

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

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>BLUMONT, INC. 403(B) DC 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>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2003</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/2003</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/2003</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>BLUMONT, INC.</u> <u>1777 N. KENT STREET, 3TH FLOOR</u> <u>ARLINGTON, VA 22209-2132</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>81-0888072</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>703-248-0161</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>624200</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>81-0888072</u>	2c Plan Sponsor's telephone number <u>703-248-0161</u>	2d Business code (see instructions) <u>624200</u>	
2b Employer Identification Number (EIN) <u>81-0888072</u>					
2c Plan Sponsor's telephone number <u>703-248-0161</u>					
2d Business code (see instructions) <u>624200</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.	02/24/2023	ELIZABETH TRUMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	370
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)	40
a(2) Total number of active participants at the end of the plan year		6a(2)	67
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	294
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	361
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	7
f Total. Add lines 6d and 6e		6f	368
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	358
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: 2L 2M 2F 2G			
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 BLUMONT, INC. 403(B) DC PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BLUMONT, INC.	D Employer Identification Number (EIN) 81-0888072

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
TIAA-CREF

(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
13-1624203	69345	388426	301	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(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	4089963
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	22709325

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 ▶

b	Balance at the end of the previous year	7b	4356835
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c	Additions: (1) Contributions deposited during the year	7c(1)	6025	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	137101	
	(4) Transferred from separate account.....	7c(4)	21650	
	(5) Other (specify below)	7c(5)	33129	

▶ PLAN SERVICE CREDIT

(6) Total additions	7c(6)	197905
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	4554740
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	90337	
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account.....	7e(3)	333924	
	(4) Other (specify below)	7e(4)	40516	

▶ PLAN FEES/LOAN ISSUE

(5) Total deductions	7e(5)	464777
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	4089963
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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)	0
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)	0
(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)	0
(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 BLUMONT, INC. 403(B) DC PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BLUMONT, INC.	D Employer Identification Number (EIN) 81-0888072	

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
TIAA
13-1624203
(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)

LOCKTON INVESTMENT ADVISORS LLC

444 W 47TH STREET, SUITE 900
KANSAS CITY, MO 64112-1906

20-8874282

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	30000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARONSON LLC

805 KING FARM BLVD, SUITE 300
ROCKVILLE, MD 20850-6190

37-1611326

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	6497	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TIAA

730 THIRD AVE
NEW YORK, NY 10017-3206

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	784	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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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:	ARONSON LLC	b EIN:	37-1611326
c Position:	AUDITOR		
d Address:	111 ROCKVILLE PIKE SUITE 600 ROCKVILLE, MD 20850	e Telephone:	301-231-6200

Explanation: FIRM MERGER

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

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

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

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

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan BLUMONT, INC. 403(B) DC PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BLUMONT, INC.	D Employer Identification Number (EIN) 81-0888072	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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)	0	8405
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1234542	1491559
(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)	24216156	28132929
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	4356835	4089963
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	29807533 33722856
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	29807533 33722856

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)	288672
	(B) Participants	2a(1)(B)	586026
	(C) Others (including rollovers).....	2a(1)(C)	27914
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	902612
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)	30
	(F) Other	2b(1)(F)	137101
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	137131
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	360349
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	360349
(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)	0
(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)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		212605
(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)		3444535
c Other income.....	2c		33126
d Total income. Add all income amounts in column (b) and enter total.....	2d		5090358
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1116747	
(2) To insurance carriers for the provision of benefits.....	2e(2)	18477	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1135224
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	39811	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		39811
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1175035
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		3915323
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: **APRIO LLP**

(2) EIN: **57-1157523**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

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

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

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

A Name of plan <u>BLUMONT, INC. 403(B) DC PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BLUMONT, INC.</u>	D Employer Identification Number (EIN) <u>81-0888072</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>82-2826183</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

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

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**BLUMONT, INC. 403(B) DEFINED CONTRIBUTION
PLAN**

FINANCIAL STATEMENTS

DECEMBER 31, 2021 AND 2020

Blumont, Inc. 403(b) Defined Contribution Plan

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Independent Auditor's Report

To the Retirement Plan Committee
Blumont, Inc. 403(b) Defined Contribution Plan
Arlington, Virginia

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

We have performed an audit of the accompanying financial statements of Blumont, Inc. 403(b) Defined Contribution 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 certifications 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 2021 Financial Statements section:

- the amounts and disclosures in the 2021 financial statements referred to above, 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.

