

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                    |                                          |            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|
| <b>Part II Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                             |                                          |            |
| <b>1a</b> Name of plan<br><u>BLAUER MANUFACTURING CO., INC. 401K RETIREMENT PLAN</u>                                                                                                                                                                                                                                                                               | <b>1b</b> Three-digit plan number (PN) ▶ | <u>002</u> |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>BLAUER MANUFACTURING CO., INC.</u><br><br><u>20 ABERDEEN STREET</u><br><u>BOSTON, MA 02215</u> |                                          |            |
| <b>1c</b> Effective date of plan<br><u>01/01/1995</u>                                                                                                                                                                                                                                                                                                              |                                          |            |
| <b>2b</b> Employer Identification Number (EIN)<br><u>04-1094570</u>                                                                                                                                                                                                                                                                                                |                                          |            |
| <b>2c</b> Plan Sponsor's telephone number<br><u>617-536-6606</u>                                                                                                                                                                                                                                                                                                   |                                          |            |
| <b>2d</b> Business code (see instructions)<br><u>339900</u>                                                                                                                                                                                                                                                                                                        |                                          |            |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 09/21/2023 | MARJORIE MATHIEU                                             |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 09/21/2023 | TIMOTHY J COAKLEY III                                        |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                        |                                                                                       |                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                               |                                                                                       | <b>3b</b> Administrator's EIN                                                                                  |
|                                                                                                                                                                                                                                                                                        |                                                                                       | <b>3c</b> Administrator's telephone number                                                                     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name |                                                                                       | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                              |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                |                                                                                       | <div style="display: flex; justify-content: space-between;"> <span><b>5</b></span> <span>429</span> </div>     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                       |                                                                                       |                                                                                                                |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                |                                                                                       | <div style="display: flex; justify-content: space-between;"> <span><b>6a(1)</b></span> <span>265</span> </div> |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                      |                                                                                       | <div style="display: flex; justify-content: space-between;"> <span><b>6a(2)</b></span> <span>281</span> </div> |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                    |                                                                                       | <div style="display: flex; justify-content: space-between;"> <span><b>6b</b></span> <span>3</span> </div>      |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                      |                                                                                       | <div style="display: flex; justify-content: space-between;"> <span><b>6c</b></span> <span>150</span> </div>    |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                            |                                                                                       | <div style="display: flex; justify-content: space-between;"> <span><b>6d</b></span> <span>434</span> </div>    |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                             |                                                                                       | <div style="display: flex; justify-content: space-between;"> <span><b>6e</b></span> <span>0</span> </div>      |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                |                                                                                       | <div style="display: flex; justify-content: space-between;"> <span><b>6f</b></span> <span>434</span> </div>    |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                         |                                                                                       | <div style="display: flex; justify-content: space-between;"> <span><b>6g</b></span> <span>330</span> </div>    |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                              |                                                                                       | <div style="display: flex; justify-content: space-between;"> <span><b>6h</b></span> <span>13</span> </div>     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                   |                                                                                       | <div style="display: flex; justify-content: space-between;"> <span><b>7</b></span> </div>                      |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2H 2J 2K 2T 3D                                                                                                   |                                                                                       |                                                                                                                |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                            |                                                                                       |                                                                                                                |
| <b>9a</b> Plan funding arrangement (check all that apply)                                                                                                                                                                                                                              | <b>9b</b> Plan benefit arrangement (check all that apply)                             |                                                                                                                |
| (1) <input checked="" type="checkbox"/> Insurance                                                                                                                                                                                                                                      | (1) <input checked="" type="checkbox"/> Insurance                                     |                                                                                                                |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts                                                                                                                                                                                                                | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts               |                                                                                                                |
| (3) <input checked="" type="checkbox"/> Trust                                                                                                                                                                                                                                          | (3) <input checked="" type="checkbox"/> Trust                                         |                                                                                                                |
| (4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                             | (4) <input type="checkbox"/> General assets of the sponsor                            |                                                                                                                |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                      |                                                                                       |                                                                                                                |
| <b>a Pension Schedules</b>                                                                                                                                                                                                                                                             |                                                                                       | <b>b General Schedules</b>                                                                                     |
| (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)                                                                                                                                                                                                         | (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)              |                                                                                                                |
| (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary                                                                                                                         | (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)            |                                                                                                                |
| (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                       | (3) <input checked="" type="checkbox"/> <b>1</b> <b>A</b> (Insurance Information)     |                                                                                                                |
|                                                                                                                                                                                                                                                                                        | (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)       |                                                                                                                |
|                                                                                                                                                                                                                                                                                        | (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) |                                                                                                                |
|                                                                                                                                                                                                                                                                                        | (6) <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |     |
| A Name of plan<br>BLAUER MANUFACTURING CO., INC. 401K RETIREMENT PLAN                      | B Three-digit plan number (PN) ▶                     | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BLAUER MANUFACTURING CO., INC.   | D Employer Identification Number (EIN)<br>04-1094570 |     |

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

|                         |
|-------------------------|
| 1 Coverage Information: |
|-------------------------|

|                                                                          |
|--------------------------------------------------------------------------|
| (a) Name of insurance carrier<br>JOHN HANCOCK LIFE INSURANCE COMPANY USA |
|--------------------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 01-0233346 | 65838         | 63319                                 | 248                                                                         | 01/01/2022              | 12/31/2022 |

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

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0                                    | 0                             |

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

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

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

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

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

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

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

|          |                                                                                              |          |          |
|----------|----------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end..... | <b>4</b> | 219533   |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....   | <b>5</b> | 17022597 |

**6 Contracts With Allocated Funds:****a** State the basis of premium rates ▶

|          |                                                                                                                                                                                                      |           |  |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                       | <b>6b</b> |  |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                 | <b>6c</b> |  |
| <b>d</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY**

|          |                                               |           |        |
|----------|-----------------------------------------------|-----------|--------|
| <b>b</b> | Balance at the end of the previous year ..... | <b>7b</b> | 281571 |
|----------|-----------------------------------------------|-----------|--------|

|          |                                                              |              |       |  |
|----------|--------------------------------------------------------------|--------------|-------|--|
| <b>c</b> | Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 61329 |  |
|          | (2) Dividends and credits .....                              | <b>7c(2)</b> |       |  |
|          | (3) Interest credited during the year .....                  | <b>7c(3)</b> | 3481  |  |
|          | (4) Transferred from separate account .....                  | <b>7c(4)</b> | 31478 |  |
|          | (5) Other (specify below) .....                              | <b>7c(5)</b> | 11466 |  |

▶ **MARKET VALUE ADJ, LOAN REPAYMENTS**

|                           |              |        |
|---------------------------|--------------|--------|
| (6) Total additions ..... | <b>7c(6)</b> | 107754 |
|---------------------------|--------------|--------|

|          |                                                                              |           |        |
|----------|------------------------------------------------------------------------------|-----------|--------|
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 389325 |
|----------|------------------------------------------------------------------------------|-----------|--------|

**e Deductions:**

|                                                                                 |              |        |
|---------------------------------------------------------------------------------|--------------|--------|
| (1) Disbursed from fund to pay benefits or purchase annuities during year ..... | <b>7e(1)</b> | 153666 |
| (2) Administration charge made by carrier .....                                 | <b>7e(2)</b> | 771    |
| (3) Transferred to separate account .....                                       | <b>7e(3)</b> |        |
| (4) Other (specify below) .....                                                 | <b>7e(4)</b> | 11231  |

▶ **PARTICIPANT LOANS, RIA INVESTMENT ADVISORY FEES, MARKET VALUE ADJ**

|                            |              |        |
|----------------------------|--------------|--------|
| (5) Total deductions ..... | <b>7e(5)</b> | 165668 |
|----------------------------|--------------|--------|

|          |                                                                                                |           |        |
|----------|------------------------------------------------------------------------------------------------|-----------|--------|
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 223657 |
|----------|------------------------------------------------------------------------------------------------|-----------|--------|

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |     |
| A Name of plan<br>BLAUER MANUFACTURING CO., INC. 401K RETIREMENT PLAN                      | B Three-digit plan number (PN) ▶                     | 002 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BLAUER MANUFACTURING CO., INC.   | D Employer Identification Number (EIN)<br>04-1094570 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CHARLES SCHWAB

94-1737782

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 28 33 71            | NONE                                                                                              | 32629                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

| (b)<br>Service Code(s)  | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 28 59 60 62 63 67 68 | NONE                                                                                              | 1348                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

|                                                                                                               |                                                                    |            |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>BLAUER MANUFACTURING CO., INC. 401K RETIREMENT PLAN</b>                           | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>002</b> |
|                                                                                                               |                                                                    |            |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><b>BLAUER MANUFACTURING CO., INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>04-1094570</b> |            |

