

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2022</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>04/01/2022</u> and ending <u>08/03/2022</u>	
A	This return/report is for: <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B	This return/report is: <input type="checkbox"/> the first return/report <input checked="" type="checkbox"/> the final return/report
	<input type="checkbox"/> an amended return/report <input checked="" type="checkbox"/> a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/>
D	Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program
	<input type="checkbox"/> special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ <input type="checkbox"/>

Part II	Basic Plan Information —enter all requested information
<p>1a Name of plan <u>TMEIC CORPORATION CASH BALANCE PENSION PLAN</u></p> <p>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>TMEIC CORPORATION AMERICAS</u></p> <p><u>2060 COOK DRIVE</u> <u>SALEM, VA 24153</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p> <p>1c Effective date of plan <u>07/01/2003</u></p> <p>2b Employer Identification Number (EIN) <u>31-1723263</u></p> <p>2c Plan Sponsor's telephone number <u>540-283-2073</u></p> <p>2d Business code (see instructions) <u>541330</u></p>

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.	05/10/2023	HUBERT MENSAH
	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 (2022)
v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	5 279
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 222 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 6h
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: 1A 1C 1I 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> 0 A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 08/03/2022

A Name of plan <u>TMEIC CORPORATION CASH BALANCE PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TMEIC CORPORATION AMERICAS</u>	D Employer Identification Number (EIN) <u>31-1723263</u>	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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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)

GRANT THORNTON LLP

36-6055558

(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?
11 17 50	NONE	83807	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SUNTRUST BANK

58-1575035

(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?
16 28 50 51	NONE	9000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WELLS FARGO BANK, N.A.

94-1347393

(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?
21 50	NONE	6156	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p>DFE/Participating Plan Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: large; font-weight: bold;">2022</p> <hr/> <p style="font-size: small; font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2022 or fiscal plan year beginning **04/01/2022** and ending **08/03/2022**

<p>A Name of plan TMEIC CORPORATION CASH BALANCE PENSION PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>002</p>
<p>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TMEIC CORPORATION AMERICAS</p>	<p>D Employer Identification Number (EIN) 31-1723263</p>	

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)

<p>a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO/BLACKROCK STIF</p>		
<p>b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.</p>		
<p>c EIN-PN 41-6292499-001</p>	<p>d Entity code C</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning **04/01/2022** and ending **08/03/2022**

A Name of plan TMEIC CORPORATION CASH BALANCE PENSION PLAN	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 TMEIC CORPORATION AMERICAS	D Employer Identification Number (EIN) 31-1723263

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)	0
(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)	
(9) Value of interest in common/collective trusts.....	1c(9)	
(10) Value of interest in pooled separate accounts.....	1c(10)	
(11) Value of interest in master trust investment accounts.....	1c(11)	
(12) Value of interest in 103-12 investment entities.....	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	9801853	0
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	9801853	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	373461	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		373461
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1938	
(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)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(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)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		375399
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10078275	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		10078275
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)	83807	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)	9000	
(4) Other	2i(4)	6170	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		98977
j Total expenses. Add all expense amounts in column (b) and enter total	2j		10177252
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-9801853
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: BROWN, EDWARDS & COMPANY LLP

(2) EIN: 54-0504608

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?.....	4e	X	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f	X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4g	X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h	X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	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.).....	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?.....	4k	X	
l Has the plan failed to provide any benefit when due under the plan?.....	4l	X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	4m		
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 0.

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 468731.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
--	---	---

For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 08/03/2022

A Name of plan <u>TMEIC CORPORATION CASH BALANCE PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TMEIC CORPORATION AMERICAS</u>	D Employer Identification Number (EIN) <u>31-1723263</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	0
---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 56-1354495

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	266
---	-----

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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 _____



We drive industry

**TMEIC CORPORATION
CASH BALANCE PENSION PLAN**

FINANCIAL REPORT

AUGUST 3, 2022



**TMEIC CORPORATION
CASH BALANCE PENSION PLAN**

FINANCIAL REPORT

August 3, 2022

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Those Charged with Governance of the
TMEIC Corporation Cash Balance Pension Plan
Salem, Virginia