Independent Auditor's Report (continued)

- the information in the 2021 financial statements referred to above 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of Blumont, Inc. 403(b) Defined Contribution Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the 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 Blumont, Inc. 403(b) Defined Contribution 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.

Independent Auditor's Report (continued)

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 Blumont, Inc. 403(b) Defined Contribution 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 Blumont, Inc. 403(b) Defined Contribution Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, 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.

Independent Auditor's Report (continued)

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

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

Other Matters

2021 Supplemental Schedule Required by ERISA

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

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

In our opinion:

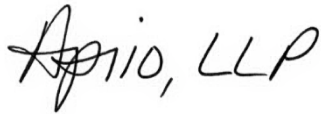
- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting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

Independent Auditor's Report (continued)

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

Auditor's Report on the 2020 Financial Statements

The 2020 financial statements of Blumont, Inc. 403(b) Defined Contribution Plan were audited by Aronson LLC, who merged with Aprio, LLP as of January 1, 2023. 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 the predecessor auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by a qualified institution. Their report dated December 20, 2021, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and supplemental schedule, and (b) the form and content of the information included in the financial statements and supplemental schedule other than that derived from the certified information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink that reads "Aprio, LLP". The signature is written in a cursive, stylized font.

Rockville, Maryland

February 18, 2023

Blumont, Inc. 403(b) Defined Contribution Plan

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2021	2020
Assets		
Investments, at fair value	\$ 32,498,963	\$ 28,332,250
Investments, at contract value	1,215,487	1,475,283
Notes receivable from participants	8,406	-
Net assets available for benefits	\$ 33,722,856	\$ 29,807,533

The accompanying Notes to Financial Statements are an integral part of these financial statements.

Blumont, Inc. 403(b) Defined Contribution Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2021

Additions

Investment income	
Interest and dividend income	\$ 497,449
Net appreciation in fair value of investments	3,657,141

Total investment income	4,154,590
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Contributions	
Participant	586,026
Employer	288,672
Rollovers	27,914

Total contributions	902,612
----------------------------	----------------

Interest income from notes receivable from participants	30
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Other income	33,126
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Total additions	5,090,358
------------------------	------------------

Deductions

Benefits paid to participants	1,116,747
Purchases of annuity contracts	18,477
Administrative expenses	39,811

Total deductions	1,175,035
-------------------------	------------------

Net increase	3,915,323
---------------------	------------------

Net assets available for benefits

Beginning of plan year	29,807,533
------------------------	------------

End of plan year	\$ 33,722,856
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The accompanying Notes to Financial Statements are an integral part of these financial statements.

Blumont, Inc. 403(b) Defined Contribution Plan

Notes to Financial Statements

-
1. **Description of the Plan** The following description of the Blumont, Inc. 403(b) Defined Contribution Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution plan covering substantially all employees of Blumont, Inc. (the "Sponsor"), except for nonresident aliens and employees who normally work less than 20 hours per week. Temporary employees, interns, and consultants are excluded from participating in Sponsor contributions. Blumont Global Development, Inc. and Blumont International, Inc. are participating employers in the Plan. The Plan is a volume submitter plan document of Teachers Insurance and Annuity Association of America. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

In response to the coronavirus ("COVID-19") pandemic's impact on the economy, Congress passed legislation in March 2020 that eased restrictions on distributions and loans from retirement plans. Management has adopted certain of these provisions in 2020 in Plan operations. Written amendments to the Plan to reflect these operational changes will be adopted at a later date in accordance with applicable law and Internal Revenue Service ("IRS") guidance.

Contributions: Each year, participants may contribute up to 100 percent of pretax annual compensation, as defined in the Plan. The Plan allows participants to make Roth contributions. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans (rollovers). Upon acceptance of employment, eligible participants are required to contribute a mandatory contribution of five percent of pretax annual compensation. This mandatory contribution is in addition to any voluntary pretax deferral contributions. The Sponsor matches the mandatory contribution dollar for dollar. Contributions are subject to certain limitations.