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

|                                                                                              |                               |                                                                                                     |                |  |
|----------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|----------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AMERICAN FUNDS 2065 TD</b>                 |                               |                                                                                                     |                |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                     |                |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>2303</b>    |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AMERICAN FUNDS 2060 TD</b>                 |                               |                                                                                                     |                |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                     |                |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>25304</b>   |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AMERICAN FUNDS 2055 TD</b>                 |                               |                                                                                                     |                |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                     |                |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>19720</b>   |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AMERICAN FUNDS 2050 TD</b>                 |                               |                                                                                                     |                |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                     |                |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>34424</b>   |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AMERICAN FUNDS 2045 TD</b>                 |                               |                                                                                                     |                |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                     |                |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>3237580</b> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AMERICAN FUNDS 2040 TD</b>                 |                               |                                                                                                     |                |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                     |                |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>68270</b>   |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>AMERICAN FUNDS 2035 TD</b>                 |                               |                                                                                                     |                |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK LIFE INSURANCE COMPANY</b> |                               |                                                                                                     |                |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                                        | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <b>2773045</b> |  |

|                                                                                       |                        |                                                                                                             |
|---------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2030 TD                 |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 173880  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2025 TD                 |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89804   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2020 TD                 |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 173245  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS 2010 TD                 |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 590410  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW WORLD FUND          |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 97156   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DFA INTERNATIONAL VALUE                |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 151670  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DFA US TARGETED VALUE FUND             |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 253712  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TIAA-CREF SMALL-CAP BLEND IDX          |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 362176  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD EXPLORER FUND                 |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 349357  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND                         |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2642081 |

|                                                                                       |                        |                                                                                                             |
|---------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND                  |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1500830 |

|                                                                                       |                        |                                                                                                          |
|---------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND                 |                        |                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                          |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3438 |

|                                                                                       |                        |                                                                                                            |
|---------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO OPP INTL GROWTH FUND           |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 293734 |

|                                                                                       |                        |                                                                                                             |
|---------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK DISCIPLINED VALUE         |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1607332 |

|                                                                                       |                        |                                                                                                          |
|---------------------------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AB GLOBAL BOND FUND                    |                        |                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                          |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7378 |

|                                                                                       |                        |                                                                                                            |
|---------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DFA INFLATION-PROTECTED SEC            |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 321276 |

|                                                                                       |                        |                                                                                                           |
|---------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED HIGH YIELD BOND              |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88992 |

|                                                                                       |                        |                                                                                                            |
|---------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PGIM TOTAL RETURN BOND FUND            |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 433027 |

|                                                                                       |                        |                                                                                                             |
|---------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET FUND                      |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1080180 |

|                                                                                       |                        |                                                                                                            |
|---------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SHORT-TERM FEDERAL            |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE COMPANY |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 642267 |

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                |                                                                                           |                                                                    |            |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b>   | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |                                                                    |            |  |  |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                                |                                                                                           |                                                                    |            |  |  |
| <b>A</b> Name of plan<br><u>BLAUER MANUFACTURING CO., INC. 401K RETIREMENT PLAN</u>                                                                                                                                                                                      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>B</b> Three-digit plan number (PN) ►</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table> |                                                                                           | <b>B</b> Three-digit plan number (PN) ►                            | <u>002</u> |  |  |
| <b>B</b> Three-digit plan number (PN) ►                                                                                                                                                                                                                                  | <u>002</u>                                                                                                                                                                                                                                                                     |                                                                                           |                                                                    |            |  |  |
|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                |                                                                                           |                                                                    |            |  |  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>BLAUER MANUFACTURING CO., INC.</u>                                                                                                                                                                   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>D</b> Employer Identification Number (EIN)<br/><u>04-1094570</u></td> <td style="width: 20%;"></td> </tr> </table>                                                          |                                                                                           | <b>D</b> Employer Identification Number (EIN)<br><u>04-1094570</u> |            |  |  |
| <b>D</b> Employer Identification Number (EIN)<br><u>04-1094570</u>                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                |                                                                                           |                                                                    |            |  |  |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|------------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                  |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year  |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | <b>1a</b>             |                  |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                  |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1b(1)</b>          | 264728319506     |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1b(2)</b>          |                  |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | <b>1b(3)</b>          | 8383             |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                  |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(1)</b>          | 17467158778      |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(2)</b>          |                  |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                  |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(A)</b>       |                  |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(B)</b>       |                  |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                  |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(4)(A)</b>       |                  |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(4)(B)</b>       | 56504095082189   |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | <b>1c(5)</b>          |                  |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(6)</b>          |                  |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(7)</b>          |                  |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(8)</b>          | 345174283644     |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | <b>1c(9)</b>          |                  |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(10)</b>         | 2076330717022667 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(11)</b>         |                  |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(12)</b>         |                  |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(13)</b>         |                  |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(14)</b>         | 281571223657     |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(15)</b>         |                  |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 27479943              | 22990524        |

**Liabilities**

|                                                                           |           |   |      |
|---------------------------------------------------------------------------|-----------|---|------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   | 4196 |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |      |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |      |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |      |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 4196 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 27479943 | 22986328 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 677573     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 819314     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 11761      |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1508648   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 89         |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 89        |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 162714     |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 162714    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | -500755    |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            | -500755   |

|                                                                                                 |        | (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)  |            | -3659204  |
| (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 <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -2488508  |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 1930034    |           |
| (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)  |            | 1930034   |
| 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)  | 42458      |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 32615      |           |
| (4) Other .....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 75073     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 2005107   |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -4493615  |
| 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: **PKF O'CONNOR DAVIES, LLP**

(2) EIN: **27-1728945**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>BLAUER MANUFACTURING CO., INC. 401K RETIREMENT PLAN                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 002                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BLAUER MANUFACTURING CO., INC.                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>04-1094570                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                     | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 01-0233346 04-3466344                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 3                                                                                               |
| Part II                                                                                                                                                                                                                                                                                                                                                    | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>If the plan is a defined benefit plan, go to line 8.                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                   | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                                    | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                                                                                                 |            |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | 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:                                                                                                                      |            |  |
|           | <b>a</b> 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)..... | <b>14a</b> |  |
|           | <b>b</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) .....                                                                                                | <b>14b</b> |  |
|           | <b>c</b> 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) .....                                                                                                                           | <b>14c</b> |  |
| <b>15</b> | 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:                                                                                                                                                    |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                            |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |  |
|           | <b>b</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.....                                                                                                                                                           | <b>16b</b> |  |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                            |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 ..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>19</b> | <p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p><b>a</b> Enter the percentage of plan assets held as:<br/> Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%</p> <p><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br/> <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more</p> <p><b>c</b> What duration measure was used to calculate line 19(b)?<br/> <input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____</p>                                                                                                                                                                           |
| <b>20</b> | <p><b>PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>b</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:</p> <p><input type="checkbox"/> Yes.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> No. Other. Provide explanation _____</p> |

**Blauer Manufacturing Co., Inc. 401(k) Retirement Plan**

Financial Statements

December 31, 2022 and 2021

## Independent Auditors' Report

**To the Trustees**  
**Blauer Manufacturing Co., Inc. 401(k) Retirement Plan**

### ***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit***

We have performed audits of the financial statements of Blauer Manufacturing Co., Inc. 401(k) Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements ("Financial Statements").

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 audits 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 December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the Financial Statements, is complete and accurate.

### ***Opinion***

In our opinion, based on our audits and on the procedures performed as described in the Auditors' 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.
- 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***

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

**PKF O'CONNOR DAVIES, LLP**

155 Federal Street, Suite 200, Boston, MA 02110 | Tel: 781.937.5300 | Fax: 781.937.5100 | [pkfod.com](http://pkfod.com)

PKF O'Connor Davies, LLP is a member firm of the PKF International Limited network of legally independent firms and does not accept any responsibility or liability for the actions or inactions on the part of any other individual member firm or firms.

***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.

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

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

***Auditors' 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 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the Financial Statements.

