

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
---	--	---

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:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report
	☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program
	☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information —enter all requested information
1a Name of plan HALL INDUSTRIES, INC. 401(K) RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 002
	1c Effective date of plan 04/01/1993
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) HALL INDUSTRIES, INC. 514 MECKLEM LANE ELLWOOD CITY, PA 16117-3028	2b Employer Identification Number (EIN) 25-1154920
	2c Plan Sponsor's telephone number 724-752-2000
	2d Business code (see instructions) 332700

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

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

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

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 293
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year		6a(1) 221
a(2) Total number of active participants at the end of the plan year		6a(2) 206
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 75
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 281
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 1
f Total. Add lines 6d and 6e		6f 282
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 255
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 37
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 2U 2X 3D 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 HALL INDUSTRIES, INC. 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 HALL INDUSTRIES, INC.	D Employer Identification Number (EIN) 25-1154920	

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 JOHN HANCOCK LIFE INSURANCE COMPANY
--

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	12828	264	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 30675	(b) Total amount of fees paid 5267
---	---------------------------------------

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 LPL FINANCIAL CORP PO BOX 502030 SAN DIEGO, CA 92150
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
30675			4

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

WALKER BENEFITS LLC / BAKER TILLY	2599 WILMINGTON ROAD NEW CASTLE, PA 16105
-----------------------------------	--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	5267	TPA PARTNERSHIP PROGRAM PAYMENTS	5

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end.....	4	503754
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	9391168

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

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year **7b** 376108

c Additions: (1) Contributions deposited during the year	7c(1)	44789	
(2) Dividends and credits.....	7c(2)		
(3) Interest credited during the year.....	7c(3)	4783	
(4) Transferred from separate account.....	7c(4)	297674	
(5) Other (specify below)	7c(5)	2286	
▶ LOAN PAYMENTS			

(6) Total additions..... **7c(6)** 349532

d Total of balance and additions (add lines **7b** and **7c(6)**)..... **7d** 725640

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	66147	
(2) Administration charge made by carrier.....	7e(2)	2226	
(3) Transferred to separate account.....	7e(3)	153264	
(4) Other (specify below)	7e(4)	150	

▶ **TPA FEES**

(5) Total deductions..... **7e(5)** 221787

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 503853

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 HALL INDUSTRIES, INC. 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 HALL INDUSTRIES, INC.	D Employer Identification Number (EIN) 25-1154920	

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
JOHN HANCOCK
01-0233346

(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

(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

(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

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)

JOHN HANCOCK LIFE INSURANCE COMPANY

PO BOX 600
BUFFALO, NY 14201-0600

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 60 62 63 67 68	RECORDKEEPER	646	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 HALL INDUSTRIES, INC. 401(K) RETIREMENT PLAN	B Three-digit plan number (PN) ►	002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 HALL INDUSTRIES, INC.	D Employer Identification Number (EIN) 25-1154920	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2065 LIFETIME			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17920
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2060 LIFETIME			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	250792
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2055 LIFETIME			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	208373
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2050 LIFETIME			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	261856
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2045 LIFETIME			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	190925
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2040 LIFETIME			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	350105
a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2035 LIFETIME			
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA			
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	420680

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2030 LIFETIME		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 341791

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2025 LIFETIME		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 267842

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2020 LIFETIME		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40192

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2010 LIFETIME		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER AGGRESSIVE LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 359665

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER GROWTH LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1160840

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER BALANCED LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 520071

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER MODERATE LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 112342

a Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER CONSERV LS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 108076

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY HERITAGE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 252049

a Name of MTIA, CCT, PSA, or 103-12 IE: FINANCIAL INDUSTRIES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 198498

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO DEVELOPING MARKETS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81572

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9179

a Name of MTIA, CCT, PSA, or 103-12 IE: ISHARES GOLD TRUST ETF		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3811

a Name of MTIA, CCT, PSA, or 103-12 IE: JH DISCIPLINED VALUE INTL FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7367

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK MID CAP GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 164241

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71909

a Name of MTIA, CCT, PSA, or 103-12 IE: MID VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 144338

a Name of MTIA, CCT, PSA, or 103-12 IE: REAL EST. SECURITIES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 101911

a Name of MTIA, CCT, PSA, or 103-12 IE: ROYCE OPPORTUNITY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 91458

a Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE & TECHNOLOGY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51824