Participant accounts: Each participant's account is credited with the participant's contributions, mandatory contributions, the Sponsor's matching contributions and Plan earnings. Investment earnings and losses are allocated based upon the investment performance of each investment in the participant's account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Blumont, Inc. 403(b) Defined Contribution Plan

Notes to Financial Statements

Payment of benefits: Benefits are payable upon retirement at age 65, disability, death, or termination of employment. Hardship withdrawals and in-service withdrawals at age 59 1/2 are also permitted, subject to provisions described in the Plan document. Withdrawals from rollover contributions are permitted at any time. Benefits are payable in lump sum payments, partial payments, installments, and the purchase of annuity contracts.

Vesting: Participants are vested immediately in all contributions plus actual earnings thereon.

Notes receivable from participants: Participants may borrow from their fund accounts up to a maximum of the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at a reasonable rate of interest as determined by the Plan Administrator. Principal and interest are paid through payroll deductions. Participant loans are considered to be assets of the Plan.

Administrative expenses: A portion of the expenses of maintaining the Plan are paid by the Sponsor. The Plan pays investment advisory, audit and administration fees from a revenue credit account.

Transfers between TIAA and CREF accounts: Participants are permitted to transfer funds from their Teachers Insurance and Annuity Association of America ("TIAA") and College Retirement Equities Fund ("CREF") accounts into their TIAA Traditional Annuity Accounts at any time. However, transfers out of the TIAA Traditional Non-Benefit Responsive Annuity Accounts into any TIAA or CREF account by an active participant can only be made through a Transfer Payout Annuity, which provides for the transfer of funds in substantially equal installments over a period of ten years.

2. Significant accounting policies

Basis of accounting: The financial statements of the Plan are prepared under the accrual method of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement attribute for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

Blumont, Inc. 403(b) Defined Contribution Plan

Notes to Financial Statements

Investment valuation and income recognition: Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

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

Notes receivable from participants: Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Delinquent loans are reclassified as distributions based upon the terms of the Plan document.

Payment of benefits: Benefits are recorded when paid.

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

Subsequent events: The Plan has evaluated subsequent events for disclosure in these financial statements through February 18, 2023, which is the date the financial statements were available to be issued.

3. Certified information

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2021 and 2020, and net appreciation in fair value of investments, interest and dividend income, and interest income from notes receivable from participants for the year ended December 31, 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by Teachers Insurance and Annuity Association of America and College Retirement Equities Fund, the insurance companies of the Plan.

Blumont, Inc. 403(b) Defined Contribution Plan

Notes to Financial Statements

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- 4. Fair value measurements** The Plan reports its assets at fair value based on a 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 below:

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

Level 2. Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, and inputs that are derived 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 level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

The fair value of the shares of mutual funds owned by the Plan is based on quoted net asset values on the last business day of the Plan year.

The unit values of the College Retirement Equities Fund ("CREF") variable annuities and the pooled separate account are reported based on quoted market values listed by NASDAQ on the last day of the Plan year.

Blumont, Inc. 403(b) Defined Contribution Plan

Notes to Financial Statements

The fair value of the Teachers Insurance and Annuity Association ("TIAA") Access variable annuities is based on the net asset value ("NAV") on the last business day of the Plan year provided by the entity holding the accounts. The NAV is used as a practical expedient to estimate fair value and is determined by the TIAA based on the fair value of underlying assets in the accounts, less its liabilities.

The TIAA Traditional Non-Benefit Responsive Annuity Account is reported at contract value, which approximates fair value. The contract value equals the accumulated cash contributions and interest credited to the contract less any withdrawals. Contract value is deemed to approximate fair value based on observation of recent participant investments at contract value and by comparison of historical and current yields of highly rated corporate bonds to historical and current crediting interest rates of the contracts, taking into consideration the liquidity restrictions applicable to the contracts. See further discussion in Note 5. In determining the reasonableness of the valuation methodology, the Plan administrator evaluated a variety of factors including existing contracts, economic conditions and TIAA's overall credit rating.