In performing an audit in accordance with GAAS, we:

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

**The Trustees**  
**Blauer Manufacturing Co., Inc. 401(k) Retirement Plan**  
Page 3

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 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 of Form 5500 – Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year), is presented for purposes of additional analysis and is not a required part of the Financial Statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the Financial Statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the Financial Statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the Financial Statements or to the Financial Statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

*PKF O'Connor Davies, LLP*

Boston, Massachusetts  
September 13, 2023

# Blauer Manufacturing Co., Inc. 401(k) Retirement Plan

## Statements of Net Assets Available for Benefits

|                                                    | December 31,         |                      |
|----------------------------------------------------|----------------------|----------------------|
|                                                    | 2022                 | 2021                 |
| <b>ASSETS</b>                                      |                      |                      |
| Investments                                        |                      |                      |
| Participant directed                               |                      |                      |
| Pooled separate investment accounts, at fair value | \$ 17,022,597        | \$ 20,763,307        |
| Guaranteed investment accounts, at contract value  | <u>223,657</u>       | <u>281,571</u>       |
|                                                    | <u>17,246,254</u>    | <u>21,044,878</u>    |
| Non-participant directed, at fair value            |                      |                      |
| Common stocks                                      | 5,050,586            | 5,650,407            |
| Money market fund                                  | 58,848               | 174,671              |
| Real estate investment trust investments           | <u>31,603</u>        | <u>-</u>             |
|                                                    | <u>5,141,037</u>     | <u>5,825,078</u>     |
| Total Investments                                  | <u>22,387,291</u>    | <u>26,869,956</u>    |
| Receivables                                        |                      |                      |
| Notes receivable from participants                 | 283,644              | 345,174              |
| Employer safe harbor matching contribution         | 69,589               | 64,813               |
| Employer non-elective contribution                 | <u>250,000</u>       | <u>200,000</u>       |
| Total Receivables                                  | <u>603,233</u>       | <u>609,987</u>       |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>           | <u>\$ 22,990,524</u> | <u>\$ 27,479,943</u> |

See notes to Financial Statements

## Blauer Manufacturing Co., Inc. 401(k) Retirement Plan

### Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2022

#### ADDITIONS

|                                                       |                    |
|-------------------------------------------------------|--------------------|
| Investment (Loss) Income                              |                    |
| Net depreciation in fair value of investments         | \$ (4,177,335)     |
| Interest and dividend income                          | 165,724            |
| Total Investment Loss                                 | <u>(4,011,611)</u> |
| Contributions                                         |                    |
| Participant deferrals                                 | 819,383            |
| Participant rollovers                                 | 11,761             |
| Employer safe harbor matching                         | 427,573            |
| Employer non-elective                                 | 250,000            |
| Total Contributions                                   | <u>1,508,717</u>   |
| Interest income on notes receivable from participants | <u>14,454</u>      |
| Total Additions, Net of Investment Loss               | <u>(2,488,440)</u> |

#### DEDUCTIONS

|                               |                    |
|-------------------------------|--------------------|
| Benefits paid to participants | 1,925,908          |
| Administrative expenses       | 75,071             |
| Total Deductions              | <u>2,000,979</u>   |
| Net Decrease                  | <u>(4,489,419)</u> |

#### NET ASSETS AVAILABLE FOR BENEFITS

|                   |                      |
|-------------------|----------------------|
| Beginning of year | <u>27,479,943</u>    |
| End of year       | <u>\$ 22,990,524</u> |

See notes to Financial Statements

## **Blauer Manufacturing Co., Inc. 401(k) Retirement Plan**

Notes to Financial Statements  
December 31, 2022 and 2021

### **1. Description of Plan**

The following description of the Blauer Manufacturing Co., Inc. 401(k) Retirement Plan (the "Plan") is provided for general information purposes only. More complete information regarding the Plan's provisions may be found in the Plan document.

#### ***General***

The Plan is a defined contribution profit sharing plan covering all employees of Blauer Manufacturing Co., Inc., and its related entity, SWM Co., Inc., (collectively referred to as the "Employer"), who have completed at least thirty days of service with the Employer and are age 21 or older, excluding union employees, non-resident aliens as defined in the Plan document and independent contractors, ("Participants"). John Hancock Life Insurance Company (U.S.A.) ("John Hancock" or the "Insurance Company") serves as the insurance company that holds the Plan's Participant directed investments. Charles Schwab & Co., Inc. ("Charles Schwab") serves as the custodian to the non-participant directed investments. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

#### ***Participant Contributions***

Participants may defer up to 80% of eligible compensation during the year up to a dollar limit established under the Internal Revenue Code (the "Code"). Participants may make pre-tax or Roth contributions to their accounts. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans ("Participant Rollovers").

#### ***Employer Contributions***

##### ***Employer Safe Harbor Matching Contributions***

Each year, the Employer will contribute an amount equal to 100% of each Participant's elective deferrals not exceeding 3% of the Participant's eligible compensation, plus an additional 50% of each Participant's elective deferrals in excess of 3% but not in excess of 5% of the Participant's eligible compensation. To be eligible for an employer safe harbor matching contribution, a Participant must have completed one year of service, (defined as 1,000 hours of service during the plan year). For the year ended December 31, 2022, the employer safe harbor matching contributions totaled \$427,573.

##### ***Employer Matching Contributions***

The Employer, at its discretion, may elect to contribute additional matching contributions as determined by its Board of Directors. To be eligible for employer matching contributions, a Participant must have completed one year of service (defined as 1,000 hours of service during the plan year). For the year ended December 31, 2022, the Employer elected not to make such matching contributions.

## Blauer Manufacturing Co., Inc. 401(k) Retirement Plan

Notes to Financial Statements  
December 31, 2022 and 2021

### 1. Description of Plan *(continued)*

#### ***Employer Contributions (continued)***

##### ***Employer Non-Elective Contribution***

The Employer, at its discretion, may elect to make a profit-sharing contribution to the Plan, subject to limitations imposed by the Code. To be eligible for an employer profit sharing contribution, a Participant must have completed one year of service (defined as 1,000 hours of service during the plan year) and be employed by the Employer on the last day of the Plan year. For the year ended December 31, 2022, the Employer elected to make a profit-sharing contribution in the amount of \$256,250 of which \$6,250 of forfeitures were used to fund the profit-sharing contribution. Profit sharing contributions are allocated to eligible Participants based on the integrated allocation method, as defined in the plan document.

#### ***Participant Accounts***

Each Participant's account is credited with the Participant's contributions, employer matching and safe harbor matching contributions, an allocation of the Employer non-elective contributions, an allocation of the Plan's investment earnings and losses, an allocation of investment fees and charged with direct loan fees. Allocations are based on Participant compensation or account balances, as defined. The benefit to which a Participant is entitled is the benefit that can be provided from the Participant's vested account.

#### ***Vesting***

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Participants are 100% vested in employer safe harbor matching contributions. Vesting for employer non-elective and employer matching contributions are based on years of continuous service with the Employer. Participants vest in accordance with the following schedule unless the Participant's termination of service is due to death, disability or early retirement, at which time the Participant is fully vested.

| <u>Years of Service</u> | <u>Vested Service</u> |
|-------------------------|-----------------------|
| 1                       | 0%                    |
| 2                       | 20%                   |
| 3                       | 40%                   |
| 4                       | 60%                   |
| 5                       | 80%                   |
| 6                       | 100%                  |

#### ***Forfeitures***

A Participant who leaves the Employer forfeits any non-vested balance after the earliest of five consecutive one-year breaks in service or the distribution of their entire vested account. Forfeitures may be used to reduce any employer contributions. At December 31, 2022 and 2021, there were \$6,317 and \$3,597 of unused forfeitures balances, respectively. For the Plan year ended December 31, 2022, the Employer used \$6,250 of forfeitures to reduce the 2022 Employer profit sharing contribution.

## **Blauer Manufacturing Co., Inc. 401(k) Retirement Plan**

Notes to Financial Statements  
December 31, 2022 and 2021

### **1. Description of Plan (*continued*)**

#### ***Withdrawals and Distributions***

Participants are entitled to their total vested account balance upon death, disability, retirement or termination of employment. A Participant may elect to receive either a lump-sum amount equal to the value of his or her accounts or substantially equal installment payments. If a Participant's vested account is less than \$1,000, the Plan administrator, after notification, may distribute the entire non-forfeited account balance to the Participant. Hardship withdrawals are permitted due to financial hardship, as defined, from a Participant's elective deferral contribution account without respect to earnings thereon. In addition, in-service withdrawals from the Participant's total vested account balances are permitted upon reaching age 60.

#### ***Notes Receivable from Participants***

Participants may borrow from their accounts a minimum of \$1,000 and a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. A Participant may only have one loan outstanding at a time. Loan terms range from one to five years (or longer for the purchase of a primary residence). Loans are secured by the vested balance in the Participant's account, bear interest at a rate of 1% over the prime interest rate and mature at various dates through August 2027. The interest rate for all outstanding loans at December 31, 2022 and December 31, 2021 ranged from 4.25% to 8.00%. Principal and interest are paid ratably through payroll deductions.