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94792

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP STOCK FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12093

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE HEALTH SCI		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 93606

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SCI & TECH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 483883

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SML CAP VAL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 98606

a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON FOREIGN SMALLER CO		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64018

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD ENERGY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 136126

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD EXPLORER FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21662

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP GROW INDEX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30053

a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 77082
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS EUROPAC GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39204
a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 231426
a Name of MTIA, CCT, PSA, or 103-12 IE: AF THE GROWTH FUND OF AMERICA		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51646
a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 250056
a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 227155
a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL LARGE CAP VALUE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 172587
a Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5123
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO GLOBAL FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51963
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK U.S. GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78781

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN U.S. EQUITY FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 289991

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE EQUITY INC		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43149

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3792

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD EQUITY-INCOME FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 381810

a Name of MTIA, CCT, PSA, or 103-12 IE: AF AMERICAN BALANCED FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 253907

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK GLOBAL ALLOCATION		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1206

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS UTILITIES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81588

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO ALL ASSET		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3887

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE CAP APPRECIATION		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 154442

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS BOND FUND OF AM		
b Name of sponsor of entity listed in (a): JOHN HANCOCK USA		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68802

a Name of MTIA, CCT, PSA, or 103-12 IE: **AF CAPITAL WORLD BOND FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11466
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **FIDELITY ADVISOR TOTAL BOND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43285
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **FLOATING RATE INCOME FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7382
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: **HIGH YIELD FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12333
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **PIMCO REAL RETURN**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10918
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: **STRATEGIC INCOME OPP FUND**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5549
---------------------------------------	-------------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: **T. ROWE PRICE SPECTRUM INC**

b Name of sponsor of entity listed in (a): **JOHN HANCOCK USA**

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8172
---------------------------------------	-------------------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection				
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>						
A Name of plan <u>HALL INDUSTRIES, INC. 401(K) RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">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 Three-digit plan number (PN) ►	<u>002</u>		
B Three-digit plan number (PN) ►	<u>002</u>					
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HALL INDUSTRIES, INC.</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">D Employer Identification Number (EIN) <u>25-1154920</u></td> <td style="width: 20%;"></td> </tr> </table>		D Employer Identification Number (EIN) <u>25-1154920</u>			
D Employer Identification Number (EIN) <u>25-1154920</u>						

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	108424677
(2) Participant contributions.....		1b(2)	285440
(3) Other.....		1b(3)	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common.....		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans.....		1c(8)	166074217412
(9) Value of interest in common/collective trusts.....		1c(9)	
(10) Value of interest in pooled separate accounts		1c(10)	
(11) Value of interest in master trust investment accounts.....		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	111450749391168
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	376053503786
(15) Other		1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	11726587	10117043

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	1187	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1187	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	11725400	10117043
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	366411	
(B) Participants	2a(1)(B)	901132	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1267543
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	9297	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9297
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-2275878
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-999038
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	549312	
(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)		549312
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)	5790	
(2) Contract administrator fees	2i(2)	54217	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		60007
j Total expenses. Add all expense amounts in column (b) and enter total	2j		609319
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-1608357
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: H2R CPA

(2) EIN: 25-1031723

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 HALL INDUSTRIES, INC. 401(K) RETIREMENT PLAN		B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 HALL INDUSTRIES, INC.		D Employer Identification Number (EIN) 25-1154920
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 01-0233346		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....		☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?.....		☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....		☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....		☐ Yes ☐ No
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		Schedule R (Form 5500) 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): _____

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
	a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
	b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
	c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year.....	15a	
	b The corresponding number for the second preceding plan year.....	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

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

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____% b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____

FINANCIAL REPORT

HALL INDUSTRIES, INC.

401(K) RETIREMENT PLAN

YEARS ENDED DECEMBER 31, 2022 AND 2021

**HALL INDUSTRIES, INC.
401(K) RETIREMENT PLAN
TABLE OF CONTENTS**

	<u>Page</u>
FINANCIAL STATEMENTS:	
Independent Auditors' Report	1 – 3
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6 - 13
SUPPLEMENTAL SCHEDULE:	
Form 5500, Schedule H, Part IV, Line 4i Schedule of Assets (Held at End of Year)	14 - 15

All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are not presented because they are not applicable.