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

We have performed an audit of the financial statements of TMEIC Corporation Cash Balance Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets in liquidation available for benefits as of August 3, 2022 and March 31, 2022, the related statement of changes in net assets in liquidation available for benefits for the period April 1, 2022 to August 3, 2022, and for the year ended March 31, 2022 and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of August 3, 2022 and March 31, 2022, and for the period April 1, 2022 to August 3, 2022, and for the year ended March 31, 2022, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the Financial Statements

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

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

Opinion on the Financial Statements (Continued)

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

Basis for Opinion on the Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of TMEIC Corporation Cash Balance Pension 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 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.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

Auditor’s Responsibilities for the Audit of the Financial Statements (Continued)

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of TMEIC Corporation Cash Balance Pension 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.

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

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

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

Other Matter

Supplemental Schedule Required by ERISA

The supplemental Schedule H, Line 4j – Schedule of Reportable Transactions for the period April 1, 2022 to August 3, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

Other Matter (Continued)

Supplemental Schedule Required by ERISA (Continued)

For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- the form and content of the supplemental 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.
- 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).

Brown, Edwards & Company, S. L. P.

CERTIFIED PUBLIC ACCOUNTANTS

Roanoke, Virginia
April 14, 2023

TMEIC CORPORATION CASH BALANCE PENSION PLAN

**STATEMENTS OF NET ASSETS IN LIQUIDATION
AVAILABLE FOR BENEFITS
August 3, 2022 and March 31, 2022**

	<u>August 3, 2022</u>	<u>March 31, 2022</u>
ASSETS		
Investments at fair value (Notes 4 and 10)		
Cash and cash equivalents	\$ -	\$ 9,801,853
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ -</u>	<u>\$ 9,801,853</u>

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

TMEIC CORPORATION CASH BALANCE PENSION PLAN

**STATEMENTS OF CHANGES IN NET ASSETS IN LIQUIDATION
AVAILABLE FOR BENEFITS**

Period Ended August 3, 2022 and Year Ended March 31, 2022

	August 3, 2022	March 31, 2022
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income (Notes 4 and 10)		
Interest and dividends	\$ 1,938	\$ 9,963
Contributions:		
Plan Sponsor's contributions	373,461	-
Total additions	375,399	9,963
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Distributions paid to participants	10,078,275	3,041,038
Administrative expenses (Note 6)	98,977	164,974
Total deductions	10,177,252	3,206,012
Net decrease increase	(9,801,853)	(3,196,049)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	9,801,853	12,997,902
End of year	\$ -	\$ 9,801,853

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

TMEIC CORPORATION CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

August 3, 2022

Note 1. Description of Plan

The following description of the TMEIC Corporation Cash Balance Pension Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General

The Plan is a cash balance defined benefit plan covering substantially all employees of TMEIC Corporation (the “Plan Sponsor”) as defined in the Plan document. The Plan became effective on July 1, 2003, and has been amended and restated effective April 1, 2015. Prior to Plan termination, employees commenced participation in the Plan as of the next April 1st following the date of hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan is administered by the Cash Balance Pension Plan Committee (the “Committee”). The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan’s investment offerings and monitors investment performance.

Effective November 9, 2020, the Board approved the freezing and terminating of the Plan effective March 31, 2021. See Note 7 for discussion of Plan termination.

Investment of trust funds

Prior to Plan termination, Plan Sponsor contributions were made to funds held in trust (the “Fund”) by Wells Fargo Bank, N.A., the Trustee of the Plan. Assets of the Fund were invested by the Trustee in a diversified portfolio of investments, as directed by the Committee.

