

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A This return/report is for:	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description)
D If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	<input type="checkbox"/>

Part II	Basic Plan Information —enter all requested information
1a Name of plan ZOTEFOAMS INC. SAVINGS PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 09/04/1992
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ZOTEFOAMS INC. 55 PRECISION DRIVE WALTON, KY 41094	2b Employer Identification Number (EIN) 22-3187795 2c Sponsor's telephone number 859-647-8853 2d Business code (see instructions) 423990
3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor.	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name	4b EIN 4d PN
5a Total number of participants at the beginning of the plan year.....	5a 115
b Total number of participants at the end of the plan year	5b 118
c Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c 117
d(1) Total number of active participants at the beginning of the plan year	5d(1) 101
d(2) Total number of active participants at the end of the plan year.....	5d(2) 96
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	5e 9

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2023	MELISSA OWNBEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year: (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets.....	7a	7705530	5962997
b Total plan liabilities.....	7b	0	0
c Net plan assets (subtract line 7b from line 7a).....	7c	7705530	5962997
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers.....	8a(1)	426280	
(2) Participants.....	8a(2)	325123	
(3) Others (including rollovers).....	8a(3)	0	
b Other income (loss).....	8b	-1175712	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....	8c		-424309
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	1315090	
e Certain deemed and/or corrective distributions (see instructions).....	8e	0	
f Administrative service providers (salaries, fees, commissions).....	8f	3134	
g Other expenses.....	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		1318224
i Net income (loss) (subtract line 8h from line 8c).....	8i		-1742533
j Transfers to (from) the plan (see instructions).....	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T 3D 3H
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program).....	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).....	10b		X	
c Was the plan covered by a fidelity bond?.....	10c	X		700000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?.....	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).....	10e	X		14942
f Has the plan failed to provide any benefit when due under the plan?.....	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.).....	10g	X		160918
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below: ☐ Yes ☐ No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40: **11a**

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- ☐ Yes.
- ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- ☐ No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. ☐ Yes ☒ No

a 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 letter ruling granting the waiver: _____ Month _____ Day _____ Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year: **12b**

c Enter the amount contributed by the employer to the plan for this plan year: **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount): **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year: **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Schedule C Attachment for Line Item 3(e)

Plan Name **G34155 ZOTEF OAMS INC. SAVINGS PLAN**
Plan Number **001** **Plan Year End** **12/31/2022**
EIN **22-3187795**

Revenue Sharing Formula:

The investment options of the Plan include various portfolios within an AUL separate account. The separate account in turn invests in investment portfolios of certain open-end management investment companies. AUL receives indirect compensation from these investment companies for the services provided by AUL.

The compensation received by AUL is computed by each investment company by multiplying the daily account balance of the AUL separate account's interest in a particular portfolio by a predetermined percentage rate negotiated with the investment company. This indirect compensation is not charged to the plan or participants accounts but is paid directly by the investment company.

The investment company, the underlying investment portfolio, and the annual compensation percentages are shown below.

Investment Company	Investment Portfolio	Annual Percentage
ALGER	Alger Cap App Inst R	0.75
AMERICAN CENTURY	AmerCent One Choice 2025 A	0.60
AMERICAN CENTURY	AmerCent One Choice 2030 A	0.60
AMERICAN CENTURY	AmerCent One Choice 2035 A	0.60
AMERICAN CENTURY	AmerCent One Choice 2040 A	0.60
AMERICAN CENTURY	AmerCent One Choice 2045 A	0.60
AMERICAN CENTURY	AmerCent One Choice 2050 A	0.60
AMERICAN CENTURY	AmerCent One Choice 2055 A	0.60
AMERICAN CENTURY	AmerCent One Choice 2060 A	0.60
AMERICAN CENTURY	AmerCent MidCap Val A	0.60
AMERICAN CENTURY	AmerCent One Choice In Ret A	0.60
AMERICAN CENTURY	AmerCent RealEstate A	0.60
AMERICAN CENTURY	AmerCent One Choice 2065 A	0.50
AMERICAN FUNDS	AmerFds Cap World Grth&Inc R3	0.65
AMERICAN FUNDS	AmerFds Fdamental Invs R3	0.65
FIDELITY	Fidelity Adv Smcap M	0.75
FRANKLIN/TEMPLETON	Franklin Strat Inc R	0.65
FRANKLIN/TEMPLETON	Franklin SmCap Val R	0.65
GOLDMAN SACHS	GoldmanSachs SmCapVal Svc	0.60
INVESCO	Invesco Intl SmMid Co A	0.50
PIMCO	PIMCO Real Return R	0.60