#### ***Plan Administration***

The Employer is the plan administrator and has the authority to appoint person(s) or entities to carry out the operation of the Plan. Two officers, who are also shareholders of the Employer, serve as two of the Plan's trustees. Certain operating expenses incurred in the administration of the Plan are paid by the Employer.

### **2. Summary of Significant Accounting Policies**

#### ***Basis of Accounting***

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

#### ***Use of Estimates***

The preparation of financial statements in conformity with GAAP requires Plan management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could vary from those estimates.

## Blauer Manufacturing Co., Inc. 401(k) Retirement Plan

Notes to Financial Statements  
December 31, 2022 and 2021

### 2. Summary of Significant Accounting Policies *(continued)*

#### ***Fair Value Measurement***

The Plan follows U.S. GAAP guidance on *Fair Value Measurements* which defines fair value and establishes a fair value hierarchy organized into three levels based upon the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted prices for similar assets or liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable and are used to the extent that observable inputs do not exist. The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The fair value leveling of certain investments as of December 31, 2021 have been reclassified to conform to the December 31, 2022 presentation. There have been no changes in the methodologies used at December 31, 2022 and 2021. The following is a description of the valuation methodologies used for assets measured at fair value:

*Pooled separate investment accounts:* As of December 31, 2022 and 2021, pooled separate investment accounts amounted to \$17,022,597 and \$20,763,307, respectively. The pooled separate investment accounts invest in various investment options and are valued based on the observable NAV per share of the underlying investments held. The NAV, as provided by John Hancock, is used as a practical expedient to determine fair value for these accounts. While the majority of the underlying assets' values are quoted market prices, the NAV of the pooled separate investment accounts are not publicly quoted. Each plan's share is determined on a participation-unit or variable-unit basis and represents a portion of the holdings of the fund. Pursuant to U.S. GAAP guidance, investments where fair value is measured using the NAV per share as a practical expedient is not categorized within the fair value hierarchy.

*Common stocks:* As of December 31, 2022 and 2021, common stocks amounted to \$5,050,586 and \$5,650,407, respectively and are valued at the closing price reported on the active market on which the individual securities are traded. These investments are considered to have a readily determinable fair value and are classified as Level 1.

*REIT investments:* As of December 31, 2022, REIT investments amounted to \$31,603 and are valued at the closing price reported on the active market on which the individual securities are traded. These investments are considered to have a readily determinable fair value and are classified as Level 1.

## **Blauer Manufacturing Co., Inc. 401(k) Retirement Plan**

Notes to Financial Statements  
December 31, 2022 and 2021

### **2. Summary of Significant Accounting Policies *(continued)***

#### ***Fair Value Measurement (continued)***

*Money market fund:* As of December 31, 2022 and 2021, the money market fund amounted to \$58,778 and \$174,671, respectively, and are valued at the net asset value ("NAV") of shares held by the Plan at year end. These investments are considered to have a readily determinable fair value and are classified as Level 1.

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

#### ***Investments, Investment Valuation and Income Recognition***

Investments are reported at either fair value or contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount Participants would receive if they were to initiate permitted transactions under the terms of the Plan. See Note 4 for information on the guaranteed investment contract.

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

#### ***Unit Values***

Individual Participant accounts for the pooled separate investment accounts are maintained on a unit value basis. Participants do not have beneficial ownership in the specific underlying securities or other assets in the funds but do have an interest therein represented by units which are valued daily. The funds earn dividends and interest which are automatically reinvested in additional units. Generally, contributions to and withdrawals from each fund are converted to units by dividing the amounts of such transactions by the unit values as last determined, and the Participants' accounts are charged or credited with the number of units properly attributable to each Participant.

#### ***Notes Receivable from Participants***

Notes receivable from Participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021. If a Participant ceases to make loan repayments and the plan administrator deems the Participant loan to be in default, the Participant loan balance is reduced, and a benefit payment is recorded.

## **Blauer Manufacturing Co., Inc. 401(k) Retirement Plan**

Notes to Financial Statements  
December 31, 2022 and 2021

### **2. Summary of Significant Accounting Policies *(continued)***

#### ***Payment of Benefits***

Benefit payments to Participants are recorded during the period in which they are paid.

#### ***Administrative Expenses***

Certain expenses related to the administration of the Plan are paid directly by the Employer and are excluded from these financial statements. Fees related to the administration of loan withdrawals and transfer charges are charged directly to the Participant's account and are included in administrative expenses. Investment related expenses are included in net depreciation of investments.

### **3. Information Certified (Unaudited)**

The Plan holds both participant directed and non-participant directed investments. Participant directed investments include Participant contributions and all employer matching contributions, and are held under a group annuity contract, primarily in pooled separate and guaranteed investment accounts, through the Insurance Company. Non-participant directed investments are amounts funded for the employer profit sharing contributions and consist of common stocks, real estate investment trust ("REIT") investments and a money market fund. All non-participant directed investments are held in brokerage accounts with Charles Schwab.

Certain information, as disclosed below, was obtained by management and agreed to or derived from information certified as complete and accurate by the Insurance Company.

- Participant directed investments and notes receivable from Participants as shown in the statements of net assets available for benefits as of December 31, 2022 and 2021.
- Net depreciation in value of investments of \$3,676,581, interest and dividend income of \$2,851 and interest income on notes receivable from Participants, included in the statement of changes in net assets available for benefits for the year ended December 31, 2022.
- The participant directed investments and notes receivable from Participants included in the Form 5500 - Schedule H, line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2022.

## Blauer Manufacturing Co., Inc. 401(k) Retirement Plan

Notes to Financial Statements  
December 31, 2022 and 2021

### 4. Fair Value of Investments in Entities that Use NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2022:

| Description                                       | Fair Value    | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
|---------------------------------------------------|---------------|----------------------|----------------------|--------------------------|
| American Funds 2045 TD (a)                        | \$ 3,237,580  | \$ -                 | Daily                | None                     |
| American Funds 2035 TD (a)                        | \$ 2,773,045  | \$ -                 | Daily                | None                     |
| 500 Index Fund (b)                                | \$ 2,642,081  | \$ -                 | Daily                | None                     |
| John Hancock Disciplined Value Fund (b)           | \$ 1,607,332  | \$ -                 | Daily                | None                     |
| Blue Chip Growth Fund (b)                         | \$ 1,500,830  | \$ -                 | Daily                | None                     |
| Money Market Fund (d)                             | \$ 1,080,180  | \$ -                 | Daily                | None                     |
| Vanguard Short-Term Federal Fund (d)              | \$ 642,267    | \$ -                 | Daily                | None                     |
| American Funds 2010 TD (a)                        | \$ 590,410    | \$ -                 | Daily                | None                     |
| PGIM Total Return Bond Fund (c)                   | \$ 433,027    | \$ -                 | Daily                | None                     |
| TIAA-CREF Small-Cap Blend Index Fund (b)          | \$ 362,176    | \$ -                 | Daily                | None                     |
| Vanguard Explorer Fund (b)                        | \$ 349,357    | \$ -                 | Daily                | None                     |
| DFA Inflation-Protected Securities Fund (c)       | \$ 321,276    | \$ -                 | Daily                | None                     |
| Invesco Oppenheimer International Growth Fund (b) | \$ 293,734    | \$ -                 | Daily                | None                     |
| DFA US Targeted Value Fund (b)                    | \$ 253,712    | \$ -                 | Daily                | None                     |
| American Funds 2030 TD (a)                        | \$ 173,880    | \$ -                 | Daily                | None                     |
| American Funds 2020 TD (a)                        | \$ 173,245    | \$ -                 | Daily                | None                     |
| DFA International Value (b)                       | \$ 151,670    | \$ -                 | Daily                | None                     |
| American Funds New World Fund (b)                 | \$ 97,156     | \$ -                 | Daily                | None                     |
| American Funds 2025 TD (a)                        | \$ 89,804     | \$ -                 | Daily                | None                     |
| Federated High Yield Bond (c)                     | \$ 88,992     | \$ -                 | Daily                | None                     |
| American Funds 2040 TD (a)                        | \$ 68,270     | \$ -                 | Daily                | None                     |
| American Funds 2050 TD (a)                        | \$ 34,424     | \$ -                 | Daily                | None                     |
| American Funds 2060 TD (a)                        | \$ 25,304     | \$ -                 | Daily                | None                     |
| American Funds 2055 TD (a)                        | \$ 19,720     | \$ -                 | Daily                | None                     |
| AB Global Bond Fund (c)                           | \$ 7,379      | \$ -                 | Daily                | None                     |
| International Equity Index Fund (b)               | \$ 3,438      | \$ -                 | Daily                | None                     |
| American Funds 2065 TD (a)                        | \$ 2,304      | \$ -                 | Daily                | None                     |
| Total Bond Market Fund (c)                        | \$ 4          | \$ -                 | Daily                | None                     |
| Total Pooled Separate Accounts                    | \$ 17,022,597 | \$ -                 | Daily                | None                     |