Participant accounts

A separate Cash Balance Account was established for each participant that accumulated service credits and interest credits. A participant’s cash balance account shall cease to be maintained as of the participant’s benefit commencement date. Prior to Plan termination, a participant’s cash balance account was credited as of the last day of each calendar quarter with an amount equal to 3% of the participant’s compensation for the quarter. Participants active on July 1, 2003, also received an additional transition credit that began on July 1, 2003, and ended on July 1, 2006, equal to a percentage of his or her compensation for the calendar quarter, determined in accordance with the following schedule:

<u>Age at last birthday</u>	<u>Service credit as a percentage of compensation for the calendar quarter</u>
40 - 44	1.0%
45 - 49	2.5%
50 - 54	4.5%
55 - 59	7.0%
60 or over	10.0%

(Continued)

TMEIC CORPORATION CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

August 3, 2022

Note 1. Description of Plan (Continued)

Participant accounts (Continued)

As of the last day of each calendar quarter beginning on and after the effective date, but prior to the crediting of service credits for such Plan year, each participant's cash balance account shall be credited with an amount equal to interest at the annual rate of interest on 10-year Treasury Constant Maturities published by the Federal Reserve for the last day of the preceding calendar quarter. Effective March 31, 2021, the interest crediting rate is 1.95%, which is based upon the 5 year average of 10-year Treasury rates prior to the Plan termination. This is a result of the Plan termination regulations as described within the Fifth Amendment to the Plan dated January 20, 2021.

Quarterly service credits and interest credits thereon were conditional until the end of the Plan year. The service credits and interest credits became unconditionally applied at the end of the Plan year provided that the participant completed 1,000 hours of service. They would also become unconditional if the participant terminates service during the Plan as a result of death, disability, or retirement. Upon plan termination, quarterly service credits ceased.

Vesting

Prior to Plan termination, participants were 100% vested in all contributions at the earlier of a participant's attainment of age 65 while an employee, the completion of three years of service, or death while employed by the Plan Sponsor. Prior to three years of service, participants were -0-% vested in their account balance.

Upon Plan termination, all participants with accrued benefits on the termination date are fully vested in their accrued benefits.

Benefit payments

Benefits are determined based on the balance in the participant's cash balance account. Prior to Plan termination, Plan benefits were generally payable to a participant by life annuity, joint and survivor annuity, or lump sum distribution, no later than the first day of the following quarter next following the end of the Plan year in which one of the following events occur: date such participant terminates employment with the Plan Sponsor, attains age 60 and completes 10 years of service, or the participant's normal retirement date. Plan benefits are computed using the unit credit actuarial cost method. If a participant dies prior to distribution of the participant's cash balance account, a death benefit equal to the value of the participant's cash account balance will be paid to the participant's beneficiary. Certain circumstances may limit benefit payments. No benefit payments were limited during fiscal period April 1, 2022 to August 3, 2022 or the Plan year ended March 31, 2022.

Administrative expenses

The Plan's administrative expenses, which include primarily custodial, investment management, and professional fees for services provided by parties-in-interest are paid by the Plan, as provided in the Plan agreement. The Plan also pays actuarial fees to the Plan's actuary.

(Continued)

TMEIC CORPORATION CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

August 3, 2022

Note 2. Summary of Significant Accounting Policies

Basis of accounting

The Plan's financial statements are prepared on the accrual basis of accounting. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting used to determine the amounts at which investments are stated, from an ongoing Plan basis to the liquidation basis for periods after March 31, 2020. See Note 7 for discussion of Plan termination.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires the Plan's Administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results may differ from those estimates.

Investment valuation and income recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 10 for discussion of fair value measurements.

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

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

Payment of benefits

Benefit payments to participants are recorded upon distribution.

Subsequent events

The Plan has evaluated subsequent events through April 14, 2023 which is the date the financial statements were available to be issued.

(Continued)

TMEIC CORPORATION CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

August 3, 2022

Note 3. Funding Policy

Prior to Plan termination, contributions to provide benefits under the Plan were made by the Plan Sponsor. The Plan Sponsor's funding policy was to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. Due to Plan termination effective March 31, 2021, there were no minimum funding requirements of ERISA for the year ended March 31, 2022.

Upon Plan termination, the Plan Sponsor's funding policy was to make cash contributions to the Plan in amounts needed to cover distributions to participants.