The fair value of assets is as follows:

Assets at Fair Value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 6,915,162	\$ -	\$ -	\$ 6,915,162
CREF variable annuities	18,402,171	-	-	18,402,171
Pooled separate account	1,491,559	-	-	1,491,559
Non-benefit responsive insurance annuity account	-	-	2,874,476	2,874,476
Total assets within the fair value hierarchy	\$ 26,808,892	\$ -	\$ 2,874,476	29,683,368
Investments measured at net asset value ^(a)				2,815,595
Total assets at fair value				\$ 32,498,963

Blumont, Inc. 403(b) Defined Contribution Plan

Notes to Financial Statements

Assets at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 5,236,450	\$ -	\$ -	\$ 5,236,450
CREF variable annuities	16,676,462	-	-	16,676,462
Pooled separate account	1,234,542	-	-	1,234,542
Non-benefit responsive insurance annuity account	-	-	2,881,552	2,881,552
Total assets within the fair value hierarchy	\$ 23,147,454	\$ -	\$ 2,881,552	26,029,006
Investments measured at net asset value ^(a)				2,303,244
Total assets at fair value				\$ 28,332,250

(a) In accordance with ASC 820, certain investments that were measured at net asset value per share (or its equivalent) as of December 31, 2021 and 2020 have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

The investment objective of the fixed income annuity is a favorable long-term rate of return primarily through high current income while preserving capital. The real estate annuity seeks to obtain a favorable long-term total return through both capital appreciation and current income. International and U.S. equity annuities seek a favorable long-term total return, mainly through capital appreciation. Target date annuities seek a high total return over time through a combination of capital appreciation and income with an allocation strategy designed to meet retirement needs at a specified date.

Investments in all TIAA Access variable annuities can be redeemed immediately at the current net asset value based on the fair value of the underlying assets. There are no withdrawal limits, redemption frequency limits or redemption notice periods. There were no unfunded commitments for these investments as of December 31, 2021 and 2020.

Blumont, Inc. 403(b) Defined Contribution Plan

Notes to Financial Statements

The table below sets forth a summary of changes in fair value of the Plan's level 3 investment assets for the year ended December 31, 2021:

	Level 3 Assets TIAA non- benefit responsive insurance annuity account
Beginning balance	\$ 2,881,552
Interest	96,837
Purchases	6,051
Sales	(109,964)
Ending balance	\$ 2,874,476

The following table represents the Plan's level 3 financial instruments, the valuation techniques used to measure the fair value of those instruments, and the significant unobservable inputs and the ranges of values for those inputs.

Instrument	Fair Value 12/31/2021	Fair Value 12/31/2020	Principal Valuation Technique	Significant Unobservable Inputs	Range of Significant Input Values
TIAA non- benefit responsive insurance annuity contract	\$ 2,874,476	\$ 2,881,552	Discounted Cash Flow	Risk- adjusted discount rate applied	3.00% - 3.80%

Blumont, Inc. 403(b) Defined Contribution Plan

Notes to Financial Statements

5. Insurance annuity account and stable value annuity

The Plan participates in the TIAA Traditional Annuity, an investment contract with TIAA. The contract is segregated into non-benefit and fully benefit responsive categories. TIAA commingles the assets of the contract with other assets in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Contract value, as reported to the Plan by TIAA, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Each premium allocated to the investment contract buys a guaranteed minimum amount of lifetime income, based on the rate schedule in effect at the time the premium is credited. Participants may ordinarily direct withdrawals or transfer all or a portion of their investment at contract value. The contract has no maturity date and there is no market value adjustment upon discontinuance.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. A portion of the annuity contract is non-benefit responsive as it requires withdrawals in the form of a lifetime payout annuity or in periodic installments over a 10-year period. However, terminated participants may request a lump sum distribution within 120 days of termination, subject to a 2.5 percent surrender charge. When a participant's accumulated balance in the TIAA Traditional Annuity is converted to a lifetime payout annuity, the present value of the stream of payments is equal to the accumulated balance, and the entire amount is recorded as a purchase of annuity contracts in the Statement of Changes in Net Assets Available for Benefits. In 2021, annuity contracts in the amount of \$18,477 were purchased.

