

52 0.00

(d) Name and EIN of source of indirect compensation
Small Cap Growth (Delaware Ivy) 453046545**(e) Describe the indirect compensation including any formula...**
Basis points * plan assets

JP Morgan

263613641

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SF 52228 - 1**5500 Schedule C Service Provider Information for the period of: 01/01/2021 - 12/31/2021**

52	(d) Name and EIN of source of indirect compensation	(e) Describe the indirect compensation including any formula...	0.00
	JP Morgan Large Cap Growth Fund 263613641	Basis points * plan assets	

Vanguard	231899003
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52	(d) Name and EIN of source of indirect compensation	(e) Describe the indirect compensation including any formula...	0.00
	Vanguard Long-Term Treasury Fund 231899003	Basis points * plan assets	

Allspring	410449260
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52	(d) Name and EIN of source of indirect compensation	(e) Describe the indirect compensation including any formula...	0.00
	International Equity (Allspring) 410449260	Basis points * plan assets	

BNY Mellon	133851784
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52	(d) Name and EIN of source of indirect compensation	(e) Describe the indirect compensation including any formula...	0.00
	Dynamic Value Fund (BNY Mellon) 133851784	Basis points * plan assets	

Vanguard	231999755
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52	(d) Name and EIN of source of indirect compensation	(e) Describe the indirect compensation including any formula...	0.00
	Vanguard Mid-Cap Value Index Fund 231999755	Basis points * plan assets	

Vanguard	232120820
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52	(d) Name and EIN of source of indirect compensation	(e) Describe the indirect compensation including any formula...	0.00
	Vanguard International Value Fund 232120820	Basis points * plan assets	

American Funds	946050854
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52			0.00
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Midrex 401(k) Plan

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SF 52228 - 1**5500 Schedule C Service Provider Information for the period of: 01/01/2021 - 12/31/2021**

(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
American Funds Balanced Fund 946050854		Basis points * plan assets	
Calvert		521233223	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
Calvert US Lrg Cap Core Resp Ind Fd 521233223		Basis points * plan assets	
Invesco		132527171	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
Intermediate Bd Factor Fd (Invesco) 132527171		Basis points * plan assets	
Invesco		135657518	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
International Diversified (Invesco) 135657518		Basis points * plan assets	
Vanguard		231999755	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
Vanguard Mid-Cap Growth Index Fund 231999755		Basis points * plan assets	
American Funds		951411037	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
American Funds New World Fund 951411037		Basis points * plan assets	
Fidelity Investments		043365630	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
Fidelity 500 Index Fund 043365630		Basis points * plan assets	

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SF 52228 - 1**5500 Schedule C Service Provider Information for the period of: 01/01/2021 - 12/31/2021**

T. Rowe Price		521175211	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
T. Rowe Price Overseas Stck Fd 521175211		Basis points * plan assets	
Vanguard		231999755	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
Vanguard Small Cap Growth Index Fnd 231999755		Basis points * plan assets	
Vanguard		231999755	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
Vanguard Small-Cap Value Index Fund 231999755		Basis points * plan assets	
PIMCO Funds		952632339	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
PIMCO Intl Bd US Dollar-Hedged Fd 952632339		Basis points * plan assets	
Lord Abbett		132958970	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
Lord Abbett Developing Growth Fund 132958970		Basis points * plan assets	
PIMCO Funds		952632339	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
PIMCO Sm Cp StocksPlus AR Strat Fd 952632339		Basis points * plan assets	
Cohen & Steers		141904657	

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SF 52228 - 1**5500 Schedule C Service Provider Information for the period of: 01/01/2021 - 12/31/2021**

52 0.00

(d) Name and EIN of source of indirect compensation
Cohen & Steers Real Est Scrts Fd 141904657**(e) Describe the indirect compensation including any formula...**
Basis points * plan assets

FranklinTempleton 133151768

52 0.00

(d) Name and EIN of source of indirect compensation
Franklin Small Cap Value Fund 133151768**(e) Describe the indirect compensation including any formula...**
Basis points * plan assets

American Funds 660793788

52 0.00

(d) Name and EIN of source of indirect compensation
Washington Mutual Invs (American) 660793788**(e) Describe the indirect compensation including any formula...**
Basis points * plan assets

Fidelity Investments 042466841

52 0.00

(d) Name and EIN of source of indirect compensation
Fidelity Mid Cap Index Fund 042466841**(e) Describe the indirect compensation including any formula...**
Basis points * plan assets

MFS Investment Management 043158862

52 0.00

(d) Name and EIN of source of indirect compensation
MFS Mid Cap Value Fund 043158862**(e) Describe the indirect compensation including any formula...**
Basis points * plan assets

American Century 431646043

52 0.00

(d) Name and EIN of source of indirect compensation
Mid Cap Value (American Century) 431646043**(e) Describe the indirect compensation including any formula...**
Basis points * plan assets

American Funds 221557722

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SF 52228 - 1**5500 Schedule C Service Provider Information for the period of: 01/01/2021 - 12/31/2021**

52 0.00

(d) Name and EIN of source of indirect compensation
American Funds Fndmntl Invstrs Fnd 221557722(e) Describe the indirect compensation including any formula...
Basis points * plan assets

Fidelity Investments

043022712

52 0.00

(d) Name and EIN of source of indirect compensation
Fidelity Lg Cap Value Ind Fd 043022712(e) Describe the indirect compensation including any formula...
Basis points * plan assets

American Funds

951411037

52 0.00

(d) Name and EIN of source of indirect compensation
American Fnds 2010 Target Dt Ret Fd 951411037(e) Describe the indirect compensation including any formula...
Basis points * plan assets

American Funds

951411037

52 0.00

(d) Name and EIN of source of indirect compensation
American Fnds 2015 Target Dt Ret Fd 951411037(e) Describe the indirect compensation including any formula...
Basis points * plan assets

American Funds

951411037

52 0.00

(d) Name and EIN of source of indirect compensation
American Fnds 2020 Target Dt Ret Fd 951411037(e) Describe the indirect compensation including any formula...
Basis points * plan assets

American Funds

951411037

52 0.00

(d) Name and EIN of source of indirect compensation
American Fnds 2025 Target Dt Ret Fd 951411037(e) Describe the indirect compensation including any formula...
Basis points * plan assets

American Funds

951411037

52 0.00

(d) Name and EIN of source of indirect compensation

(e) Describe the indirect compensation including any formula...