Note 4. Certified Financial Information

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Certain information was certified as complete and accurate by the Plan's Trustee. That information is as follows:

- Investment assets
- Investment transactions
- Investment income
- Schedule H, Line 4j – Schedule of Reportable Transactions

Note 5. Accumulated Plan Benefits

Accumulated plan benefits are those future benefit payments, including lump-sum distributions, which are attributable under the Plan's provisions to services rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by an independent actuary, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The effect of Plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

As disclosed in Note 1, the Board of Directors terminated the Plan effective March 31, 2021. All payments on behalf of participants and other payments required to complete the termination of the plan were completed on August 3, 2022.

(Continued)

TMEIC CORPORATION CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

August 3, 2022

Note 5. Accumulated Plan Benefits (Continued)

The actuarial present value of accumulated plan benefits as of the most recent valuation is as follows:

	<u>August 3, 2022</u>	<u>March 31, 2022</u>
Vested benefits:		
Participants currently receiving benefits	\$ -	\$ 551,237
Terminated participants	-	1,035,757
Active participants	-	8,443,327
	<hr/>	<hr/>
Total vested benefits	-	10,030,321
Non-vested benefits	-	-
	<hr/>	<hr/>
Total actuarial present value of accumulated plan benefits	<u>\$ -</u>	<u>\$ 10,030,321</u>

The changes in the actuarial present value of the Plan's accumulated plan benefits are as follows:

	<u>August 3, 2022</u>	<u>March 31, 2022</u>
Actuarial present value of accumulated plan benefits, beginning of year	<u>\$ 10,030,321</u>	<u>\$ 13,107,793</u>
Increase (decrease) during the year attributable to:		
Benefits accumulated, including (gain) loss	47,954	(136,257)
Interest due to decrease in discount period	-	83,462
Assumption changes	-	164,502
Benefits and expenses paid	(10,078,275)	(3,189,179)
Plan amendments	-	-
	<hr/>	<hr/>
Net increase (decrease)	<u>(10,030,321)</u>	<u>(3,077,472)</u>
Actuarial present value of accumulated plan benefits, end of year	<u>\$ -</u>	<u>\$ 10,030,321</u>

(Continued)

TMEIC CORPORATION CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

August 3, 2022

Note 5. Accumulated Plan Benefits (Continued)

The significant actuarial assumptions used in the March 31, 2022, valuation are as follows:

Actuarial Cost Method	Projected Unit Credit Cost Method
Weighted Average Discount Rate	2022 – 0.49%
Mortality Basis: Active, disabled, and retired lives	2022 – Pri-2012 Mortality Tables with white collar adjustment and generational projection using Scale MP-2021.
Lump Sum Discount Rate	2022 – 0.00%
Annuity Discount Rate	2022 – 2.85% - 3.40%
Salary Increases	Not applicable due to plan termination
Termination of Employment	2022 – No longer applicable due to imminent plan termination.
Retirement Rates	2022 – No longer applicable due to imminent plan termination.

The computations of the actuarial present value of accumulated Plan benefits were made as of March 31, 2022. The vested benefits for terminated participants as of March 31, 2022 were paid out by August 3, 2022.

Note 6. Party-in-Interest Transactions

The Plan's investments in the Wells Fargo Collective Trust Funds are invested in funds managed by Wells Fargo Bank, N.A., the Trustee, and therefore, these transactions qualify as party-in-interest transactions. Fees paid to Wells Fargo by the Plan for trustee and asset management service fees were \$-0- and \$31,522 for the period April 1, 2022 to August 3, 2022 and the years ended March 31, 2022, respectively.

In addition, as described in Note 1, the Plan paid certain expenses related to Plan operations and professional services to various service providers and, therefore, these transactions qualify as party-in-interest transactions. During the period April 1, 2022 to August 3, 2022 and the Plan year ended March 31, 2022, the Plan paid \$83,807 and \$115,451 for actuarial services, respectively. During the period April 1, 2022 to August 3, 2022 and the Plan year ended March 31, 2022, the Plan paid \$9,000 and \$18,000 for investment advisory and consulting services, respectively.