INDEPENDENT AUDITORS' REPORT

September 18, 2023

To the Plan Administrator
Hall Industries, Inc.
401(k) Retirement Plan
Ellwood City, Pennsylvania

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

We have performed audits of the accompanying financial statements of the Hall Industries, Inc. 401(k) Retirement 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.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Hall Industries, Inc. 401(k) Retirement 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 certifications 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 C 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 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Hall Industries, Inc. 401(k) Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 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 Hall Industries, Inc. 401(k) Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Hall Industries, Inc. 401(k) Retirement 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 Hall Industries, Inc. 401(k) Retirement Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 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.

Supplemental Schedules Required by ERISA

The supplemental 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, 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).



H2R CPA
Pittsburgh, Pennsylvania

**HALL INDUSTRIES, INC.
401(K) RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2022 AND 2021**

ASSETS

	<u>2022</u>	<u>2021</u>
ASSETS		
Noninterest - bearing cash	\$ 32	\$ 44
INVESTMENTS - AT FAIR VALUE		
Pooled separate accounts	9,391,168	11,145,074
Guaranteed interest contracts	<u>503,754</u>	<u>376,009</u>
TOTAL INVESTMENTS - AT FAIR VALUE	<u>9,894,922</u>	<u>11,521,083</u>
RECEIVABLES		
Participant contributions	-	28,544
Employer contributions	4,677	10,842
Notes receivable from participants	<u>217,412</u>	<u>166,074</u>
TOTAL RECEIVABLES	<u>222,089</u>	<u>205,460</u>
TOTAL ASSETS	<u>10,117,043</u>	<u>11,726,587</u>

LIABILITIES

LIABILITIES		
Corrective distributions	<u>-</u>	<u>1,187</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 10,117,043</u>	<u>\$ 11,725,400</u>

HALL INDUSTRIES, INC.
401(K) RETIREMENT PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2022

ADDITIONS TO NET ASSETS

Interest income on notes receivable from participants	\$	9,297
---	----	-------

Contributions:

Participant	\$	901,132
Employer		<u>366,411</u>

Total contributions		<u>1,267,543</u>
---------------------	--	------------------

TOTAL ADDITIONS		1,276,840
-----------------	--	-----------

DEDUCTIONS FROM NET ASSETS

Net loss from pooled separate accounts	2,275,878
Benefits paid to participants	549,312
Administrative expenses	<u>60,007</u>

TOTAL DEDUCTIONS		<u>2,885,197</u>
------------------	--	------------------

NET DECREASE IN NET ASSETS AVAILABLE FOR BENEFITS		(1,608,357)
---	--	-------------

NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR		<u>11,725,400</u>
--	--	-------------------

NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR		<u>\$ 10,117,043</u>
--	--	----------------------

**HALL INDUSTRIES, INC.
401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS**

Note A - Description of the Plan

The following brief description of the Hall Industries, Inc. 401(k) Retirement Plan (Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General - The Plan, restated on January 1, 2022, is a defined contribution plan covering substantially all employees of Hall Industries, Inc., Standard Tool & Machine Co., Hall Technical Services, LLC, Hall Technical Services NY, LLC, Hall Equipment, LLC and Hall Fluid Power, LLC (collectively Company), other than those employees covered under a collective bargaining agreement, certain nonresident aliens, leased employees, interns, and seasonal employees and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility - Employees are eligible for participation in the Plan on the first day of each calendar quarter coinciding with or after completion of six consecutive months of employment and completion of 500 hours of service.

Contributions - Participants can make before-tax contributions and after-tax Roth contributions of a portion of their annual compensation to the Plan (Elective Deferrals) under Internal Revenue Code Section 401(k). Prior to January 1, 2022, after-tax Roth contributions were not allowed. Participants may also make rollover contributions from eligible plans.

Employees who are hired on or after September 1, 2009 are automatically enrolled in the Plan with a contribution rate of 6% of their annual compensation. Prior to July 1, 2021, automatically enrolled employees were enrolled with a contribution rate of 3% of their annual compensation. A participant may opt-out of the Plan or can elect to change their Elective Deferral percentage up to the maximum amount allowed by law. Elective Deferrals are subject to annual limitations prescribed by the Internal Revenue Code (IRC).

Employees may also elect to make “catch-up contributions” provided they have reached age 50 by the end of the current calendar year and have not exceeded other IRC and Plan contribution limits.