The Plan also participates in a fully benefit responsive contract with TIAA via a fixed rate group annuity contract, the TIAA Stable Value Annuity contract. TIAA commingles the assets of the contract with other assets in a non-unitized separate account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. TIAA is contractually obligated to repay the principal and specified interest rate that is guaranteed to the Plan. Contract value, as reported to the Plan by TIAA, represents accumulated cash contributions, interest credited, and transfers, if any, less any withdrawals and transfers, if any. Participants may ordinarily direct withdrawals or transfer all or portion of their investment at contract value.

Blumont, Inc. 403(b) Defined Contribution Plan

Notes to Financial Statements

There are no reserves against contract value for credit risk of the contract issuer or otherwise. Plan sponsors choosing to terminate a Plan's investment in the TIAA Stable Value Annuity contract will receive contract value in, at most, two years. If the two year payout applies, a discontinuance fee will be assessed which has the effect of reducing the interest credited during the two year period by, at most, seventy-five basis points.

6. Risks and uncertainties

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

The COVID-19 pandemic continues to evolve with direct and indirect economic impacts for companies world-wide. As of the date of issuance, the ultimate duration and severity of the pandemic cannot be reasonably estimated. Management will continue to monitor the impact of COVID-19 on the Plan and will reflect the consequences, as appropriate, in the Plan's financial records.

7. Party-in-interest transactions

Certain Plan investments are managed by affiliates of TIAA and CREF. TIAA and CREF are the insurance companies and recordkeepers as defined by the Plan. In addition, the Plan paid certain expenses related to investment advisory, audit and administration services to various providers totaling \$39,811 for the year ended December 31, 2021. These transactions qualify as exempt party-in-interest transactions.

The Company maintains a service agreement with TIAA that provides for a "Revenue Credit Account" for the Plan. Under the agreement, any revenue earned by TIAA on the investments in the Plan in excess of TIAA's revenue requirement will be deposited into the Revenue Credit Account. These amounts are to be used to pay direct, reasonable and necessary expenses of the Plan or may be allocated to participant accounts as a revenue credit. During 2021, the Plan received \$33,126 under this agreement, which is reported as other income in the Statement of Changes in Net Assets Available for Benefits. In 2021, \$39,811 was used to pay Plan expenses from this account. No amounts were allocated to participants. The balance in the account at December 31, 2021 and 2020 was \$8,330 and \$13,999, respectively.

Blumont, Inc. 403(b) Defined Contribution Plan

Notes to Financial Statements

8. Plan loans

Participants may borrow directly from TIAA. Plan loans may be requested by a participant, and collateralized using a participant's TIAA Traditional Annuity account balance in an amount equal to 110 percent of the outstanding loan balance. A Plan loan is not treated as a distribution from the Plan and is not considered a Plan asset. Therefore, Plan loans are not reported on the Statements of Net Assets Available for Benefits. Participants may borrow a minimum of \$1,000 up to a maximum equal to the lesser of (i) \$50,000 or (ii) 45% of the participant's TIAA Traditional Annuity account balance in the Plan. Loans may be further limited by the funding vehicles.

As of December 31, 2021 and 2020, participant accounts in the TIAA Traditional Annuity account totaling \$67,617 and \$161,200, respectively, served as collateral for outstanding Plan loan balances. At December 31, 2021, interest rates of Plan loans ranged from 4.00% to 4.49% with various maturity dates through December 1, 2024.

In the event of default, such loans are reportable to plan participants as taxable income, but remain outstanding and continue to accrue interest until repaid by the Plan participant or until the Plan participant becomes eligible to receive a distribution under the terms of the Plan. A loan will be considered to be in default if a scheduled loan repayment is not received by TIAA by the end of the calendar quarter following the calendar quarter in which the payment was due to pay the total overdue balance, including principal and deemed interest. Loans will be foreclosed on by deducting the outstanding balance from the participant's plan assets used as collateral. At the end of the year, TIAA will foreclose on any principal or deemed interest left in default by deducting from the collateral held in the TIAA traditional benefit-responsive annuity account until the loan is repaid. At December 31, 2021 and 2020 there were no defaulted loans, therefore no amounts held by the Plan were identified as collateral for defaulted loans. During 2021, no Plan loans were foreclosed by TIAA.