## Blauer Manufacturing Co., Inc. 401(k) Retirement Plan

Notes to Financial Statements  
December 31, 2022 and 2021

### 4. Fair Value of Investments in Entities that Use NAV *(continued)*

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2021:

| Description                                       | Fair Value    | Unfunded Commitments | Redemption Frequency | Redemption Notice Period |
|---------------------------------------------------|---------------|----------------------|----------------------|--------------------------|
| American Funds 2045 TD (a)                        | \$ 3,957,154  | \$ -                 | Daily                | None                     |
| American Funds 2035 TD (a)                        | \$ 3,878,473  | \$ -                 | Daily                | None                     |
| 500 Index Fund (b)                                | \$ 3,337,377  | \$ -                 | Daily                | None                     |
| Blue Chip Growth Fund (b)                         | \$ 2,664,592  | \$ -                 | Daily                | None                     |
| John Hancock Disciplined Value Fund (b)           | \$ 1,145,925  | \$ -                 | Daily                | None                     |
| Money Market Fund (d)                             | \$ 1,038,616  | \$ -                 | Daily                | None                     |
| Vanguard Explorer Fund (b)                        | \$ 723,338    | \$ -                 | Daily                | None                     |
| Vanguard Short-Term Federal Fund (d)              | \$ 661,200    | \$ -                 | Daily                | None                     |
| American Funds 2010 TD (a)                        | \$ 616,182    | \$ -                 | Daily                | None                     |
| PGIM Total Return Bond Fund (c)                   | \$ 521,425    | \$ -                 | Daily                | None                     |
| TIAA-CREF Small-Cap Blend Index Fund (b)          | \$ 437,281    | \$ -                 | Daily                | None                     |
| DFA Inflation-Protected Securities Fund (c)       | \$ 393,235    | \$ -                 | Daily                | None                     |
| Invesco Oppenheimer International Growth Fund (b) | \$ 377,095    | \$ -                 | Daily                | None                     |
| American Funds 2030 TD (a)                        | \$ 190,335    | \$ -                 | Daily                | None                     |
| American Funds 2020 TD (a)                        | \$ 189,585    | \$ -                 | Daily                | None                     |
| DFA International Value (b)                       | \$ 144,329    | \$ -                 | Daily                | None                     |
| Federated High Yield Bond (c)                     | \$ 129,936    | \$ -                 | Daily                | None                     |
| American Funds 2025 TD (a)                        | \$ 108,046    | \$ -                 | Daily                | None                     |
| American Funds New World Fund (b)                 | \$ 104,168    | \$ -                 | Daily                | None                     |
| American Funds 2040 TD (a)                        | \$ 70,588     | \$ -                 | Daily                | None                     |
| American Funds 2055 TD (a)                        | \$ 22,838     | \$ -                 | Daily                | None                     |
| American Funds 2050 TD (a)                        | \$ 16,922     | \$ -                 | Daily                | None                     |
| DFA US Targeted Value Fund (b)                    | \$ 15,744     | \$ -                 | Daily                | None                     |
| American Funds 2060 TD (a)                        | \$ 13,774     | \$ -                 | Daily                | None                     |
| AB Global Bond Fund (c)                           | \$ 4,586      | \$ -                 | Daily                | None                     |
| American Funds 2065 TD (a)                        | \$ 451        | \$ -                 | Daily                | None                     |
| International Equity Index Fund (b)               | \$ 108        | \$ -                 | Daily                | None                     |
| Total Bond Market Fund (c)                        | \$ 4          | \$ -                 | Daily                | None                     |
| Total Pooled Separate Accounts                    | \$ 20,763,307 | \$ -                 | Daily                | None                     |

## **Blauer Manufacturing Co., Inc. 401(k) Retirement Plan**

Notes to Financial Statements  
December 31, 2022 and 2021

### **4. Fair Value of Investments in Entities that Use NAV (*continued*)**

- (a) The fund will seek to achieve the following objectives to varying degrees: growth, income and conservation of capital. The fund will increasingly emphasize income and conservation of capital by investing a greater portion of its assets in bond, equity-income and balanced funds as it approaches and passes its target date. In this way, the fund seeks to balance total return and stability over time.
- (b) The fund seeks long term capital appreciation.
- (c) The fund seeks to generate current income consistent with preservation of capital.
- (d) The fund seeks to achieve maximum current income consistent with preservation of principal and liquidity.

### **5. Guaranteed Investment Contracts with Insurance Company**

The Plan has entered into fully benefit-responsive investment contracts with the Insurance Company. The Insurance Company maintains contributions in general accounts, which are credited with earnings on the underlying investments and charged for Participant withdrawals and administrative expenses. The guaranteed investment contracts ("GIC") issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. Participants invest in the GIC through guaranteed investment accounts.

Because the GIC is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the GIC. Contract value, as reported to the Plan by the Insurance Company, represents contributions made under the contract, plus earnings, less Participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. Interest rates are established on the first day of the calendar month and apply to ongoing contributions made in that month. For other types of contributions, interest rates may differ and may change during the month. The GIC matures at various times through December 31, 2031. A substantial penalty will be imposed for early discontinuance of the contract prior to the scheduled maturity date.

During 2022, the interest rate under the guaranteed investment accounts ranged from 0.70% to 2.70%, with prevailing yields at December 31, 2022 and 2021 ranging from 1.00% to 1.20% and 0.80% to 1.00%, respectively.

## Blauer Manufacturing Co., Inc. 401(k) Retirement Plan

Notes to Financial Statements  
December 31, 2022 and 2021

### 5. Guaranteed Investment Contracts with Insurance Company (*continued*)

Certain events limit the ability of the Plan to transact at contract value with the Insurance Company. Such events include the following: (i) amendments to the Plan documents (including complete or partial plan termination or merger with another plan) (ii) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions; (iii) bankruptcy of the Plan sponsor or other plan sponsor events (e.g. divestitures or spin-offs of a subsidiary) which cause a significant withdrawal from the Plan or (iv) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with the Insurance Company are probable of occurring.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) material misrepresentation, and (4) a material amendment to the agreement without consent of the issuer.

### 6. Non-participant Directed Investments

Information about the net assets and the significant components of the changes in net assets relating to the non-participant directed investments are as follows:

|                                               | December 31,             |                     |
|-----------------------------------------------|--------------------------|---------------------|
|                                               | 2022                     | 2021                |
| Net Assets:                                   |                          |                     |
| Common stocks                                 | \$ 5,050,586             | \$ 5,650,407        |
| Money market fund                             | 58,848                   | 174,671             |
| REIT investments                              | 31,603                   | -                   |
|                                               | 5,141,037                | 5,825,078           |
| Employer non-elective contribution receivable | 250,000                  | 200,000             |
|                                               | <u>\$ 5,391,037</u>      | <u>\$ 6,025,078</u> |
|                                               |                          |                     |
|                                               | Year Ended               |                     |
|                                               | <u>December 31, 2022</u> |                     |
| Changes in Net Assets:                        |                          |                     |
| Employer non-elective contribution            |                          | \$ 250,000          |
| Dividends                                     |                          | 162,873             |
| Net depreciation                              |                          | (500,754)           |
| Benefits paid to participants                 |                          | (513,431)           |
| Administrative fees                           |                          | (32,729)            |
|                                               |                          | <u>\$ (634,041)</u> |

## **Blauer Manufacturing Co., Inc. 401(k) Retirement Plan**

Notes to Financial Statements  
December 31, 2022 and 2021

### **7. Risks and Uncertainties**

The Plan invests in various investment securities, which 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.

The global and domestic economic uncertainty has resulted in significant volatility in financial markets. This volatility has affected, and may continue to affect, the value of the Plan's net assets available for benefits. The effects of economic and market conditions subsequent to December 31, 2022 are not reflected in these financial statements and future effects on the Plan's net assets available for benefits cannot be predicted.

### **8. Plan Termination**

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, Participants will become fully vested in their accounts. Any unallocated assets of the Plan shall be allocated to Participant accounts and distributed in such a manner as the Employer may determine.

### **9. Related-Party Transactions and Party-In-Interest Transactions**

Plan investments include units in pooled separate investment accounts and guaranteed investment accounts managed by John Hancock, and common stocks, REIT investments and a money market fund held by Charles Schwab. John Hancock and Charles Schwab are the insurance company and custodian, respectively, as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan to John Hancock and Charles Schwab for investment management services totaled \$42,342 and \$32,729, respectively, for the year ended December 31, 2022. Notes receivable from participants also qualify as exempt party-in-interest transactions.