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SF 52228 - 1**5500 Schedule C Service Provider Information for the period of: 01/01/2021 - 12/31/2021**

American Fnds 2030 Target Dt Ret Fd	951411037	Basis points * plan assets	
American Funds		951411037	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
American Fnds 2035 Target Dt Ret Fd	951411037	Basis points * plan assets	
American Funds		951411037	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
American Fnds 2040 Target Dt Ret Fd	951411037	Basis points * plan assets	
American Funds		951411037	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
American Fnds 2045 Target Dt Ret Fd	951411037	Basis points * plan assets	
American Funds		951411037	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
American Fnds 2050 Target Dt Ret Fd	951411037	Basis points * plan assets	
American Funds		951411037	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
American Fnds 2055 Target Dt Ret Fd	951411037	Basis points * plan assets	
American Funds		951411037	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
American Fnds 2060 Target Dt Ret Fd	951411037	Basis points * plan assets	

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SF 52228 - 1**5500 Schedule C Service Provider Information for the period of: 01/01/2021 - 12/31/2021**

American Funds		951411037	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
American Funds 2065 Trgt Dt Rtmt Fd 951411037		Basis points * plan assets	
American Funds		951411037	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
American Funds Small Cap World Fund 951411037		Basis points * plan assets	
American Funds		951411037	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
Cap World Grwth and Incm (American) 951411037		Basis points * plan assets	
American Funds		952817150	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
American Funds New Perspective Fund 952817150		Basis points * plan assets	
American Funds		952884967	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
American Funds Bond Fund of America 952884967		Basis points * plan assets	
Fidelity Advisor		043022712	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
Strategic Income (Fidelity Advsr) 043022712		Basis points * plan assets	
Fidelity Investments		042466841	

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SF 52228 - 1**5500 Schedule C Service Provider Information for the period of: 01/01/2021 - 12/31/2021**

52 0.00

(d) Name and EIN of source of indirect compensation
Fidelity Small Cap Index Fund 042466841(e) Describe the indirect compensation including any formula...
Basis points * plan assets

Fidelity Investments

042993075

52 0.00

(d) Name and EIN of source of indirect compensation
Fidelity U.S. Bond Index Fund 042993075(e) Describe the indirect compensation including any formula...
Basis points * plan assets

Fidelity Investments

043022712

52 0.00

(d) Name and EIN of source of indirect compensation
Fidelity Lg Cap Growth Ind Fd 043022712(e) Describe the indirect compensation including any formula...
Basis points * plan assets

Manning & Napier

161371994

52 0.00

(d) Name and EIN of source of indirect compensation
Pro-Blend MaxTrm (Manning&Napier) 161371994(e) Describe the indirect compensation including any formula...
Basis points * plan assets

MFS Investment Management

043158862

52 0.00

(d) Name and EIN of source of indirect compensation
Government Securities (MFS) 043158862(e) Describe the indirect compensation including any formula...
Basis points * plan assets

Dimensional Fund Advisors

363129984

52 0.00

(d) Name and EIN of source of indirect compensation
DFA Real Estate Sec Prtfl Fd 363129984(e) Describe the indirect compensation including any formula...
Basis points * plan assets

Fidelity Investments

061194217

52 0.00

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(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
Fidelity Emerging Markets Index Fd	061194217	Basis points * plan assets	
MFS Investment Management		043158862	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
MFS International Growth Fund	043158862	Basis points * plan assets	
Massachusetts Mutual Life Insurance Company		041590850	
60			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
Value (MFS)	043158862	Basis points * plan assets	
Massachusetts Mutual Life Insurance Company		041590850	
63			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
Value (MFS)	043158862	Basis points * plan assets	
Fidelity Investments		042466841	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
Fidelity LgTrm Treasury Bnd Indx Fd	042466841	Basis points * plan assets	
MFS Investment Management		043158862	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
Blended Research Core Eq (MFS)	043158862	Basis points * plan assets	
MFS Investment Management		043158862	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
MFS Research International Fund	043158862	Basis points * plan assets	

Midrex 401(k) Plan

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SF 52228 - 1**5500 Schedule C Service Provider Information for the period of: 01/01/2021 - 12/31/2021**

Massachusetts Mutual Life Insurance Company		041590850	
52			0.00
(d) Name and EIN of source of indirect compensation SAGIC (52228) 041590850		(e) Describe the indirect compensation including any formula... Basis points * plan assets	
Massachusetts Mutual Life Insurance Company		041590850	
60			0.00
(d) Name and EIN of source of indirect compensation Global Bond (AB) 134071393		(e) Describe the indirect compensation including any formula... Basis points * plan assets	
Massachusetts Mutual Life Insurance Company		041590850	
60			0.00
(d) Name and EIN of source of indirect compensation Balanced (American) 946050854		(e) Describe the indirect compensation including any formula... Basis points * plan assets	
Massachusetts Mutual Life Insurance Company		041590850	
60			0.00
(d) Name and EIN of source of indirect compensation New World (American) 951411037		(e) Describe the indirect compensation including any formula... Basis points * plan assets	
Massachusetts Mutual Life Insurance Company		041590850	
60			0.00
(d) Name and EIN of source of indirect compensation Bond Index (Northern) 363608252		(e) Describe the indirect compensation including any formula... Basis points * plan assets	
Massachusetts Mutual Life Insurance Company		041590850	
60			0.00
(d) Name and EIN of source of indirect compensation Real Estate (Invesco) 760343427		(e) Describe the indirect compensation including any formula... Basis points * plan assets	
Massachusetts Mutual Life Insurance Company		041590850	