9. Tax status

The Plan is a volume submitter plan of TIAA which received an opinion letter on August 7, 2017, in which the IRS stated that the form of the plan document was acceptable under the applicable requirements of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Blumont, Inc. 403(b) Defined Contribution Plan

Notes to Financial Statements

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

**10. Plan
termination**

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Blumont, Inc. 403(b) Defined Contribution Plan

EIN: 81-0888072

Plan: 001

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

December 31, 2021

		(c)		
(b)		Description of Investment		(e)
(a)	Identity of Issue, Borrower	Including Maturity Date,	(d)	Current
	Lessor or Similar Party	Rate of Interest, Collateral,	Cost	Value
		Par or Maturity Value		
* <u>Teachers Insurance and Annuity Association of America - College Retirement Equities Fund:</u>				
* CREF Stock Account		Variable Annuity	NR \$	4,755,405
* CREF Money Market Account		Variable Annuity	NR	2,034,633
* CREF Social Choice Account		Variable Annuity	NR	856,838
* CREF Bond Market Account		Variable Annuity	NR	833,902
* CREF Global Equities Account		Variable Annuity	NR	2,810,111
* CREF Growth Account		Variable Annuity	NR	4,437,939
* CREF Equity Index Account		Variable Annuity	NR	2,268,688
* CREF Inflation-Linked Bond Account		Variable Annuity	NR	404,655
* TIAA Real Estate Account		Pooled Separate Account	NR	1,491,559
* TIAA Access Core Bond Plus Fund		Variable Annuity	NR	49,156
* TIAA Access Equity Index Fund		Variable Annuity	NR	74,877
* TIAA Access Growth & Income Fund		Variable Annuity	NR	117,126
* TIAA Access International Equity Fund		Variable Annuity	NR	329,119
* TIAA Access Large Cap Growth Fund		Variable Annuity	NR	236,408
* TIAA Access Large Cap Value Fund		Variable Annuity	NR	249,166
* TIAA Access Lifecycle Retirement Income Fund		Variable Annuity	NR	5,862
* TIAA Access Lifecycle 2020 Fund		Variable Annuity	NR	33,198
* TIAA Access Lifecycle 2025 Fund		Variable Annuity	NR	157,779
* TIAA Access Lifecycle 2030 Fund		Variable Annuity	NR	18,858
* TIAA Access Lifecycle 2035 Fund		Variable Annuity	NR	70,302
* TIAA Access Lifecycle 2040 Fund		Variable Annuity	NR	196,367
* TIAA Access Lifecycle 2045 Fund		Variable Annuity	NR	2,398
* TIAA Access Lifecycle 2050 Fund		Variable Annuity	NR	115,159
* TIAA Access Mid Cap Growth Fund		Variable Annuity	NR	155,325
* TIAA Access Mid Cap Value Fund		Variable Annuity	NR	126,158
* TIAA Access Real Estate Securities Fund		Variable Annuity	NR	472,322
* TIAA Access Small Cap Blend Index Fund		Variable Annuity	NR	144,656
* TIAA Access Quant Small Cap Equity Fund		Variable Annuity	NR	202,117
* TIAA Access Social Choice Equity Fund		Variable Annuity	NR	59,242
* TIAA-CREF Bond Index Fund		Mutual Fund	NR	19,297
* TIAA-CREF S&P 500 Index Fund		Mutual Fund	NR	1,384,573
American Beacon Small Cap Value Fund		Mutual Fund	NR	54,186

Refer to accompanying Independent Auditor's Report.