### **10. Tax Status**

The underlying volume submitter profit sharing plan has received an opinion letter from the Internal Revenue Service, dated June 30, 2020, stating that the form of the Plan is qualified under Section 401(a) of the Code, is exempt from federal income taxes under Section 501(a) of the Code and that the Plan, as then designed, was in compliance with the applicable requirements of the Code. The plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Code and that the Plan is qualified as of the date of this report.

## Blauer Manufacturing Co., Inc. 401(k) Retirement Plan

Notes to Financial Statements  
December 31, 2022 and 2021

### 10. Tax Status (*continued*)

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 Internal Revenue Service. It is the Plan's policy to account for any uncertainties as described under the income tax laws. Under the income tax laws, the tax-exempt status of an entity is considered a tax position. No such uncertain tax positions have been recognized by the Plan. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2019.

### 11. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to net assets available for benefits per the Form 5500 at December 31:

The following is a reconciliation of net assets available for benefits per the financial statements to net assets per the Form 5500 as of December 31:

|                                                                | <u>2022</u>          | <u>2021</u>          |
|----------------------------------------------------------------|----------------------|----------------------|
| Net assets available for benefits per the financial statements | \$ 22,990,524        | \$ 27,479,943        |
| Payables recorded on Form 5500                                 | <u>(4,196)</u>       | <u>-</u>             |
| Net assets per Form 5500                                       | <u>\$ 22,986,328</u> | <u>\$ 27,479,943</u> |

The following is a reconciliation of the net decrease in net assets available for benefits per the financial statements to net loss per the Form 5500 for the year ended December 31, 2022:

|                                                                                |                       |
|--------------------------------------------------------------------------------|-----------------------|
| Net decrease in net assets available for benefits per the financial statements | \$ (4,489,419)        |
| Payables recorded on Form 5500                                                 | <u>(4,196)</u>        |
| Net loss per Form 5500                                                         | <u>\$ (4,493,615)</u> |

### 12. Subsequent Events

Management has evaluated subsequent events for disclosure and/or recognition in the financial statements through the date that the financial statements were available to be issued, which is September 13, 2023.

\*\*\*\*\*

# **Blauer Manufacturing Co., Inc. 401(k) Retirement Plan**

Supplemental Schedule

December 31, 2022

# Blauer Manufacturing Co., Inc. 401(k) Retirement Plan

## Schedule Pursuant to Department of Labor Requirements December 31, 2022

Form 5500 - Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 04-1094570

Plan No. 002

| (a) | (b)                                                                                    | (c)                                                                                                               | (d)      | (e)                  |
|-----|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------|----------------------|
|     | Identity of issue, borrower, lessor,<br>or similar party                               | Description of Investment, including<br>maturity date, rate of interest,<br>collateral, and par or maturity value | Cost     | Current Value        |
|     | <b>PARTICIPANT DIRECTED</b>                                                            | <b>SHARES</b>                                                                                                     |          |                      |
|     | Accounts Held Under a Group Annuity Contract with John Hancock Life Insurance Company: |                                                                                                                   |          |                      |
| *   | American Funds 2045 TD                                                                 | 145,394                                                                                                           | **       | \$ 3,237,580         |
| *   | American Funds 2035 TD                                                                 | 130,975                                                                                                           | **       | 2,773,045            |
| *   | 500 Index Fund                                                                         | 47,548                                                                                                            | **       | 2,642,081            |
| *   | John Hancock Disciplined Value Fund                                                    | 42,653                                                                                                            | **       | 1,607,332            |
| *   | Blue Chip Growth Fund                                                                  | 20,049                                                                                                            | **       | 1,500,830            |
| *   | Money Market Fund                                                                      | 1,002,487                                                                                                         | **       | 1,080,180            |
| *   | Vanguard Short-Term Federal Fund                                                       | 55,706                                                                                                            | **       | 642,267              |
| *   | American Funds 2010 TD                                                                 | 42,187                                                                                                            | **       | 590,410              |
| *   | PGIM Total Return Bond Fund                                                            | 27,971                                                                                                            | **       | 433,027              |
| *   | TIAA-CREF Small-Cap Blend Index Fund                                                   | 12,539                                                                                                            | **       | 362,176              |
| *   | Vanguard Explorer Fund                                                                 | 1,746                                                                                                             | **       | 349,357              |
| *   | DFA Inflation-Protected Securities Fund                                                | 23,368                                                                                                            | **       | 321,276              |
| *   | Invesco Oppenheimer International Growth Fund                                          | 6,144                                                                                                             | **       | 293,734              |
| *   | DFA US Targeted Value Fund                                                             | 5,906                                                                                                             | **       | 253,712              |
| *   | American Funds 2030 TD                                                                 | 8,771                                                                                                             | **       | 173,880              |
| *   | American Funds 2020 TD                                                                 | 10,500                                                                                                            | **       | 173,245              |
| *   | DFA International Value                                                                | 6,223                                                                                                             | **       | 151,670              |
| *   | American Funds New World Fund                                                          | 1,122                                                                                                             | **       | 97,156               |
| *   | American Funds 2025 TD                                                                 | 4,972                                                                                                             | **       | 89,804               |
| *   | Federated High Yield Bond                                                              | 6,746                                                                                                             | **       | 88,992               |
| *   | American Funds 2040 TD                                                                 | 3,112                                                                                                             | **       | 68,270               |
| *   | American Funds 2050 TD                                                                 | 1,585                                                                                                             | **       | 34,424               |
| *   | American Funds 2060 TD                                                                 | 1,473                                                                                                             | **       | 25,304               |
| *   | American Funds 2055 TD                                                                 | 739                                                                                                               | **       | 19,720               |
| *   | AB Global Bond Fund                                                                    | 842                                                                                                               | **       | 7,379                |
| *   | International Equity Index Fund                                                        | 163                                                                                                               | **       | 3,438                |
| *   | American Funds 2065 TD                                                                 | 166                                                                                                               | **       | 2,304                |
| *   | Total Bond Market Fund                                                                 | 1                                                                                                                 | **       | 4                    |
| *   | John Hancock Guaranteed Investment Accounts                                            | N/A                                                                                                               | **       | 223,657              |
|     | <b>NON-PARTICIPANT DIRECTED</b>                                                        |                                                                                                                   |          |                      |
|     | Home Depot                                                                             | 656                                                                                                               | 132,808  | 207,204              |
|     | Proctor & Gamble Co.                                                                   | 1,113                                                                                                             | 83,632   | 168,686              |
|     | Philip Morris International Inc.                                                       | 1,586                                                                                                             | 101,155  | 160,519              |
|     | The Coca Cola Company                                                                  | 2,521                                                                                                             | 118,800  | 160,361              |
|     | Exxon Mobil Corporation                                                                | 1,336                                                                                                             | 88,547   | 147,361              |
|     | Cisco Systems Inc                                                                      | 3,087                                                                                                             | 91,896   | 147,065              |
|     | Chevron Corporation                                                                    | 813                                                                                                               | 83,632   | 145,925              |
|     | Microsoft Corporation                                                                  | 605                                                                                                               | 20,282   | 145,091              |
|     | JP Morgan Chase & Co                                                                   | 1,053                                                                                                             | 71,155   | 141,207              |
|     | Truist Finl Corp.                                                                      | 3,134                                                                                                             | 106,717  | 134,856              |
|     |                                                                                        |                                                                                                                   | Subtotal | <u>\$ 18,804,529</u> |