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SF 52228 - 1**5500 Schedule C Service Provider Information for the period of: 01/01/2021 - 12/31/2021**

52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
High Yield (MassMutual) 043520009		Basis points * plan assets	
Massachusetts Mutual Life Insurance Company		041590850	
72			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
High Yield (MassMutual) 043520009		Basis points * plan assets	
Massachusetts Mutual Life Insurance Company		041590850	
60			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
Growth America (American) 520792143		Basis points * plan assets	
Massachusetts Mutual Life Insurance Company		041590850	
60			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
Fndmntl Invstrs (American) 221557722		Basis points * plan assets	
Massachusetts Mutual Life Insurance Company		041590850	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
Mid Cap Growth (MassMutual) 043512596		Basis points * plan assets	
Massachusetts Mutual Life Insurance Company		041590850	
60			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
Government Securities (MFS) 043158862		Basis points * plan assets	
Massachusetts Mutual Life Insurance Company		041590850	

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SF 52228 - 1**5500 Schedule C Service Provider Information for the period of: 01/01/2021 - 12/31/2021**

63	(d) Name and EIN of source of indirect compensation Government Securities (MFS) 043158862	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
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Massachusetts Mutual Life Insurance Company	041590850
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52	(d) Name and EIN of source of indirect compensation MM Sel T. Rowe Price Ret Bal 823533944	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
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Massachusetts Mutual Life Insurance Company	041590850
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72	(d) Name and EIN of source of indirect compensation MM Sel T. Rowe Price Ret Bal 823533944	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
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Massachusetts Mutual Life Insurance Company	041590850
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52	(d) Name and EIN of source of indirect compensation Blue Chip Growth (MassMutual) 043556992	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
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Massachusetts Mutual Life Insurance Company	041590850
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52	(d) Name and EIN of source of indirect compensation MM Sel T. Rowe Price Ret 2005 823347422	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
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Massachusetts Mutual Life Insurance Company	041590850
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52	(d) Name and EIN of source of indirect compensation MM Sel T. Rowe Price Ret 2010 823355639	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
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Massachusetts Mutual Life Insurance Company	041590850
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52	(d) Name and EIN of source of indirect compensation	(e) Describe the indirect compensation including any formula...	0.00
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Midrex 401(k) Plan

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SF 52228 - 1**5500 Schedule C Service Provider Information for the period of: 01/01/2021 - 12/31/2021**

	MM Sel T. Rowe Price Ret 2015	823382389	Basis points * plan assets	
	Massachusetts Mutual Life Insurance Company		041590850	
52	(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	0.00
	MM Sel T. Rowe Price Ret 2020	823396442	Basis points * plan assets	
	Massachusetts Mutual Life Insurance Company		041590850	
52	(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	0.00
	MM Sel T. Rowe Price Ret 2025	823417420	Basis points * plan assets	
	Massachusetts Mutual Life Insurance Company		041590850	
52	(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	0.00
	MM Sel T. Rowe Price Ret 2030	823430358	Basis points * plan assets	
	Massachusetts Mutual Life Insurance Company		041590850	
52	(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	0.00
	MM Sel T. Rowe Price Ret 2035	823439837	Basis points * plan assets	
	Massachusetts Mutual Life Insurance Company		041590850	
52	(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	0.00
	MM Sel T. Rowe Price Ret 2040	823451779	Basis points * plan assets	
	Massachusetts Mutual Life Insurance Company		041590850	
52	(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	0.00
	MM Sel T. Rowe Price Ret 2045	823472295	Basis points * plan assets	

Midrex 401(k) Plan

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SF 52228 - 1**5500 Schedule C Service Provider Information for the period of: 01/01/2021 - 12/31/2021**

Massachusetts Mutual Life Insurance Company		041590850	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
MM Sel T. Rowe Price Ret 2050 823481715		Basis points * plan assets	
Massachusetts Mutual Life Insurance Company		041590850	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
MM Sel T. Rowe Price Ret 2055 823502011		Basis points * plan assets	
Massachusetts Mutual Life Insurance Company		041590850	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
MM Sel T. Rowe Price Ret 2060 823525148		Basis points * plan assets	
Massachusetts Mutual Life Insurance Company		041590850	
72			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
Blue Chip Growth (MassMutual) 043556992		Basis points * plan assets	
Massachusetts Mutual Life Insurance Company		041590850	
72			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
MM Sel T. Rowe Price Ret 2005 823347422		Basis points * plan assets	
Massachusetts Mutual Life Insurance Company		041590850	
72			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
MM Sel T. Rowe Price Ret 2010 823355639		Basis points * plan assets	
Massachusetts Mutual Life Insurance Company		041590850	

Midrex 401(k) Plan

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SF 52228 - 1**5500 Schedule C Service Provider Information for the period of: 01/01/2021 - 12/31/2021**

72 0.00

(d) Name and EIN of source of indirect compensation
MM Sel T. Rowe Price Ret 2015 823382389**(e) Describe the indirect compensation including any formula...**
Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

(d) Name and EIN of source of indirect compensation
MM Sel T. Rowe Price Ret 2020 823396442**(e) Describe the indirect compensation including any formula...**
Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

(d) Name and EIN of source of indirect compensation
MM Sel T. Rowe Price Ret 2025 823417420**(e) Describe the indirect compensation including any formula...**
Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

(d) Name and EIN of source of indirect compensation
MM Sel T. Rowe Price Ret 2030 823430358**(e) Describe the indirect compensation including any formula...**
Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

(d) Name and EIN of source of indirect compensation
MM Sel T. Rowe Price Ret 2035 823439837**(e) Describe the indirect compensation including any formula...**
Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