(Continued)

TMEIC CORPORATION CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

August 3, 2022

Note 7. Plan Termination

Effective November 9, 2020, the Board approved to freeze and terminate the Plan effective March 31, 2021. The conditions of the freeze and termination of the Plan include the cessation of all benefit accruals as of the termination date (with the exception of the interest credits) and no new participants are permitted to enter the Plan on or after the termination date. All participants with accrued benefits on the termination date will be fully vested in their accrued benefits as of the termination date. All payments on behalf of participants and other payments required to complete the termination of the Plan were completed on August 3, 2022.

Note 8. Income Tax Status

The Plan obtained its latest determination letter dated February 3, 2022, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the *Internal Revenue Code*. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the *Internal Revenue Code*.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of August 3, 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9. Risks and Uncertainties

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 10. Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with those of other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

(Continued)

TMEIC CORPORATION CASH BALANCE PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

August 3, 2022

Note 10. Fair Value Measurements (Continued)

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of observable inputs other than quoted prices for identical assets; and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or Level 2 inputs are not available.

	Fair Value Measurements at Reporting Date Using:	
<u>March 31, 2022</u>	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)
Cash and cash equivalents	\$ 9,801,853	\$ 9,801,853
Investments at fair value	\$ 9,801,853	\$ 9,801,853

Level 1 Fair Value Measurements

Cash equivalents are investments in mutual funds. The fair values of mutual funds are based on quoted net asset values of the shares held by the Plan at year end.

SUPPLEMENTAL INFORMATION

TMEIC CORPORATION CASH BALANCE PENSION PLAN
(EIN: 31-1723263) (Plan: 002)

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Period Ended August 3, 2022

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
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See attached report

Reportable transactions include transactions that exceed 5% of the fair value of Plan assets at the beginning of the year.

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE
FOR THE PERIOD APRIL 1, 2022 THROUGH SEPTEMBER 30, 2022

TMEIC CASH BALANCE PENS PL
ACCOUNT NUMBER 3440001718

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
	BEGINNING MARKET VALUE		9,801,852.73			
	COMPARATIVE VALUE (5%)		490,092.64			
	-----		-----			
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1						
04/05/22 S	1,374,742	1.000	0	1,374,742 *	1,374,742	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1						
04/12/22 S	1,800,477	1.000	0	1,800,477 *	1,800,477	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1						
04/14/22 S	2,618,927	1.000	0	2,618,927 *	2,618,927	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1						
04/20/22 S	687,006	1.000	0	687,006 *	687,006	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1						
04/25/22 S	1,121,938	1.000	0	1,121,938 *	1,121,938	0
GRAND TOTAL			0	7,603,090	7,603,090	0

FOOTNOTES

- * = SINGLE TRANSACTION IS 5% REPORTABLE
- B = BUY TRANSACTION
- S = SELL TRANSACTION
- R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SINGLE / BY BROKER
FOR THE PERIOD APRIL 1, 2022 THROUGH SEPTEMBER 30, 2022

TMEIC CASH BALANCE PENS PL
ACCOUNT NUMBER 3440001718

SINGLE / BY BROKER						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
	BEGINNING MARKET VALUE		9,801,852.73			
	COMPARATIVE VALUE (5%)		490,092.64			
	-----		-----			

*** NO TRANSACTIONS QUALIFIED ***

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD APRIL 1, 2022 THROUGH SEPTEMBER 30, 2022

TMEIC CASH BALANCE PENS PL
ACCOUNT NUMBER 3440001718

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
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BEGINNING MARKET VALUE 9,801,852.73
 COMPARATIVE VALUE (5%) 490,092.64

ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1

04/05/22 B	36,023	1.000	0	36,023-	36,023	
04/08/22 B	9,302	1.000	0	9,302-	9,302	
05/16/22 B	240,904	1.000	0	240,904-	240,904	
05/24/22 B	61,884	1.000	0	61,884-	61,884	
05/31/22 B	54,736	1.000	0	54,736-	54,736	
05/31/22 B	59,460	1.000	0	59,460-	59,460	
06/02/22 B	21,469	1.000	0	21,469-	21,469	
06/06/22 B	3,454	1.000	0	3,454-	3,454	
06/07/22 B	88,459	1.000	0	88,459-	88,459	
06/16/22 B	5,365	1.000	0	5,365-	5,365	
06/28/22 B	12,399	1.000	0	12,399-	12,399	
07/05/22 B	376	1.000	0	376-	376	
07/08/22 B	36,827	1.000	0	36,827-	36,827	
07/11/22 B	58,360	1.000	0	58,360-	58,360	
SUB-TOTAL OF BUYS # 14			0	689,018	689,018	
04/01/22 S	8,616	1.000	0	8,616	8,616	0
04/04/22 S	3,633	1.000	0	3,633	3,633	0
04/05/22 S	1,374,742	1.000	0	1,374,742 *	1,374,742	0
04/12/22 S	1,800,477	1.000	0	1,800,477 *	1,800,477	0
04/14/22 S	2,618,927	1.000	0	2,618,927 *	2,618,927	0
04/14/22 S	56,533	1.000	0	56,533	56,533	0
04/18/22 S	310,804	1.000	0	310,804	310,804	0
04/18/22 S	4,500	1.000	0	4,500	4,500	0
04/19/22 S	268,253	1.000	0	268,253	268,253	0
04/20/22 S	687,006	1.000	0	687,006 *	687,006	0
04/21/22 S	329,271	1.000	0	329,271	329,271	0
04/25/22 S	1,121,938	1.000	0	1,121,938 *	1,121,938	0
04/26/22 S	438,098	1.000	0	438,098	438,098	0
04/28/22 S	90,617	1.000	0	90,617	90,617	0
04/29/22 S	123,228	1.000	0	123,228	123,228	0
05/02/22 S	4,212	1.000	0	4,212	4,212	0
05/03/22 S	8,953	1.000	0	8,953	8,953	0
05/04/22 S	116,304	1.000	0	116,304	116,304	0

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
 FOR THE PERIOD APRIL 1, 2022 THROUGH SEPTEMBER 30, 2022

TMEIC CASH BALANCE PENS PL
 ACCOUNT NUMBER 3440001718

SERIES / BY ISSUE						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
05/17/22 S	240,904	1.000	0	240,904	240,904	0
05/25/22 S	71,186	1.000	0	71,186	71,186	0
06/01/22 S	58,948	1.000	0	58,948	58,948	0
06/02/22 S	59,150	1.000	0	59,150	59,150	0
06/02/22 S	3,636	1.000	0	3,636	3,636	0
06/07/22 S	3,454	1.000	0	3,454	3,454	0
06/08/22 S	83,295	1.000	0	83,295	83,295	0
06/09/22 S	5,165	1.000	0	5,165	5,165	0
06/15/22 S	16,361	1.000	0	16,361	16,361	0
06/21/22 S	5,365	1.000	0	5,365	5,365	0
06/23/22 S	14,221	1.000	0	14,221	14,221	0
06/27/22 S	453,240	1.000	0	453,240	453,240	0
07/01/22 S	4,212	1.000	0	4,212	4,212	0
07/08/22 S	8,563	1.000	0	8,563	8,563	0
07/13/22 S	26,834	1.000	0	26,834	26,834	0
07/18/22 S	13,918	1.000	0	13,918	13,918	0
07/19/22 S	52,995	1.000	0	52,995	52,995	0
07/26/22 S	1,440	1.000	0	1,440	1,440	0
SUB-TOTAL OF SALES # 36			0	10,488,999	10,488,999	0
SUB-TOTAL			0	11,178,017	11,178,017	0
GRAND TOTAL			0	11,178,017	11,178,017	0

FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE
 B = BUY TRANSACTION
 S = SELL TRANSACTION
 R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SERIES / BY BROKER
FOR THE PERIOD APRIL 1, 2022 THROUGH SEPTEMBER 30, 2022

TMEIC CASH BALANCE PENS PL
ACCOUNT NUMBER 3440001718

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	SERIES / BY BROKER UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
	BEGINNING MARKET VALUE		9,801,852.73			
	COMPARATIVE VALUE (5%)		490,092.64			

*** NO TRANSACTIONS QUALIFIED ***

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2022</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 08/03/2022