The Company may make a Qualified Automatic Contribution Arrangement (QACA) safe harbor contribution, matching contribution, or nonelective contribution. The QACA safe harbor contribution is equal to the sum of 100% of a participant’s Elective Deferrals that do not exceed 1% of the participant’s compensation, plus 50% of the participant’s Elective Deferrals that exceed 1% of the participant’s compensation but do not exceed 6% of the participant’s compensation. The QACA safe harbor contribution amounted to \$366,411 for the year ended December 31, 2022. The matching contribution is at the sole discretion of the Company and is limited to 6% of a participant’s eligible compensation. There were no matching contributions during 2022. The Company may also make a discretionary nonelective contribution on behalf of each eligible participant in the same ratio as each participant’s eligible compensation bears to the total of such compensation of all participants provided the participant is employed at December 31 and has completed one year of service. There were no nonelective contributions during 2022.

Prior to January 1, 2022, the Company could have made a matching contribution equal to a discretionary percentage, to be determined annually by the Company, of a participant’s Elective Deferral up to the initial 6% of the participant’s compensation. The discretionary percentage was 50% for the year ended December 31, 2021.

Prior to January 1, 2022, the Company could have made a discretionary profit sharing contribution on behalf of each eligible participant in the same ratio as each participant’s eligible compensation bears to the total of such compensation of all participants provided the participant was employed at December 31 and had completed six months of service during the Plan year.

Participants may direct their Elective Deferral contributions, as well as the Company’s contributions, into any of a number of pooled separate accounts or guaranteed accounts maintained by the Custodian (Note C).

HALL INDUSTRIES, INC.
401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

Note A - Description of the Plan (Continued)

Participant Accounts - Each participant's account is credited with the employee's Elective Deferral contribution, the Company's contribution, Plan earnings (losses), loan fees (if applicable) and charged with an allocation of administrative expenses.

Vesting - Participants are vested immediately in their Elective Deferral contribution plus actual earnings thereon. Vesting in the Company's matching contribution and nonelective contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after six years of service, in the event of their death, or if they become disabled. A Participant is 100% vested after 2 years in the Company's QACA safe harbor contribution. Vesting in the Company's discretionary matching contribution and discretionary profit sharing contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after six years of service, in the event of their death, or if they become disabled.

Notes Receivable from Participants - Participants may borrow from their fund accounts an amount equal to the lesser of \$50,000 or 50% of the fair market value of their vested account balance. The term of the loan may not exceed five years except in the case of a loan for the purpose of acquiring the principal residence of the participant. Each loan bears interest equal to 1% above the prime rate. The loans are secured by the balance in the participant's account and bear interest ranging from 4.25% to 8.5% at December 31, 2022 and 4.25% to 6.5% at December 31, 2021. Principal and interest is paid ratably through bi-weekly payroll deductions.

Payment of Benefits - Benefits are paid to the Plan participants in a lump sum, in installments for those participants or beneficiaries who must receive required minimum distributions, or, at the election of the participants, as a direct rollover to another qualified plan that accepts direct rollover distributions. Individual accounts will be distributed upon the death, disability, retirement or termination of employment of the Plan participant. In the event of an immediate and heavy financial burden, the Plan also permits a hardship withdrawal of a participant's fully-vested portion of their account balance in amounts permitted under the provisions of the IRC. In-service distributions are allowed from a participant's fully-vested portion of their account balance as long as the participant has attained age 59 ½.

Forfeited Accounts - Forfeited non-vested accounts are used to reduce the QACA safe harbor contribution. Prior to January 1, 2022, they were used to reduce the Company's discretionary matching and discretionary profit sharing contributions to the Plan. During the year ended December 31, 2022, \$31,666 in forfeitures were used to reduce the Company's QACA safe harbor contribution. At December 31, 2022 and 2021, forfeited non-vested account balances totaled \$32 and \$44, respectively.

Note B - Summary of Significant Accounting Policies

Basis of Accounting - The financial statements of the Plan are prepared under the accrual method of accounting in conformity with accounting principles generally accepted in the United States of America.

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

Investment Valuation and Income Recognition - The Plan's investments are reported at fair value (Notes C and D).