(d) Name and EIN of source of indirect compensation
MM Sel T. Rowe Price Ret 2040 823451779**(e) Describe the indirect compensation including any formula...**
Basis points * plan assets

Massachusetts Mutual Life Insurance Company 041590850

72 0.00

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SF 52228 - 1**5500 Schedule C Service Provider Information for the period of: 01/01/2021 - 12/31/2021**

(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
MM Sel T. Rowe Price Ret 2045 823472295		Basis points * plan assets	
Massachusetts Mutual Life Insurance Company		041590850	
72			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
MM Sel T. Rowe Price Ret 2050 823481715		Basis points * plan assets	
Massachusetts Mutual Life Insurance Company		041590850	
72			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
MM Sel T. Rowe Price Ret 2055 823502011		Basis points * plan assets	
Massachusetts Mutual Life Insurance Company		041590850	
72			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
MM Sel T. Rowe Price Ret 2060 823525148		Basis points * plan assets	
Massachusetts Mutual Life Insurance Company		041590850	
52			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
MM S&P Mid Cap Index (Nrtn Tr) 455349772		Basis points * plan assets	
Massachusetts Mutual Life Insurance Company		041590850	
60			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
Blended Research Core Eq (MFS) 043158862		Basis points * plan assets	
Massachusetts Mutual Life Insurance Company		041590850	
60			0.00
(d) Name and EIN of source of indirect compensation		(e) Describe the indirect compensation including any formula...	
Global Opportunities (Invesco) 931036175		Basis points * plan assets	

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SF 52228 - 1**5500 Schedule C Service Provider Information for the period of: 01/01/2021 - 12/31/2021**

Massachusetts Mutual Life Insurance Company		041590850	
60	(d) Name and EIN of source of indirect compensation Sycamore Sm Co Oppty (Victory) 316364605	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
Massachusetts Mutual Life Insurance Company		041590850	
63	(d) Name and EIN of source of indirect compensation Sycamore Sm Co Oppty (Victory) 316364605	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
Massachusetts Mutual Life Insurance Company		041590850	
52	(d) Name and EIN of source of indirect compensation Disciplined Growth (MassMutual) 043539084	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
Massachusetts Mutual Life Insurance Company		041590850	
60	(d) Name and EIN of source of indirect compensation Dynamic Value Fund (BNY Mellon) 133851784	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
Massachusetts Mutual Life Insurance Company		041590850	
60	(d) Name and EIN of source of indirect compensation Small Cap Growth (Delaware Ivy) 453046545	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
Massachusetts Mutual Life Insurance Company		041590850	
63	(d) Name and EIN of source of indirect compensation Small Cap Growth (Delaware Ivy) 453046545	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
Massachusetts Mutual Life Insurance Company		041590850	

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SF 52228 - 1**5500 Schedule C Service Provider Information for the period of: 01/01/2021 - 12/31/2021**

72			0.00
	(d) Name and EIN of source of indirect compensation	(e) Describe the indirect compensation including any formula...	
	Disciplined Growth (MassMutual) 043539084	Basis points * plan assets	
	Massachusetts Mutual Life Insurance Company	041590850	
52			0.00
	(d) Name and EIN of source of indirect compensation	(e) Describe the indirect compensation including any formula...	
	MM MSCI EAFE Intl Indx (Nrtn Tr) 455357167	Basis points * plan assets	
	Massachusetts Mutual Life Insurance Company	041590850	
52			0.00
	(d) Name and EIN of source of indirect compensation	(e) Describe the indirect compensation including any formula...	
	MM Rsl 2000 SmCap Indx (Nrtn Tr) 455366542	Basis points * plan assets	
	Massachusetts Mutual Life Insurance Company	041590850	
52			0.00
	(d) Name and EIN of source of indirect compensation	(e) Describe the indirect compensation including any formula...	
	Short Duration Bond (MassMutual) 043212057	Basis points * plan assets	
	Massachusetts Mutual Life Insurance Company	041590850	
52			0.00
	(d) Name and EIN of source of indirect compensation	(e) Describe the indirect compensation including any formula...	
	US Govt Money Markt (MassMutual) 043212059	Basis points * plan assets	
	Massachusetts Mutual Life Insurance Company	041590850	
60			0.00
	(d) Name and EIN of source of indirect compensation	(e) Describe the indirect compensation including any formula...	
	International Equity (Allspring) 410449260	Basis points * plan assets	
	Massachusetts Mutual Life Insurance Company	041590850	

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SF 52228 - 1**5500 Schedule C Service Provider Information for the period of: 01/01/2021 - 12/31/2021**

60	(d) Name and EIN of source of indirect compensation Mid Cap Value (American Century) 431646043	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
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Massachusetts Mutual Life Insurance Company	041590850
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72	(d) Name and EIN of source of indirect compensation US Govt Money Markt (MassMutual) 043212059	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
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Massachusetts Mutual Life Insurance Company	041590850
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52	(d) Name and EIN of source of indirect compensation MM S&P 500 Index (Northern Trust) 043410047	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
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Massachusetts Mutual Life Insurance Company	041590850
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60	(d) Name and EIN of source of indirect compensation Pro-Blend MaxTrm (Manning&Napier) 161371994	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
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Massachusetts Mutual Life Insurance Company	041590850
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60	(d) Name and EIN of source of indirect compensation Strategic Income (Fidelity Advsr) 043022712	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
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Massachusetts Mutual Life Insurance Company	041590850
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60	(d) Name and EIN of source of indirect compensation Washington Mutual Invs (American) 660793788	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
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Envestnet Retirement Solutions, LLC	611732930
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28	(d) Name and EIN of source of indirect compensation	(e) Describe the indirect compensation including any formula...	0.00
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Midrex 401(k) Plan

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SF 52228 - 1**5500 Schedule C Service Provider Information for the period of: 01/01/2021 - 12/31/2021**