Blumont, Inc. 403(b) Defined Contribution Plan

EIN: 81-0888072

Plan: 001

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

December 31, 2021

(a)	(b) Identity of Issue, Borrower Lessor or Similar Party	(c)		(e) Current Value
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	
	Invesco Developing Markets Fund	Mutual Fund	NR	147,894
	PGIM Total Return Bond Fund	Mutual Fund	NR	34,309
	T. Rowe Price Extended Equity Market Index Fund	Mutual Fund	NR	382,201
	T. Rowe Price Value Fund	Mutual Fund	NR	209,655
	T. Rowe Price Blue Chip Growth Fund	Mutual Fund	NR	201,062
	American Funds 2020 Target Date Retirement Fund	Mutual Fund	NR	263,860
	American Funds 2025 Target Date Retirement Fund	Mutual Fund	NR	229,855
	American Funds 2030 Target Date Retirement Fund	Mutual Fund	NR	531,712
	American Funds 2035 Target Date Retirement Fund	Mutual Fund	NR	359,836
	American Funds 2040 Target Date Retirement Fund	Mutual Fund	NR	1,177,041
	American Funds 2045 Target Date Retirement Fund	Mutual Fund	NR	425,154
	American Funds 2050 Target Date Retirement Fund	Mutual Fund	NR	524,971
	American Funds 2055 Target Date Retirement Fund	Mutual Fund	NR	212,544
	American Funds 2060 Target Date Retirement Fund	Mutual Fund	NR	139,267
	John Hancock Disciplined Value Mid Cap Fund	Mutual Fund	NR	96,325
	BlackRock International Index Fund	Mutual Fund	NR	131,828
	MassMutual Select Mid Cap Growth Equity Fund	Mutual Fund	NR	23,244
	PIMCO Income Fund	Mutual Fund	NR	719
	Principal Small Cap Growth Fund	Mutual Fund	NR	137,444
	American Funds EuroPacific Growth Fund	Mutual Fund	NR	210,362
	Goldman Sachs International Small Cap Insights Fund	Mutual Fund	NR	17,823
*	TIAA Stable Value Annuity	Insurance Annuity Contract	NR	86,036
*	TIAA Traditional Non-Benefit Responsive Annuity Account	Insurance Annuity Contract	NR	2,874,476
*	TIAA Traditional Benefit-Responsive Annuity Account	Insurance Annuity Contract	NR	1,129,451
Subtotal				33,714,450
*	Participant loans	Bearing interest at 4.25%	-	8,406
Total				\$ 33,722,856

* A party-in-interest as defined by ERISA.

NR - Not required for participant directed funds.

Refer to accompanying Independent Auditor's Report.

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

Name of Plan:

► Blumont, Inc. 403(b) DC Plan

Employer Identification Number:►

81-0888072

For plan year (beginning/ending):►

1/1/2021 to 12/31/2021

Plan number:► 001

(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
*	College Retirement Equities Fund variable annuities	TIAA Traditional Benefit Responsive		\$ 1,126,362.00
*	College Retirement Equities Fund variable annuities	TIAA Traditional Non Benefit Responsive		\$ 2,874,475.62
*	College Retirement Equities Fund variable annuities	TIAA Traditional Benefit Responsive 2		\$ 3,089.41
*	College Retirement Equities Fund variable annuities	TIAA Stable Value		\$ 86,035.81
*	College Retirement Equities Fund variable annuities	CREF Stock R1		\$ 4,755,405.28
*	College Retirement Equities Fund variable annuities	CREF Money Market R1		\$ 2,034,632.83
*	College Retirement Equities Fund variable annuities	CREF Social Choice R1		\$ 856,837.88
*	College Retirement Equities Fund variable annuities	CREF Bond Market R1		\$ 833,902.47
*	College Retirement Equities Fund variable annuities	CREF Global Equities R1		\$ 2,810,111.15
*	College Retirement Equities Fund variable annuities	CREF Growth R1		\$ 4,437,939.04
*	College Retirement Equities Fund variable annuities	CREF Equity Index R1		\$ 2,268,688.48
*	College Retirement Equities Fund variable annuities	CREF Inflation-Linked Bond R1		\$ 404,655.07
*	College Retirement Equities Fund variable annuities	TIAA Real Estate		\$ 1,491,559.10
*	College Retirement Equities Fund variable annuities	TIAA Access Core Bond Plus T4		\$ 49,156.30
*	College Retirement Equities Fund variable annuities	TIAA Access Equity Index T4		\$ 74,876.51
*	College Retirement Equities Fund variable annuities	TIAA Access Growth & Income T4		\$ 117,125.77
*	College Retirement Equities Fund variable annuities	TIAA Access Intl Equity T4		\$ 329,118.70
*	College Retirement Equities Fund variable annuities	TIAA Access Lfcyle Rtmt Inc T4		\$ 5,862.39
*	College Retirement Equities Fund variable annuities	TIAA Access Lg-Cap Gr T4		\$ 236,408.46
*	College Retirement Equities Fund variable annuities	TIAA Access Lg-Cap Val T4		\$ 249,166.57
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2020 T4		\$ 33,197.58
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2025 T4		\$ 157,779.25
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2030 T4		\$ 18,857.84
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2035 T4		\$ 70,301.54
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2040 T4		\$ 196,366.88
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2045 T4		\$ 2,398.51
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2050 T4		\$ 115,158.51
*	College Retirement Equities Fund variable annuities	TIAA Access Mid-Cap Gr T4		\$ 155,325.28
*	College Retirement Equities Fund variable annuities	TIAA Access Mid-Cap Val T4		\$ 126,157.58
*	College Retirement Equities Fund variable annuities	TIAA Access Real Est Secs T4		\$ 472,322.28
*	College Retirement Equities Fund variable annuities	TIAA Access Sm-Cap BI Idx T4		\$ 144,655.52
*	College Retirement Equities Fund variable annuities	TIAA Access Quant Sml Cp Eq T4		\$ 202,116.73
*	College Retirement Equities Fund variable annuities	TIAA Access Social Ch Eq T4		\$ 59,242.19
*	College Retirement Equities Fund variable annuities	TIAA-CREF Bond Index-Rtmt		\$ 19,296.92
*	College Retirement Equities Fund variable annuities	TIAA-CREF S&P 500 Idx-Rtmt		\$ 1,384,572.52
	College Retirement Equities Fund variable annuities	American Beacon SmlCap Val Inv		\$ 54,185.86
	College Retirement Equities Fund variable annuities	Invesco Developing Markets Y		\$ 147,893.81
	College Retirement Equities Fund variable annuities	PGIM Total Return Bond Z		\$ 34,309.05
	College Retirement Equities Fund variable annuities	T Rowe Price Extnd Eqty Mkt Idx		\$ 382,201.18
	College Retirement Equities Fund variable annuities	T Rowe Price Value		\$ 209,654.97
	College Retirement Equities Fund variable annuities	T. Rowe Blue Chip Growth Adv		\$ 201,061.92
	College Retirement Equities Fund variable annuities	American Funds 2020 Target R4		\$ 263,860.01
	College Retirement Equities Fund variable annuities	American Funds 2025 Target R4		\$ 229,855.08
	College Retirement Equities Fund variable annuities	American Funds 2030 Target R4		\$ 531,712.13
	College Retirement Equities Fund variable annuities	American Funds 2035 Target R4		\$ 359,836.26
	College Retirement Equities Fund variable annuities	American Funds 2040 Target R4		\$ 1,177,040.65
	College Retirement Equities Fund variable annuities	American Funds 2045 Target R4		\$ 425,153.57
	College Retirement Equities Fund variable annuities	American Funds 2050 Target R4		\$ 524,971.51
	College Retirement Equities Fund variable annuities	American Funds 2055 Target R4		\$ 212,544.47
	College Retirement Equities Fund variable annuities	American Funds 2060 Tar Ret R4		\$ 139,266.68
	College Retirement Equities Fund variable annuities	John Hancock Discip ValMdCp R4		\$ 96,325.07
	College Retirement Equities Fund variable annuities	BlackRock Intl Index Inv A		\$ 131,828.49
	College Retirement Equities Fund variable annuities	MassMutual Mid Cap Growth Svc		\$ 23,244.09
	College Retirement Equities Fund variable annuities	PIMCO Income Admin		\$ 718.98
	College Retirement Equities Fund variable annuities	Principal Small Cap Grw I R5		\$ 137,444.22
	College Retirement Equities Fund variable annuities	AF EuroPacific Growth Fund R4		\$ 210,362.45
	College Retirement Equities Fund variable annuities	Goldman Sachs Intl SmCplns Inv		\$ 17,822.59
	College Retirement Equities Fund variable annuities	Participant Loan Fund		\$ 8,404.76
	Total			\$ 33,722,856