See Independent Auditors' Report

# Blauer Manufacturing Co., Inc. 401(k) Retirement Plan

## Schedule Pursuant to Department of Labor Requirements December 31, 2022

Form 5500 - Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 04-1094570

Plan No. 002

| (a)                                                      | (b)                                                                                                               | (c)           | (d)           | (e)        |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------|---------------|------------|
| Identity of issue, borrower, lessor,<br>or similar party | Description of Investment, including<br>maturity date, rate of interest,<br>collateral, and par or maturity value | Cost          | Current Value |            |
|                                                          | Subtotal from previous page                                                                                       |               | \$            | 18,804,529 |
| <b>NON-PARTICIPANT DIRECTED (CONTINUED)</b>              |                                                                                                                   | <b>SHARES</b> |               |            |
| Johnson & Johnson                                        | 757                                                                                                               | \$ 72,631     | \$            | 133,724    |
| Lockheed Martin Corporation                              | 271                                                                                                               | 62,742        |               | 131,839    |
| General Mills Inc.                                       | 1,566                                                                                                             | 92,779        |               | 131,309    |
| Kinder Morgan Inc.                                       | 6,645                                                                                                             | 122,344       |               | 120,142    |
| Verizon Communications Inc.                              | 2,983                                                                                                             | 141,402       |               | 117,530    |
| Starbucks                                                | 1,170                                                                                                             | 86,333        |               | 116,064    |
| Walmart Inc.                                             | 815                                                                                                               | 71,241        |               | 115,559    |
| Texas Instruments Inc.                                   | 691                                                                                                               | 35,929        |               | 114,167    |
| Raytheon Company                                         | 1,106                                                                                                             | 56,530        |               | 111,618    |
| Abbott Laboratories                                      | 996                                                                                                               | 33,312        |               | 109,351    |
| Eversource Energy                                        | 1,295                                                                                                             | 59,130        |               | 108,573    |
| Diageo PLC ADR                                           | 601                                                                                                               | 59,572        |               | 107,092    |
| Roche HLDG AG                                            | 2,687                                                                                                             | 117,519       |               | 105,196    |
| Novartis AG ADR                                          | 1,157                                                                                                             | 66,509        |               | 104,963    |
| Pfizer Inc.                                              | 2,039                                                                                                             | 103,597       |               | 104,478    |
| BCE Inc.                                                 | 2,320                                                                                                             | 92,294        |               | 101,964    |
| Omnicom Group Inc.                                       | 1,200                                                                                                             | 62,595        |               | 97,884     |
| Visa Inc.                                                | 462                                                                                                               | 96,593        |               | 95,985     |
| Nike Inc.                                                | 794                                                                                                               | 68,977        |               | 92,906     |
| Parker Hannifin Corporation                              | 312                                                                                                               | 38,078        |               | 90,792     |
| Oracle Corporation                                       | 1,091                                                                                                             | 46,490        |               | 89,178     |
| Genuine Parts Co.                                        | 507                                                                                                               | 36,622        |               | 87,970     |
| CVS Health Corp                                          | 936                                                                                                               | 60,669        |               | 87,226     |
| Accenture PLC A                                          | 321                                                                                                               | 12,689        |               | 85,656     |
| Altria Group Inc                                         | 1,850                                                                                                             | 104,626       |               | 84,563     |
| Citizens Financial Group                                 | 2,120                                                                                                             | 98,450        |               | 83,464     |
| Illinois Tool Works                                      | 337                                                                                                               | 45,261        |               | 74,241     |
| Duke Energy Corp.                                        | 686                                                                                                               | 66,451        |               | 70,651     |
| Broadcom Inc.                                            | 109                                                                                                               | 59,085        |               | 60,945     |
| International Business Machines Corporation              | 391                                                                                                               | 49,713        |               | 55,088     |
| Comcast Corp.                                            | 1,560                                                                                                             | 68,812        |               | 54,553     |
| United Parcel Service                                    | 313                                                                                                               | 57,785        |               | 54,412     |
| 3M Company                                               | 443                                                                                                               | 73,091        |               | 53,125     |
| VF Corporation                                           | 1,783                                                                                                             | 60,165        |               | 49,229     |
| Watsco Inc                                               | 173                                                                                                               | 25,868        |               | 43,146     |
| Arthur J. Gallagher & Co                                 | 206                                                                                                               | 11,681        |               | 38,839     |
| Morgan Stanley                                           | 455                                                                                                               | 41,120        |               | 38,684     |
| Huntington Banc                                          | 2,449                                                                                                             | 37,293        |               | 34,531     |
| BlackRock Inc.                                           | 43                                                                                                                | 28,706        |               | 30,471     |
| Medtronic PLC                                            | 375                                                                                                               | 33,904        |               | 29,145     |
| Leggett and Platt, Inc.                                  | 862                                                                                                               | 38,039        |               | 27,783     |
| Colgate-Palmolive Co.                                    | 343                                                                                                               | 21,357        |               | 27,026     |
| Zoetis Inc.                                              | 145                                                                                                               | 27,202        |               | 21,249     |
|                                                          |                                                                                                                   | Subtotal      | \$            | 22,296,840 |

See Independent Auditors' Report

**Blauer Manufacturing Co., Inc. 401(k) Retirement Plan****Schedule Pursuant to Department of Labor Requirements  
December 31, 2022**

Form 5500 - Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 04-1094570  
Plan No. 002

| (a) | (b)                                                      | (c)                                                                                                               | (d)    | (e)                         |
|-----|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------|-----------------------------|
|     | Identity of issue, borrower, lessor,<br>or similar party | Description of Investment, including<br>maturity date, rate of interest,<br>collateral, and par or maturity value | Cost   | Current Value               |
|     |                                                          | Subtotal from previous page                                                                                       |        | <u>\$ 22,296,840</u>        |
|     | <b>NON-PARTICIPANT DIRECTED (CONTINUED)</b>              | <b>SHARES</b>                                                                                                     |        |                             |
|     | Crown Castle Inc.                                        | 233                                                                                                               | 48,809 | \$ 31,603                   |
| *   | Schwab Money Market                                      | N/A                                                                                                               | 58,848 | 58,848                      |
| *   | <b>NOTES RECEIVABLE FROM PARTICIPANTS</b>                | Interest Rate (4.25% - 8.00%)<br>Maturity dates through 8/26/2027                                                 | -0-    | <u>283,644</u>              |
|     | <b>Total</b>                                             |                                                                                                                   |        | <u><u>\$ 22,670,935</u></u> |

\* Party-in-interest as defined by ERISA.

\*\* Cost information is not required for participant-directed investments and has therefore not been included.

See Independent Auditors' Report

# Blauer Manufacturing Co., Inc. 401(k) Retirement Plan

## Schedule Pursuant to Department of Labor Requirements December 31, 2022

Form 5500 - Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 04-1094570

Plan No. 002

| (a) | (b)                                                                                    | (c)                                                                                                               | (d)      | (e)                  |
|-----|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|----------|----------------------|
|     | Identity of issue, borrower, lessor,<br>or similar party                               | Description of Investment, including<br>maturity date, rate of interest,<br>collateral, and par or maturity value | Cost     | Current Value        |
|     | <b>PARTICIPANT DIRECTED</b>                                                            | <b>SHARES</b>                                                                                                     |          |                      |
|     | Accounts Held Under a Group Annuity Contract with John Hancock Life Insurance Company: |                                                                                                                   |          |                      |
| *   | American Funds 2045 TD                                                                 | 145,394                                                                                                           | **       | \$ 3,237,580         |
| *   | American Funds 2035 TD                                                                 | 130,975                                                                                                           | **       | 2,773,045            |
| *   | 500 Index Fund                                                                         | 47,548                                                                                                            | **       | 2,642,081            |
| *   | John Hancock Disciplined Value Fund                                                    | 42,653                                                                                                            | **       | 1,607,332            |
| *   | Blue Chip Growth Fund                                                                  | 20,049                                                                                                            | **       | 1,500,830            |
| *   | Money Market Fund                                                                      | 1,002,487                                                                                                         | **       | 1,080,180            |
| *   | Vanguard Short-Term Federal Fund                                                       | 55,706                                                                                                            | **       | 642,267              |
| *   | American Funds 2010 TD                                                                 | 42,187                                                                                                            | **       | 590,410              |
| *   | PGIM Total Return Bond Fund                                                            | 27,971                                                                                                            | **       | 433,027              |
| *   | TIAA-CREF Small-Cap Blend Index Fund                                                   | 12,539                                                                                                            | **       | 362,176              |
| *   | Vanguard Explorer Fund                                                                 | 1,746                                                                                                             | **       | 349,357              |
| *   | DFA Inflation-Protected Securities Fund                                                | 23,368                                                                                                            | **       | 321,276              |
| *   | Invesco Oppenheimer International Growth Fund                                          | 6,144                                                                                                             | **       | 293,734              |
| *   | DFA US Targeted Value Fund                                                             | 5,906                                                                                                             | **       | 253,712              |
| *   | American Funds 2030 TD                                                                 | 8,771                                                                                                             | **       | 173,880              |
| *   | American Funds 2020 TD                                                                 | 10,500                                                                                                            | **       | 173,245              |
| *   | DFA International Value                                                                | 6,223                                                                                                             | **       | 151,670              |
| *   | American Funds New World Fund                                                          | 1,122                                                                                                             | **       | 97,156               |
| *   | American Funds 2025 TD                                                                 | 4,972                                                                                                             | **       | 89,804               |
| *   | Federated High Yield Bond                                                              | 6,746                                                                                                             | **       | 88,992               |
| *   | American Funds 2040 TD                                                                 | 3,112                                                                                                             | **       | 68,270               |
| *   | American Funds 2050 TD                                                                 | 1,585                                                                                                             | **       | 34,424               |
| *   | American Funds 2060 TD                                                                 | 1,473                                                                                                             | **       | 25,304               |
| *   | American Funds 2055 TD                                                                 | 739                                                                                                               | **       | 19,720               |
| *   | AB Global Bond Fund                                                                    | 842                                                                                                               | **       | 7,379                |
| *   | International Equity Index Fund                                                        | 163                                                                                                               | **       | 3,438                |
| *   | American Funds 2065 TD                                                                 | 166                                                                                                               | **       | 2,304                |
| *   | Total Bond Market Fund                                                                 | 1                                                                                                                 | **       | 4                    |
| *   | John Hancock Guaranteed Investment Accounts                                            | N/A                                                                                                               | **       | 223,657              |
|     | <b>NON-PARTICIPANT DIRECTED</b>                                                        |                                                                                                                   |          |                      |
|     | Home Depot                                                                             | 656                                                                                                               | 132,808  | 207,204              |
|     | Proctor & Gamble Co.                                                                   | 1,113                                                                                                             | 83,632   | 168,686              |
|     | Philip Morris International Inc.                                                       | 1,586                                                                                                             | 101,155  | 160,519              |
|     | The Coca Cola Company                                                                  | 2,521                                                                                                             | 118,800  | 160,361              |
|     | Exxon Mobil Corporation                                                                | 1,336                                                                                                             | 88,547   | 147,361              |
|     | Cisco Systems Inc                                                                      | 3,087                                                                                                             | 91,896   | 147,065              |
|     | Chevron Corporation                                                                    | 813                                                                                                               | 83,632   | 145,925              |
|     | Microsoft Corporation                                                                  | 605                                                                                                               | 20,282   | 145,091              |
|     | JP Morgan Chase & Co                                                                   | 1,053                                                                                                             | 71,155   | 141,207              |
|     | Truist Finl Corp.                                                                      | 3,134                                                                                                             | 106,717  | 134,856              |
|     |                                                                                        |                                                                                                                   | Subtotal | <u>\$ 18,804,529</u> |