HALL INDUSTRIES, INC.
401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

Note B - Summary of Significant Accounting Policies (Continued)

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. The Plan's valuation policies are determined utilizing information provided by the Custodian of the Plan's assets. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis, and dividends are recorded on the ex-dividend date. Net gain or loss includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants - Loans to participants are reported at their unpaid principal balance plus any accrued but unpaid interest. Interest income on loans is recorded on the accrual basis. Participant loans are repaid through payroll reductions. No allowance for credit losses has been recorded as of December 31, 2022 and 2021. If a participant's employment is terminated the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Corrective Distributions - Amounts payable to participants for contributions in excess of amounts allowed by IRC are recorded as a liability with a corresponding deduction in net assets recognized in the Statement of Changes in Net Assets Available for Benefits. There was no such liability at December 31, 2022. At December 31, 2021, there was a liability in the amount of \$1,187 which was distributed to the applicable participants prior to March 15, 2022.

Operating Expenses - A portion of the expenses of maintaining the Plan are paid by the Company.

Benefits - Benefits are recorded when paid to participants or their beneficiaries.

Reclassifications - Certain 2021 balances have been reclassified to conform with their presentation in 2022.

Subsequent Events - Management has evaluated subsequent events through September 18, 2023, the date the financial statements were available to be issued.

Note C - Investments (Certified)

At December 31, 2022 and 2021, the investments were held by John Hancock Life Insurance Company (U.S.A.), the Custodian for the Plan, in a group annuity contract. Participants may direct their investments into unallocated guaranteed interest accounts or into pooled separate accounts. The Custodian of the Plan's assets has certified the unaudited investment assets of the Plan at December 31, 2022 and 2021, as well as to the unaudited investment income or loss, including interest, dividends, expenses, and realized and unrealized gains and losses for the year ended December 31, 2022 and the information contained in the supplemental schedule, in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Investments in pooled separate accounts and guaranteed interest accounts are recorded at fair value as described in Note D. Changes in the market value of these investments are recorded as gains or losses.

The statements of net assets available for benefits presents the fair value of all investment contracts. The statement of changes in net assets available for benefits is prepared on the fair value basis as there are no investments held at December 31, 2022 in fully-benefit responsive investments which are required to be reported at contract value. Notes receivable from participants are valued at the amortized cost of the note.

The Plan invests in a variety of pooled separate accounts. The investment strategies of these pooled separate accounts vary among growth, income and equity objectives. A prospectus describing each pooled separate account is available from the plan administrator.

HALL INDUSTRIES, INC.
401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

Note C - Investments (Certified) (Continued)

The following information is the reported fair value certified by the Custodian as of the end of the December 31, 2022 and 2021 Plan year:

	<u>2022</u>	<u>2021</u>
Investments		
JH Multimanager Growth LS	\$ 1,160,840	\$ 1,337,304
JH Multimanager Balanced LS	520,071	703,741
Guaranteed Interest Accounts	503,754	376,009
T. Rowe Price Sci & Tech	483,883	710,618
JH Multimanager 2035 Lifetime	420,680	561,839
Vanguard Equity Income Fund	381,810	308,623
JH Multimanager Aggressive LS	359,665	396,142
JH Multimanager 2040 Lifetime	350,105	360,613
JH Multimanager 2030 Lifetime	341,791	339,191
JPMorgan US Equity Fund	289,991	364,076
JH Multimanager 2025 Lifetime	267,842	241,994
JH Multimanager 2050 Lifetime	261,856	233,002
AF American Balanced Fund	253,907	-
American Century Heritage	252,049	328,024
JH Multimanager 2060 Lifetime	250,792	211,621
Blue Chip Growth Fund	250,056	406,546
American Funds New Perspective	231,426	-
Capital Appreciation Fund	227,155	349,240
JH Multimanager 2055 Lifetime	208,373	206,346
Financial Industries Fund	198,498	230,542
JH Multimanager 2045 Lifetime	190,925	305,027
Fundamental Large Cap Value	172,587	150,142
John Hancock Mid Cap Growth	164,241	236,320
T. Rowe Price Cap Appreciation	154,442	179,487
Mid Value Fund	144,338	99,573
Vanguard Energy Fund	136,126	37,676
JH Multimanager Moderate LS	112,342	141,395
JH Multimanager Conserv LS	108,076	113,885
Real Est. Securities Fund	101,911	132,989
T. Rowe Price Sml Cap Val	98,606	125,453
Small Cap Index Fund	94,792	111,466
T. Rowe Price Health Sci	93,606	100,645
Royce Opportunity	91,458	107,716
MFS Utilities Fund	81,588	77,085
Invesco Opp Developing Mkt	81,571	99,579
John Hancock U.S. Growth Fund	78,781	63,963
500 Index Fund	77,082	105,592
Mid Cap Index Fund	71,909	75,763
American Funds Bond Fund of America	68,802	13,151
Templeton Foreign Smaller Co	64,018	75,737
Invesco Global Fund	51,963	168,487
Science & Technology Fund	51,824	54,335
AF The Growth Fund of America	51,646	-