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

<p>1a Name of plan TMEIC CORPORATION CASH BALANCE PENSION PLAN</p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p>
<p>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)</p> <p>TMEIC CORPORATION AMERICAS</p> <p>2060 COOK DRIVE</p> <p>SALEM VA 24153</p>	<p>1c Effective date of plan <u>07/01/2003</u></p> <p>2b Employer Identification Number (EIN) <u>31-1723263</u></p> <p>2c Plan Sponsor's telephone number <u>540-283-2073</u></p> <p>2d Business code (see instructions) <u>541330</u></p>

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	<p>DocuSigned by: <i>Hubert Mensah</i> D0B42B4C7FB84B6...</p>	5/10/2023 11:23 AM PDT	HUBERT MENSAH
	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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																		
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">279</td> </tr> </table>	5	279																
5	279																		
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">222</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: center;">6c</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: center;">6e</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: center;">6g</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6h</td> <td style="text-align: center;">7</td> <td style="text-align: right;">0</td> </tr> </table>				6a(1)	6a(2)	222	6b	6c	0	6d	6e	0	6f	6g	0	6h	7	0
6a(1)	6a(2)	222																	
6b	6c	0																	
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6f	6g	0																	
6h	7	0																	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="width:90%;"></td> </tr> </table>	7																	
7																			
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 1I 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:																			
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 _____

REPORTABLE TRANSACTIONS - SINGLE / BY ISSUE
FOR THE PERIOD APRIL 1, 2022 THROUGH SEPTEMBER 30, 2022

TMEIC CASH BALANCE PENS PL
ACCOUNT NUMBER 3440001718

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
	BEGINNING MARKET VALUE		9,801,852.73			
	COMPARATIVE VALUE (5%)		490,092.64			
	-----		-----			
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1						
04/05/22 S	1,374,742	1.000	0	1,374,742 *	1,374,742	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1						
04/12/22 S	1,800,477	1.000	0	1,800,477 *	1,800,477	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1						
04/14/22 S	2,618,927	1.000	0	2,618,927 *	2,618,927	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1						
04/20/22 S	687,006	1.000	0	687,006 *	687,006	0
ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1						
04/25/22 S	1,121,938	1.000	0	1,121,938 *	1,121,938	0
GRAND TOTAL			0	7,603,090	7,603,090	0

FOOTNOTES

- * = SINGLE TRANSACTION IS 5% REPORTABLE
- B = BUY TRANSACTION
- S = SELL TRANSACTION
- R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SINGLE / BY BROKER
FOR THE PERIOD APRIL 1, 2022 THROUGH SEPTEMBER 30, 2022

TMEIC CASH BALANCE PENS PL
ACCOUNT NUMBER 3440001718

SINGLE / BY BROKER						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
	BEGINNING MARKET VALUE		9,801,852.73			
	COMPARATIVE VALUE (5%) -----		490,092.64 -----			

*** NO TRANSACTIONS QUALIFIED ***

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD APRIL 1, 2022 THROUGH SEPTEMBER 30, 2022

TMEIC CASH BALANCE PENS PL
ACCOUNT NUMBER 3440001718

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
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BEGINNING MARKET VALUE	9,801,852.73
COMPARATIVE VALUE (5%)	490,092.64