See Independent Auditors' Report

# Blauer Manufacturing Co., Inc. 401(k) Retirement Plan

## Schedule Pursuant to Department of Labor Requirements December 31, 2022

Form 5500 - Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 04-1094570

Plan No. 002

| (a) | (b)                                                      | (c)                                                                                                               | (d)       | (e)           |
|-----|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------|---------------|
|     | Identity of issue, borrower, lessor,<br>or similar party | Description of Investment, including<br>maturity date, rate of interest,<br>collateral, and par or maturity value | Cost      | Current Value |
|     |                                                          | Subtotal from previous page                                                                                       |           | \$ 18,804,529 |
|     | <b>NON-PARTICIPANT DIRECTED (CONTINUED)</b>              | <b>SHARES</b>                                                                                                     |           |               |
|     | Johnson & Johnson                                        | 757                                                                                                               | \$ 72,631 | \$ 133,724    |
|     | Lockheed Martin Corporation                              | 271                                                                                                               | 62,742    | 131,839       |
|     | General Mills Inc.                                       | 1,566                                                                                                             | 92,779    | 131,309       |
|     | Kinder Morgan Inc.                                       | 6,645                                                                                                             | 122,344   | 120,142       |
|     | Verizon Communications Inc.                              | 2,983                                                                                                             | 141,402   | 117,530       |
|     | Starbucks                                                | 1,170                                                                                                             | 86,333    | 116,064       |
|     | Walmart Inc.                                             | 815                                                                                                               | 71,241    | 115,559       |
|     | Texas Instruments Inc.                                   | 691                                                                                                               | 35,929    | 114,167       |
|     | Raytheon Company                                         | 1,106                                                                                                             | 56,530    | 111,618       |
|     | Abbott Laboratories                                      | 996                                                                                                               | 33,312    | 109,351       |
|     | Eversource Energy                                        | 1,295                                                                                                             | 59,130    | 108,573       |
|     | Diageo PLC ADR                                           | 601                                                                                                               | 59,572    | 107,092       |
|     | Roche HLDG AG                                            | 2,687                                                                                                             | 117,519   | 105,196       |
|     | Novartis AG ADR                                          | 1,157                                                                                                             | 66,509    | 104,963       |
|     | Pfizer Inc.                                              | 2,039                                                                                                             | 103,597   | 104,478       |
|     | BCE Inc.                                                 | 2,320                                                                                                             | 92,294    | 101,964       |
|     | Omnicom Group Inc.                                       | 1,200                                                                                                             | 62,595    | 97,884        |
|     | Visa Inc.                                                | 462                                                                                                               | 96,593    | 95,985        |
|     | Nike Inc.                                                | 794                                                                                                               | 68,977    | 92,906        |
|     | Parker Hannifin Corporation                              | 312                                                                                                               | 38,078    | 90,792        |
|     | Oracle Corporation                                       | 1,091                                                                                                             | 46,490    | 89,178        |
|     | Genuine Parts Co.                                        | 507                                                                                                               | 36,622    | 87,970        |
|     | CVS Health Corp                                          | 936                                                                                                               | 60,669    | 87,226        |
|     | Accenture PLC A                                          | 321                                                                                                               | 12,689    | 85,656        |
|     | Altria Group Inc                                         | 1,850                                                                                                             | 104,626   | 84,563        |
|     | Citizens Financial Group                                 | 2,120                                                                                                             | 98,450    | 83,464        |
|     | Illinois Tool Works                                      | 337                                                                                                               | 45,261    | 74,241        |
|     | Duke Energy Corp.                                        | 686                                                                                                               | 66,451    | 70,651        |
|     | Broadcom Inc.                                            | 109                                                                                                               | 59,085    | 60,945        |
|     | International Business Machines Corporation              | 391                                                                                                               | 49,713    | 55,088        |
|     | Comcast Corp.                                            | 1,560                                                                                                             | 68,812    | 54,553        |
|     | United Parcel Service                                    | 313                                                                                                               | 57,785    | 54,412        |
|     | 3M Company                                               | 443                                                                                                               | 73,091    | 53,125        |
|     | VF Corporation                                           | 1,783                                                                                                             | 60,165    | 49,229        |
|     | Watsco Inc                                               | 173                                                                                                               | 25,868    | 43,146        |
|     | Arthur J. Gallagher & Co                                 | 206                                                                                                               | 11,681    | 38,839        |
|     | Morgan Stanley                                           | 455                                                                                                               | 41,120    | 38,684        |
|     | Huntington Banc                                          | 2,449                                                                                                             | 37,293    | 34,531        |
|     | BlackRock Inc.                                           | 43                                                                                                                | 28,706    | 30,471        |
|     | Medtronic PLC                                            | 375                                                                                                               | 33,904    | 29,145        |
|     | Leggett and Platt, Inc.                                  | 862                                                                                                               | 38,039    | 27,783        |
|     | Colgate-Palmolive Co.                                    | 343                                                                                                               | 21,357    | 27,026        |
|     | Zoetis Inc.                                              | 145                                                                                                               | 27,202    | 21,249        |
|     |                                                          |                                                                                                                   | Subtotal  | \$ 22,296,840 |

See Independent Auditors' Report

**Blauer Manufacturing Co., Inc. 401(k) Retirement Plan****Schedule Pursuant to Department of Labor Requirements  
December 31, 2022**

Form 5500 - Schedule H, Part IV, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 04-1094570  
Plan No. 002

| (a) | (b)                                                      | (c)                                                                                                               | (d)    | (e)                         |
|-----|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------|-----------------------------|
|     | Identity of issue, borrower, lessor,<br>or similar party | Description of Investment, including<br>maturity date, rate of interest,<br>collateral, and par or maturity value | Cost   | Current Value               |
|     |                                                          | Subtotal from previous page                                                                                       |        | <u>\$ 22,296,840</u>        |
|     | <b>NON-PARTICIPANT DIRECTED (CONTINUED)</b>              | <b>SHARES</b>                                                                                                     |        |                             |
|     | Crown Castle Inc.                                        | 233                                                                                                               | 48,809 | \$ 31,603                   |
| *   | Schwab Money Market                                      | N/A                                                                                                               | 58,848 | 58,848                      |
| *   | <b>NOTES RECEIVABLE FROM PARTICIPANTS</b>                | Interest Rate (4.25% - 8.00%)<br>Maturity dates through 8/26/2027                                                 | -0-    | <u>283,644</u>              |
|     | <b>Total</b>                                             |                                                                                                                   |        | <u><u>\$ 22,670,935</u></u> |

\* Party-in-interest as defined by ERISA.

\*\* Cost information is not required for participant-directed investments and has therefore not been included.

See Independent Auditors' Report