**HALL INDUSTRIES, INC.
401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS**

Note C - Investments (Certified) (Continued)

	<u>2022</u>	<u>2021</u>
Fidelity Advisor Total Bond	43,285	52,986
T. Rowe Price Equity Inc.	43,149	51,326
JH Multimanager 2020 Lifetime	40,192	40,515
American Funds EuroPac Growth	39,204	-
Vanguard Small Cap Grow Index	30,053	56,548
Vanguard Explorer Fund	21,662	31,914
JH Multimanager 2065 Lifetime	17,920	13,256
High Yield Fund	12,333	14,791
Small Cap Stock Fund	12,093	14,384
AF Capital World Bond Fund	11,466	-
PIMCO Real Return	10,918	65,012
Invesco Small Cap Growth	9,179	31,123
T. Rowe Price Spectrum	8,172	14,899
John Hancock Disciplined Value Intl Fund	7,367	5,620
Floating Rate Income Fund	7,382	58,230
Strategic Income Opp Fund	5,549	11,308
Intl Equity Index Fund	5,123	22,228
PIMCO All Asset	3,887	3,745
iShares Gold Trust ETF	3,811	1,472
Total Stock Market Index Fund	3,793	4,557
BlackRock Global Allocation	1,206	23,182
New Perspective Fund	-	341,104
American Balanced Fund	-	276,424
The Growth Fund of America	-	91,031
EuroPacific Growth Fund	-	42,315
Capital World Bond Fund	-	12,176
	<u>\$ 9,894,922</u>	<u>\$ 11,521,083</u>
Notes receivable from participants	<u>\$ 217,412</u>	<u>\$ 166,074</u>
Net loss from pooled separate accounts	<u>\$ 2,275,878</u>	
Interest income on notes receivable from participants	<u>\$ 9,297</u>	

Note D - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows: Level 1 inputs consist of unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access; Level 2 inputs consist of observable inputs other than quoted prices for identical assets and include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;

**HALL INDUSTRIES, INC.
401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS**

Note D - Fair Value Measurements (Continued)

- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 inputs must be observable for substantially the full term of the asset or liability; and Level 3 inputs are unobservable and significant inputs based on the best information available about the assumptions market participants would use in pricing the asset and have the lowest priority.

The Plan uses appropriate valuation techniques based on available inputs to measure the fair value of its investments. The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. When available, the Plan measures fair value using observable inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or Level 2 inputs are not available.

The following is a description of the valuation methodology used in measuring Plan assets at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

Pooled Separate Accounts - Pooled Separate Accounts (PSAs) invest in equity securities and fixed maturity securities. PSAs investing in equity securities are valued using quoted prices in active markets for identical assets.

PSAs investing in fixed maturity securities are valued based on pricing data provided by outside valuation service providers who in turn generally use the mean of bid and ask prices but may also use alternative observable pricing inputs for certain securities.

Guaranteed Interest Accounts - Guaranteed interest accounts guarantee the return of principal plus compound interest earned over a defined term, less any applicable charges. Fair value, as determined by the Custodian, is determined by comparing rates in effect on that particular valuation date to the rates on which the actual interest is determined and adjusting the value based on the difference in those rates.

Noninterest - Bearing Cash - Determined based upon the deposit value as reported at year-end.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
December 31, 2022				
Pooled separate accounts	\$ 9,391,168	\$ -	\$ -	\$ 9,391,168
Guaranteed interest contracts	<u>503,754</u>	<u>-</u>	<u>-</u>	<u>503,754</u>
Total investments at fair value	<u>\$ 9,894,922</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 9,894,922</u>

**HALL INDUSTRIES, INC.
401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS**

Note D - Fair Value Measurements (Continued)

December 31, 2021				
Pooled separate accounts	\$ 11,145,074	\$ -	\$ -	\$ 11,145,074
Guaranteed interest contracts	<u>376,009</u>	<u>-</u>	<u>-</u>	<u>376,009</u>
Total investments at fair value	<u>\$ 11,521,083</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 11,521,083</u>

Note E - Tax Status

The Internal Revenue Service has determined and informed Walker Benefits, Inc., Sponsor of the Prototype Plan, by a letter dated June 30, 2020, that the Plan is designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter; the Company and the plan administrator believe that the Plan is designed and currently operated in compliance with the applicable requirements of the IRC.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognizes a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the applicable authorities. The Plan's tax returns for 2019, 2020, and 2021 are subject to examination by the taxing authorities, generally for three years after they were filed.