Investment Company	Investment Portfolio	Annual Percentage
PIMCO	PIMCO Total Return R	0.60
PRUDENTIAL	PGIM Jenn Health Sci A	0.55
PRUDENTIAL	PGIM Jenn MidCap Grth A	0.55
STATE STREET GLOBAL	State St S&P MidCap Idx CL A	0.62
STATE STREET GLOBAL	State St S&P 500 Indx CI I	0.60
T. ROWE PRICE	TRowePrice Grth Stock R	0.65
T. ROWE PRICE	TRowePrice Eqty Inc R	0.65
THORNBURG	Thornburg Intl Eq R3	0.70
VIRTUS	Virtus NFJ Dividend Value A	0.45

Plan Type 1 401PS

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

Name of Plan:	ZOTEFOAMS INC. SAVINGS PLAN		
Employer Identification Number:	22-3187795		
For plan year (beginning/ending):	01-01-2022 TO 12-31-2022	Plan number:	001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	ALGER	ALGER CAP APP INST R MUTUAL FUND SHARES	0	143,701
	AMERICAN CENTURY	AMERCENT MIDCAP VAL A MUTUAL FUND SHARES	0	315,302
	AMERICAN CENTURY	AMERCENT ONE CHOICE 2025 A MUTUAL FUND SHARES	0	353,311
	AMERICAN CENTURY	AMERCENT ONE CHOICE 2045 A MUTUAL FUND SHARES	0	228,565
	AMERICAN CENTURY	AMERCENT ONE CHOICE 2030 A MUTUAL FUND SHARES	0	247,915
	AMERICAN CENTURY	AMERCENT ONE CHOICE 2035 A MUTUAL FUND SHARES	0	528,566
	AMERICAN CENTURY	AMERCENT ONE CHOICE 2040 A MUTUAL FUND SHARES	0	91,219
	AMERICAN CENTURY	AMERCENT ONE CHOICE 2055 A MUTUAL FUND SHARES	0	155,924
	AMERICAN CENTURY	AMERCENT ONE CHOICE 2050 A MUTUAL FUND SHARES	0	133,019
	AMERICAN CENTURY	AMERCENT ONE CHOICE 2060 A MUTUAL FUND SHARES	0	67,903
	AMERICAN CENTURY	AMERCENT ONE CHOICE 2065 A MUTUAL FUND SHARES	0	874
	AMERICAN CENTURY	AMERCENT ONE CHOICE IN RET A MUTUAL FUND SHARES	0	30,766
	AMERICAN CENTURY	AMERCENT REALESTATE A MUTUAL FUND SHARES	0	152,085
	AMERICAN FUNDS	AMERFDS CAP WORLD GRTH&INC R3 MUTUAL FUND SHARES	0	231,950
	AMERICAN FUNDS	AMERFDS FDAMENTAL INVS R3 MUTUAL FUND SHARES	0	85,954
*	AMERICAN UNITED LIFE INS CO	AUL FIXED ACCOUNT	0	948,610
*	AMERICAN UNITED LIFE INS CO	AUL STABLE VALUE ACCOUNT	0	8,432
	FIDELITY	FIDELITY ADV SMCAP M MUTUAL FUND SHARES	0	196,859
	FRANKLIN/TEMPLETON	FRANKLIN SMCAP VAL R MUTUAL FUND SHARES	0	130,772
	FRANKLIN/TEMPLETON	FRANKLIN STRAT INC R MUTUAL FUND SHARES	0	3,590
	GOLDMAN SACHS	GOLDMANSACHS SMCAPVAL SVC MUTUAL FUND SHARES	0	191,146
	INVESCO	INVESCO INTL SMMID CO A MUTUAL FUND SHARES	0	73,754
	PARTICIPANTS	LOANS 4.25% TO 6%	0	160,918
	PRUDENTIAL	PGIM JENN HEALTH SCI A MUTUAL FUND SHARES	0	235,935
	PRUDENTIAL	PGIM JENN MIDCAP GRTH A MUTUAL FUND SHARES	0	371,043
	PIMCO	PIMCO REAL RETURN R MUTUAL FUND SHARES	0	5,894
	PIMCO	PIMCO TOTAL RETURN R MUTUAL FUND SHARES	0	4,194
	STATE STREET GLOBAL	STATE ST S&P 500 INDX CL I MUTUAL FUND SHARES	0	159,304
	STATE STREET GLOBAL	STATE ST S&P MIDCAP IDX CL A MUTUAL FUND SHARES	0	64,035
	THORNBURG	THORNBURG INTL EQ R3 MUTUAL FUND SHARES	0	134,001
	T. ROWE PRICE	TROWEPRICE EQTY INC R MUTUAL FUND SHARES	0	26,526
	T. ROWE PRICE	TROWEPRICE GRTH STOCK R MUTUAL FUND SHARES	0	249,047
	VIRTUS	VIRTUS NFJ DIVIDEND VALUE A MUTUAL FUND SHARES	0	94,283