ISSUE: PF9980004 - WF/BLKRCK SHORT-TERM INVT FUND S1

04/05/22 B	36,023	1.000	0	36,023-	36,023	
04/08/22 B	9,302	1.000	0	9,302-	9,302	
05/16/22 B	240,904	1.000	0	240,904-	240,904	
05/24/22 B	61,884	1.000	0	61,884-	61,884	
05/31/22 B	54,736	1.000	0	54,736-	54,736	
05/31/22 B	59,460	1.000	0	59,460-	59,460	
06/02/22 B	21,469	1.000	0	21,469-	21,469	
06/06/22 B	3,454	1.000	0	3,454-	3,454	
06/07/22 B	88,459	1.000	0	88,459-	88,459	
06/16/22 B	5,365	1.000	0	5,365-	5,365	
06/28/22 B	12,399	1.000	0	12,399-	12,399	
07/05/22 B	376	1.000	0	376-	376	
07/08/22 B	36,827	1.000	0	36,827-	36,827	
07/11/22 B	58,360	1.000	0	58,360-	58,360	
SUB-TOTAL OF BUYS # 14			0	689,018	689,018	
04/01/22 S	8,616	1.000	0	8,616	8,616	0
04/04/22 S	3,633	1.000	0	3,633	3,633	0
04/05/22 S	1,374,742	1.000	0	1,374,742 *	1,374,742	0
04/12/22 S	1,800,477	1.000	0	1,800,477 *	1,800,477	0
04/14/22 S	2,618,927	1.000	0	2,618,927 *	2,618,927	0
04/14/22 S	56,533	1.000	0	56,533	56,533	0
04/18/22 S	310,804	1.000	0	310,804	310,804	0
04/18/22 S	4,500	1.000	0	4,500	4,500	0
04/19/22 S	268,253	1.000	0	268,253	268,253	0
04/20/22 S	687,006	1.000	0	687,006 *	687,006	0
04/21/22 S	329,271	1.000	0	329,271	329,271	0
04/25/22 S	1,121,938	1.000	0	1,121,938 *	1,121,938	0
04/26/22 S	438,098	1.000	0	438,098	438,098	0
04/28/22 S	90,617	1.000	0	90,617	90,617	0
04/29/22 S	123,228	1.000	0	123,228	123,228	0
05/02/22 S	4,212	1.000	0	4,212	4,212	0
05/03/22 S	8,953	1.000	0	8,953	8,953	0
05/04/22 S	116,304	1.000	0	116,304	116,304	0

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD APRIL 1, 2022 THROUGH SEPTEMBER 30, 2022

TMEIC CASH BALANCE PENS PL
ACCOUNT NUMBER 3440001718

SERIES / BY ISSUE						
DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
05/17/22 S	240,904	1.000	0	240,904	240,904	0
05/25/22 S	71,186	1.000	0	71,186	71,186	0
06/01/22 S	58,948	1.000	0	58,948	58,948	0
06/02/22 S	59,150	1.000	0	59,150	59,150	0
06/02/22 S	3,636	1.000	0	3,636	3,636	0
06/07/22 S	3,454	1.000	0	3,454	3,454	0
06/08/22 S	83,295	1.000	0	83,295	83,295	0
06/09/22 S	5,165	1.000	0	5,165	5,165	0
06/15/22 S	16,361	1.000	0	16,361	16,361	0
06/21/22 S	5,365	1.000	0	5,365	5,365	0
06/23/22 S	14,221	1.000	0	14,221	14,221	0
06/27/22 S	453,240	1.000	0	453,240	453,240	0
07/01/22 S	4,212	1.000	0	4,212	4,212	0
07/08/22 S	8,563	1.000	0	8,563	8,563	0
07/13/22 S	26,834	1.000	0	26,834	26,834	0
07/18/22 S	13,918	1.000	0	13,918	13,918	0
07/19/22 S	52,995	1.000	0	52,995	52,995	0
07/26/22 S	1,440	1.000	0	1,440	1,440	0
SUB-TOTAL OF SALES # 36			0	10,488,999	10,488,999	0
SUB-TOTAL			0	11,178,017	11,178,017	0
GRAND TOTAL			0	11,178,017	11,178,017	0

FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE
 B = BUY TRANSACTION
 S = SELL TRANSACTION
 R = REINVESTMENT TRANSACTION

REPORTABLE TRANSACTIONS - SERIES / BY BROKER
FOR THE PERIOD APRIL 1, 2022 THROUGH SEPTEMBER 30, 2022

TMEIC CASH BALANCE PENS PL
ACCOUNT NUMBER 3440001718

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	SERIES / BY BROKER UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	TRANSACTION COST -----	REALIZED GAIN/LOSS -----
	BEGINNING MARKET VALUE		9,801,852.73			
	COMPARATIVE VALUE (5%) -----		490,092.64 -----			

*** NO TRANSACTIONS QUALIFIED ***