	Great West Life & Annuity Insurance Company	840467907	Basis points * plan assets	
	Massachusetts Mutual Life Insurance Company		041590850	
52	(d) Name and EIN of source of indirect compensation Small Cap Value Equity (MassMutual)	020769954	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
	Massachusetts Mutual Life Insurance Company		041590850	
60	(d) Name and EIN of source of indirect compensation Cap World Grwth and Incm (American)	951411037	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
	Massachusetts Mutual Life Insurance Company		041590850	
60	(d) Name and EIN of source of indirect compensation Intermediate Bd Factor Fd (Invesco)	132527171	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00
	Massachusetts Mutual Life Insurance Company		041590850	
60	(d) Name and EIN of source of indirect compensation International Diversified (Invesco)	135657518	(e) Describe the indirect compensation including any formula... Basis points * plan assets	0.00



BGW CPA, PLLC

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants
Midrex 401(k) Plan
Charlotte, North Carolina

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

We have performed an audit of the accompanying financial statements of the **Midrex 401(k) 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 (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 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 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).

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 Financial Statements section of our report. We are required to be independent of **Midrex 401(k) 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 **Midrex 401(k) Plan's** ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(c) Audit 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 **Midrex 401(k) 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 **Midrex 401(k) Plan**'s ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters

2021 Supplemental Schedules Required by ERISA

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) 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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, 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 schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of **Midrex 401(k) Plan**. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 11, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Charlotte, North Carolina,
December 13, 2022

BGW CPA, PLLC

MIDREX 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
INVESTMENTS AT FAIR VALUE:		
Pooled separate accounts	\$22,390	\$42,222,104
Mutual funds	<u>50,338,441</u>	<u>-</u>
Total investments at fair value	50,360,831	42,222,104
INVESTMENTS AT CONTRACT VALUE:		
Guaranteed investment contracts	6,670,130	8,536,231
RECEIVABLES:		
Notes receivable from participants	309,283	303,307
Employer contributions receivable	<u>294,500</u>	<u>-</u>
Total receivables	<u>603,783</u>	<u>303,307</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$57,634,744</u></u>	<u><u>\$51,061,642</u></u>

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

MIDREX 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	2021	2020
Investment income:		
Interest and dividends on mutual funds	\$2,143,331	\$ -
Interest on guaranteed investment contract	155,331	188,318
Net gains on pooled separate accounts	3,746,165	5,423,961
Net gains on mutual funds	1,676,647	
Other income	62,661	50,381
Interest on notes receivable from participants	14,655	18,444
Rollover contributions	391,983	150,867
Employee contributions	1,552,820	1,609,580
Employer contributions	1,169,400	343,088
Total additions	<u>10,912,993</u>	<u>7,784,639</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	4,218,344	5,725,940
Administrative fees	121,547	123,339
Total deductions	<u>4,339,891</u>	<u>5,849,279</u>
NET INCREASE	6,573,102	1,935,360
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	<u>51,061,642</u>	<u>49,126,282</u>
NET ASSETS AVAILABLE FOR BENEFITS, end of year	<u>\$57,634,744</u>	<u>\$51,061,642</u>

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

MIDREX 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

1. PLAN DESCRIPTION:

The Midrex 401(k) Plan is sponsored by Midrex Technologies, Inc. (MTI).

The following description of the Midrex 401(k) Plan (the Plan) provides only general information.

Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan covering all employees. Employees are eligible immediately upon employment to begin participating in the plan. Employees are not eligible to receive an employer contribution until the completion of one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), and is not covered by the Pension Benefit Guarantee Corporation (PBGC). The Plan provides several investment options, all of which are participant directed.

Employer contributions - Employer contributions are determined by the Board of Directors. During 2021 and from January 1, 2020 to May 1, 2020, MTI made matching contributions of 100% on the first 6% of deferred eligible compensation. On May 2, 2020 the Plan suspended matching contributions for the remainder of 2020.

Additional discretionary contributions are permitted by the Plan. In 2021, an additional discretionary contribution of approximately 2% of base salary was made to the Plan. In 2020, no additional discretionary contributions were made.

Participant contributions - Employees may elect to contribute between 1 and 60 percent of their regular compensation on a pre-tax basis or post-tax basis, limited to the maximum allowable under the Internal Revenue Code.

Participant accounts - Each participant's account is credited with the participant's contributions, MTI's matching and discretionary contributions, and the net earnings or losses of the participant's investment account. Earnings are allocated to participant accounts based on the participant's weighted average account balance as defined in the Plan. The benefits to which a participant is entitled are the benefits that can be provided from the participant's account.

Vesting - Participants become fully vested in all employer and employee contributions, and earnings thereon, immediately upon eligibility for participation in the Plan.

Benefit payments – Participants are eligible for the payment of benefits in the event of separation of service, death or disability, retirement, and severe financial hardship, as well as for in-service disbursements once the participant has reached the age of 59½. Upon termination of employment, any participant account with a vested balance that is less than \$5,000 will automatically be paid to the participant as a lump sum distribution unless otherwise directed by the terminated employee/participant. The Plan adopted certain provisions included in the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) signed into law on March 27, 2020, which temporarily allowed eligible plan participants to request penalty-free distributions up to an aggregate limit of \$100,000 through December 30, 2020 for qualifying reasons associated with the COVID-19 pandemic. MTI will formally amend the Plan at a later date.

Notes receivable from participants - Participants may borrow from their vested account a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balances. Repayment terms vary with a maximum of 5 years. The loans are secured by the balance in the participant's account and bear interest at a fixed rate of prime plus 1 percent on the day the loan is approved. Principal and interest are paid ratably through payroll deductions. The Plan adopted certain provisions included in the CARES Act which increased maximum loan amounts up to the lesser of \$100,000 or 100% of a participant's vested account balance for new loans through September 23, 2020 for qualifying reasons associated with the COVID-19 pandemic. Additionally, the CARES Act allowed for the deferral of loan payments for the period March 27, 2020 through December 31, 2020 for qualifying reasons.