Note F - Party-In-Interest

Certain of the Plan's assets invested in the pooled separate accounts and guaranteed interest accounts are issued and maintained by John Hancock Life Insurance Company (U.S.A.), who holds all of the Plan's investment assets in a group annuity contract. Transactions executed in these accounts are party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to \$23,542 for the year ended December 31, 2022.

Note G - Termination Provision

Although it has not expressed any intent to do so, the Company reserves the right under the Plan to discontinue its contributions at any time and to terminate the Plan at any time, subject to the provisions of ERISA. Upon such termination of the Plan, the interest of each participant in the Plan becomes non-forfeitable and fully vested and will be distributed to such participant, or his or her beneficiary, at the time prescribed by the Plan terms or the IRC.

Note H - Plan Amendments

Effective January 1, 2022, the Plan was amended and restated as part of the IRS Cycle 3 Restatement requirement in order to bring the Plan into compliance with the legislative and regulatory changes set forth in IRS Notice 2017-37. Some of the additional changes to the Plan include changes to the Company contributions, vesting for the changes to the Company contributions, after-tax Roth contributions being accepted, and \$5,000 being the threshold for participant consent needed for cash-out distributions. Participants should refer to the Plan agreement for more complete information. During 2022, the Plan was amended to include Hall Fluid Power, LLC as a participating employer in the Plan. Also, during 2022, the Plan was amended to implement CARES Act changes and SECURE Act and other law changes. Such changes are related to certain required minimum distributions stipulations and long term part time employees being eligible to contribute to the Plan starting in 2024, as long as the individual is credited with at least three consecutive years beginning after December 31, 2020, with at least 500 hours of service in each year.

HALL INDUSTRIES, INC.
401(K) RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS

Note H – Plan Amendments (Continued)

Effective July 1, 2021, the Plan was amended changing automatically enrolled participants initial contribution rate to 6% of their annual compensation, rather than 3% which was effective prior to July 1, 2021.

During 2021, the Plan was retroactively amended to include fringe benefit compensation as Plan eligible compensation for purposes of employer matching contributions, effective for the period July 1, 2017 through July 15, 2021, in order to conform to the operation of the Plan during the period.

Note I – Risks and Uncertainties

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

SUPPLEMENTAL SCHEDULE

HALL INDUSTRIES, INC.
401(K) RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
EIN: 25-1154920
PLAN NUMBER 002
DECEMBER 31, 2022