Investment and administrative expenses - Substantially all investment and administrative fees are paid by the Plan. Certain administrative expenses of the Plan are paid by MTI.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of accounting - The accompanying financial statements have been prepared under the accrual method of accounting in conformity with accounting principles generally accepted in the United States of America ("GAAP").

Use of estimates - The preparation of financial statements in conformity with GAAP requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

Investments - The Plan's investment securities are stated at fair value, based on quoted market prices (except for the fully benefit-responsive investment contract, which is reported at contract value [See Note 5]). See Note 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income are recorded as earned.

Notes receivable from participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Payment of benefits - Benefits are recorded when paid.

3. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE:

The plan administrator has elected the alternative method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustees have certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

December 31,	2021	2020
Assets:		
Pooled separate accounts	\$22,390	\$42,222,104
Mutual funds	50,338,441	-
General investment contract	6,670,130	8,536,231
Notes receivable from participants	309,283	303,307
	<u>\$57,340,244</u>	<u>\$51,061,642</u>
December 31,	2021	2020
Investment income:		
Interest and dividends on mutual funds	\$2,143,331	\$ -
Interest on guaranteed investment contract	155,331	188,318
Net gains on pooled separate accounts	3,746,165	5,423,961
Net gains on mutual funds	1,676,647	-
Other income	62,661	50,381
	<u>\$ 7,784,135</u>	<u>\$ 5,662,660</u>
Interest on notes receivable from participants	<u>\$14,655</u>	<u>\$18,444</u>

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

Plan investments are managed by Massachusetts Mutual Life Insurance Company (Mass Mutual), the recordkeeper of the Plan. In addition, the Plan paid administrative fees to Mass Mutual, which also qualify as party-in-interest transactions (Note 8).

4. FAIR VALUE MEASUREMENTS:

The Fair Value Measurements Topic of the FASB Accounting Standard Board Codification establishes a 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets and 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 active markets;

- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

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

There have been no changes in the methodologies used at December 31, 2021 or 2020.

Following is a description of the valuation methodologies used for assets measured at fair value:

Pooled separate accounts: Pooled separate accounts invest primarily in domestic and international long-term bonds, domestic and international stocks, or single mutual funds. The net asset value (NAV) is used as a practical expedient to determine fair value for these accounts. The NAV is based on the fair value of the underlying investments held by the fund. Participant transactions (purchased and sales) may occur daily.

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

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 shows all of the Plan's investments, at fair value, as of December 31, 2021:

	Level 1	Level 2	Level 3	Total
Mutual funds	\$50,338,441	-	-	\$50,338,441
Investments measured at NAV				22,390
Total investments at fair value				\$50,360,831

The following table summarizes investments measured at fair value based on NAV as of:

	Fair Value as of December 31, 2021	Fair Value as of December 31, 2020	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Mass Mutual Holding Acct	\$22,390	\$ -			
Mass Mutual American Funds Balanced Fund-A	\$ -	\$1,095,079	n/a	Daily	30 days
Mass Mutual MFS Blended Resrch SM Cr Eq	\$ -	\$1,225,184	n/a	Daily	30 days
Mass Mutual American Funds Cap World Gr and Inc	\$ -	\$232,233	n/a	Daily	30 days
Mass Mutual American Funds Fundamental Investors	\$ -	\$1,419,036	n/a	Daily	30 days
Mass Mutual MFS Government Securities	\$ -	\$699,633	n/a	Daily	30 days
Mass Mutual Invesco International Growth	\$ -	\$ -	n/a	Daily	30 days
Mass Mutual American Century Mid Cap Val	\$ -	\$304,253	n/a	Daily	30 days
Mass Mutual Northern Trust MM S&P 500 Index	\$ -	\$4,012,518	n/a	Daily	30 days
Mass Mutual Northern Trust MM RSL 2000 SmCp Idx	\$ -	\$1,071,990	n/a	Daily	30 days
Mass Mutual American Funds New World	\$ -	\$480,262	n/a	Daily	30 days
Mass Mutual Barings Prm Short-Dur Bond	\$ -	\$158,082	n/a	Daily	30 days
Mass Mutual Barings Prm High Yield	\$ -	\$22,861	n/a	Daily	30 days
Mass Mutual Mnning & Npie Pro-Blnd MaxTrm	\$ -	\$91,060	n/a	Daily	30 days
Mass Mutual Invesco Oppenheimer Real Estate	\$ -	\$424,322	n/a	Daily	30 days
Mass Mutual T. Rowe Price Retirement 2015	\$ -	\$212,567	n/a	Daily	30 days
Mass Mutual T. Rowe Price Retirement 2020	\$ -	\$2,663,813	n/a	Daily	30 days
Mass Mutual T. Rowe Price Retirement 2025	\$ -	\$3,920,223	n/a	Daily	30 days
Mass Mutual T. Rowe Price Retirement 2030	\$ -	\$4,566,419	n/a	Daily	30 days
Mass Mutual T. Rowe Price Retirement 2040	\$ -	\$1,294,325	n/a	Daily	30 days
Mass Mutual T. Rowe Price Retirement 2035	\$ -	\$2,870,760	n/a	Daily	30 days
Mass Mutual T. Rowe Price Retirement 2045	\$ -	\$2,199,083	n/a	Daily	30 days
Mass Mutual T. Rowe Price Retirement 2050	\$ -	\$559,882	n/a	Daily	30 days
Mass Mutual T. Rowe Price Retirement 2055	\$ -	\$324,584	n/a	Daily	30 days
Mass Mutual T. Rowe Price Retirement 2060	\$ -	\$39,249	n/a	Daily	30 days
Mass Mutual T. Rowe Price Retirement Bal	\$ -	\$68,055	n/a	Daily	30 days
Mass Mutual TRP/Frontier Sel Mid Cap Gr	\$ -	\$307,559	n/a	Daily	30 days
Mass Mutual TRP/Frontier Sel TRP/LS Blue Chip Growth	\$ -	\$1,241,290	n/a	Daily	30 days
Mass Mutual Fidelity Advisor Strate Income	\$ -	\$16,124	n/a	Daily	30 days
Mass Mutual MFS Value	\$ -	\$522,336	n/a	Daily	30 days
Mass Mutual American Funds Washington Mut Invs	\$ -	\$1,095,699	n/a	Daily	30 days
Mass Mutual Victory Sycamore Sm Co Oppty	\$ -	\$215,191	n/a	Daily	30 days
Mass Mutual T. Rowe Price Retirement 2010	\$ -	\$595,316	n/a	Daily	30 days
Mass Mutual Northern Bond Index	\$ -	\$646,761	n/a	Daily	30 days
Mass Mutual Invesco Oppenheimer Intermediate Income	\$ -	\$866,329	n/a	Daily	30 days
Mass Mutual AB Global Bond	\$ -	\$242,555	n/a	Daily	30 days
Mass Mutual Invesco Oppenheimer Global Opportunities	\$ -	\$188,299	n/a	Daily	30 days
Mass Mutual American Funds Growth America	\$ -	\$1,233,028	n/a	Daily	30 days
Mass Mutual Barings Prem Discipl Grth	\$ -	\$541,543	n/a	Daily	30 days
Mass Mutual Wn/BsHI Sel Sm Cap Val Eq	\$ -	\$94,196	n/a	Daily	30 days
Mass Mutual Ivy Small Cap Growth	\$ -	\$525,619	n/a	Daily	30 days
Mass Mutual BNY Mellon Dynamic Value Fund	\$ -	\$250,160	n/a	Daily	30 days
Mass Mutual PIMCO Long-Term US Gov.	\$ -	\$845,618	n/a	Daily	30 days
Mass Mutual Northern Trust MM MSCI EAFE Intl Idx	\$ -	\$1,154,697	n/a	Daily	30 days
Mass Mutual Northern Trust MM S&P Mid Cp Idx	\$ -	\$1,138,322	n/a	Daily	30 days
Mass Mutual Wells Fargo International	\$ -	\$111,047	n/a	Daily	30 days
Mass Mutual Invesco International Diversified	\$ -	\$434,941	n/a	Daily	30 days

5. GUARANTEED INVESTMENT CONTRACT:

The Plan has a fully benefit-responsive guaranteed investment contract with Mass Mutual. Mass Mutual maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer and at December 31, 2021 and 2020 was 2.04% and 2.39%, respectively. The crediting rate is reviewed on a quarterly basis for resetting. The guaranteed investment contract does not permit the insurance company to terminate the agreement prior the scheduled maturity date.

This contract meets the fully benefit-responsive investment criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Mass Mutual, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal of transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuers ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the Plan's ability to transact at contract value with Mass Mutual. Such events include the following: (a) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (e) premature termination of the contract. No events are probably of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include (a) an uncured violation of the Plan's investment guidelines, (b) a breach of material obligation under the contract, (c) a material misrepresentation, or (d) a material amendment to the agreement without the consent of the issuer.

6. PLAN TERMINATION:

MTI has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, all vested benefits would be paid in accordance with the provisions of ERISA. As of December 31, 2020, MTI has not expressed any intent to terminate the plan.

7. INCOME TAXES:

The Plan is adopted from a Prototype Plan. An opinion letter was issued by the National Office of the Internal Revenue Service as evidence of the acceptability of the form of the Prototype Plan under Code Section 401. An employer who adopts the Prototype Plan will be considered to have a qualified plan only if the conditions of the Prototype opinion letter are satisfied. The Plan administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations prior to 2018.

The only material differences between the 2021 financial statements and the 2021 Form 5500 consist of classification differences as summarized below:

	Statement of Net Assets Available For Benefits	Form 5500	Difference
Employer contribution receivable	\$ 294,500	\$ -	\$ 294,500
	Statement of Changes in Net Assets Available For Benefits	Form 5500	Difference
Interest on general investment contract	\$155,331	\$155,464	(\$133)
Net gains on pooled separate accounts	\$3,746,165	\$3,774,880	(28,715)
Net gains on mutual funds	\$1,676,647	\$ 1,680,170	(3,523)
Other income	\$62,661	\$ -	62,661
Benefit payments	(\$4,218,344)	(\$4,184,566)	(33,778)
Corrective distributions	\$ -	(\$33,779)	33,779
Employer contributions	\$1,169,400	\$905,191	264,209
			<u>\$294,500</u>

The only material differences between the 2020 financial statements and the 2020 Form 5500 consist of classification differences as summarized below:

	Statement of Changes in Net Assets Available For Benefits	Form 5500	Difference
Interest on general investment contract	<u>\$188,318</u>	<u>\$188,566</u>	(\$248)
Net gains on pooled separate accounts	<u>\$5,423,961</u>	<u>\$5,474,141</u>	(50,180)
Other income	<u>\$50,381</u>	<u>\$ -</u>	50,381
Benefit payments	<u>(\$5,725,940)</u>	<u>(\$5,725,941)</u>	1
Administrative fees	<u>(\$123,339)</u>	<u>(\$123,337)</u>	(2)
Employer contributions	<u>\$343,088</u>	<u>\$1,025,040</u>	(681,952)
			<u>(\$682,000)</u>

8. PARTIES-IN-INTEREST:

In addition to the party-in-interest transactions with Mass Mutual as referenced in Note 3, other party-in-interest transactions occurred with the Plan's auditors and an investment advisor. MTI pays the fees relating to the services provided by the auditors.

9. RISKS AND UNCERTAINTIES:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value 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.

COVID-19 has affected, and may continue to effect, economic activity globally, nationally, and locally. Following the COVID-19 outbreak, the values of investment securities have been subject to significant volatility. Economic and market conditions and other effects of the COVID-19 outbreak may continue to affect the Plan. The extent of the impact of the COVID-19 outbreak on the Plan's investments and the amounts reported in the statements of net assets available for plan benefits cannot be predicted at this time.

10. SUBSEQUENT EVENTS:

Events and transactions occurring after December 31, 2021 have been evaluated to determine proper recognition and disclosure in the financial statements. Subsequent events and transactions were evaluated through December 13, 2022, which represents the date the financial statements were available to be issued.

MIDREX 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

December 31, 2021

EIN/PN: 52-1791274\002

(a) (b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Pooled Separate Accounts			
* Mass Mutual	Holding Account	(1)	<u>\$22,390</u>
Mutual Funds			
* AB Funds	AB Discovery Growth Fund	(1)	\$66
* American Funds	American Fnds 2010 Target Dt Ret Fd	(1)	586,785
* American Funds	American Fnds 2015 Target Dt Ret Fd	(1)	144,694
* American Funds	American Fnds 2020 Target Dt Ret Fd	(1)	2,438,340
* American Funds	American Fnds 2025 Target Dt Ret Fd	(1)	4,284,289
* American Funds	American Fnds 2030 Target Dt Ret Fd	(1)	5,281,632
* American Funds	American Fnds 2035 Target Dt Ret Fd	(1)	2,698,045
* American Funds	American Fnds 2040 Target Dt Ret Fd	(1)	1,588,671
* American Funds	American Fnds 2045 Target Dt Ret Fd	(1)	2,796,663
* American Funds	American Fnds 2050 Target Dt Ret Fd	(1)	711,360
* American Funds	American Fnds 2055 Target Dt Ret Fd	(1)	575,082
* American Funds	American Fnds 2060 Target Dt Ret Fd	(1)	60,817
* American Funds	American Fnds 2065 Target Dt Ret Fd	(1)	1,784
* American Funds	American Funds Balanced Fund	(1)	1,478,600
* American Funds	American Funds Bond Fund of America	(1)	856,736
* American Funds	American Funds Fndmntl Invs Fnd	(1)	207,402
* American Funds	American Funds New Perspective Fund	(1)	563,625
* American Funds	American Funds New World Fund	(1)	481,742
* Baird Funds	Baird Short-Term Bond Fund	(1)	656,217
* Calvert	Calvert US Lrg Cap Core Resp Ind Fd	(1)	202,519
* Cohen & Steers	Cohen & Steers Real Est Scrts Fd	(1)	44,987
* Dimensional Fund Advisors	DFA Real Estate Sec Prtfl Fd	(1)	524,701
* Fidelity Investments	Fidelity 500 Index Fund	(1)	7,232,914
* Fidelity Investments	Fidelity Emerging Markets Index Fd	(1)	28,744
* Fidelity Investments	Fidelity Lg Cap Growth Ind Fd	(1)	939,603
* Fidelity Investments	Fidelity Lg Cap Value Ind Fd	(1)	736,760
* Fidelity Investments	Fidelity LgTrm Treasury Bnd Indx Fd	(1)	2,311
* Fidelity Investments	Fidelity Mid Cap Index Fund	(1)	1,461,613
* Fidelity Investments	Fidelity Small Cap Index Fund	(1)	1,192,218
* Fidelity Investments	Fidelity U.S. Bond Index Fund	(1)	537,853
* Franklin/Templeton	Franklin Small Cap Value Fund	(1)	31,278

MIDREX 401(k) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

December 31, 2021

EIN/PN: 52-1791274\002

(a) (b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
* The Hartford	Hartford Core Equity Fund	(1)	2,846,625
* JP Morgan	JP Morgan Equity Income Fund	(1)	643,184
* JP Morgan	JP Morgan Government Bond Fund	(1)	542,061
* JP Morgan	JP Morgan Large Cap Growth Fund	(1)	3,189,691
* Lord Abbett	Lord Abbett Developing Growth Fund	(1)	28,776
* MFS Investment Management	MFS International Growth Fund	(1)	473,423
* MFS Investment Management	MFS Mid Cap Value Fund	(1)	69
* MFS Investment Management	MFS Research International Fund	(1)	97,290
* PGIM Investments	PGIM High-Yield Fund	(1)	14,373
* PIMCO Funds	PIMCO Diversified Inc Fund	(1)	38,765
* PIMCO Funds	PIMCO Intl Bd US Dollar-Hedged Fd	(1)	187,187
* PIMCO Funds	PIMCO Sm Cp StocksPlus AR Strat Fd	(1)	194,579
* T. Rowe Price	T. Rowe Price Overseas Stck Fd	(1)	1,000,536
* Vanguard	Vanguard International Value Fund	(1)	169,746
* Vanguard	Vanguard Long-Term Treasury Fund	(1)	633,874
* Vanguard	Vanguard Mid-Cap Growth Index Fund	(1)	454,720
* Vanguard	Vanguard Mid-Cap Value Index Fund	(1)	482,038
* Vanguard	Vanguard Small Cap Growth Index Fnd	(1)	600,203
* Vanguard	Vanguard Small-Cap Value Index Fund	(1)	393,250
			<u>\$50,338,441</u>
			<u>\$50,360,831</u>
Guaranteed Investment Contract			
* Mass Mutual	Fixed Selection Option		<u>\$6,670,130</u>
Notes Receivable from Participants			
Participant loans	Loans with interest rates from 4.25% to 6.5%; various repayment terms	<u>\$0</u>	<u>\$309,283</u>

The above investment information has been certified by the trustee as being complete and accurate.

* A party-in-interest

(1) Not required for participant directed investments.