(a)	Identity of Issue, Borrower, Lessor, or Similar Party (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	John Hancock Life Insurance Co.	JH Multimanager 2065 Lifetime	**	\$ 17,920
*	John Hancock Life Insurance Co.	JH Multimanager 2060 Lifetime	**	250,792
*	John Hancock Life Insurance Co.	JH Multimanager 2055 Lifetime	**	208,373
*	John Hancock Life Insurance Co.	JH Multimanager 2050 Lifetime	**	261,856
*	John Hancock Life Insurance Co.	JH Multimanager 2045 Lifetime	**	190,925
*	John Hancock Life Insurance Co.	JH Multimanager 2040 Lifetime	**	350,105
*	John Hancock Life Insurance Co.	JH Multimanager 2035 Lifetime	**	420,680
*	John Hancock Life Insurance Co.	JH Multimanager 2030 Lifetime	**	341,791
*	John Hancock Life Insurance Co.	JH Multimanager 2025 Lifetime	**	267,842
*	John Hancock Life Insurance Co.	JH Multimanager 2020 Lifetime	**	40,192
*	John Hancock Life Insurance Co.	JH Multimanager Aggressive LS	**	359,665
*	John Hancock Life Insurance Co.	JH Multimanager Growth LS	**	1,160,840
*	John Hancock Life Insurance Co.	JH Multimanager Balanced LS	**	520,071
*	John Hancock Life Insurance Co.	JH Multimanager Moderate LS	**	112,342
*	John Hancock Life Insurance Co.	JH Multimanager Conserv LS	**	108,076
*	John Hancock Life Insurance Co.	American Century Heritage	**	252,049
*	John Hancock Life Insurance Co.	Vanguard Equity-Income Fund	**	381,810
*	John Hancock Life Insurance Co.	AF Capital World Bond Fund	**	11,466
*	John Hancock Life Insurance Co.	Financial Industries Fund	**	198,498
*	John Hancock Life Insurance Co.	American Funds Bond Fund of America	**	68,802
*	John Hancock Life Insurance Co.	Intl Equity Index Fund	**	5,123
*	John Hancock Life Insurance Co.	Invesco Developing Mkt	**	81,571
*	John Hancock Life Insurance Co.	Invesco Small Cap Growth	**	9,179
*	John Hancock Life Insurance Co.	Invesco Global Fund	**	51,963
*	John Hancock Life Insurance Co.	iShares Gold Trust ETF	**	3,811
*	John Hancock Life Insurance Co.	Mid Cap Index Fund	**	71,909
*	John Hancock Life Insurance Co.	Mid Value Fund	**	144,338
*	John Hancock Life Insurance Co.	Real Est. Securities Fund	**	101,911
*	John Hancock Life Insurance Co.	Royce Opportunity	**	91,458
*	John Hancock Life Insurance Co.	Science & Technology Fund	**	51,824
*	John Hancock Life Insurance Co.	Small Cap Stock Fund	**	12,093
*	John Hancock Life Insurance Co.	Small Cap Index Fund	**	94,792
*	John Hancock Life Insurance Co.	T. Rowe Price Health Sci	**	93,606
*	John Hancock Life Insurance Co.	T. Rowe Price Sci & Tech	**	483,883
*	John Hancock Life Insurance Co.	T. Rowe Price Sml Cap Val	**	98,606
*	John Hancock Life Insurance Co.	Templeton Foreign Smaller Co	**	64,018
*	John Hancock Life Insurance Co.	Vanguard Energy Fund	**	136,126
*	John Hancock Life Insurance Co.	Vanguard Explorer Fund	**	21,662
*	John Hancock Life Insurance Co.	Vanguard Small Cap Grow Index	**	30,053
*	John Hancock Life Insurance Co.	500 Index Fund	**	77,082
*	John Hancock Life Insurance Co.	American Funds EuroPac Growth	**	39,204
*	John Hancock Life Insurance Co.	American Funds New Perspective	**	231,426

HALL INDUSTRIES, INC.
401(K) RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OR YEAR
EIN: 25-1154920
PLAN NUMBER 002
DECEMBER 31, 2022

(Continued)

(a)	Identity of Issue, Borrower, Lessor, or Similar Party (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	John Hancock Life Insurance Co.	Capital Appreciation Fund	**	227,155
*	John Hancock Life Insurance Co.	Fundamental Large Cap Value	**	172,587
*	John Hancock Life Insurance Co.	John Hancock Disciplined Value Intl Fund	**	7,367
*	John Hancock Life Insurance Co.	John Hancock Mid Cap Growth	**	164,241
*	John Hancock Life Insurance Co.	John Hancock U.S. Growth Fund	**	78,781
*	John Hancock Life Insurance Co.	JPMorgan US Equity Fund	**	289,991
*	John Hancock Life Insurance Co.	MFS Utilities Fund	**	81,588
*	John Hancock Life Insurance Co.	Blue Chip Growth Fund	**	250,056
*	John Hancock Life Insurance Co.	T. Rowe Price Equity Inc.	**	43,149
*	John Hancock Life Insurance Co.	AF The Growth Fund of America	**	51,646
*	John Hancock Life Insurance Co.	Total Stock Market Index Fund	**	3,793
*	John Hancock Life Insurance Co.	AF American Balanced Fund	**	253,907
*	John Hancock Life Insurance Co.	BlackRock Global Allocation	**	1,206
*	John Hancock Life Insurance Co.	PIMCO All Asset	**	3,887
*	John Hancock Life Insurance Co.	Strategic Income Opp Fund	**	5,549
*	John Hancock Life Insurance Co.	T. Rowe Price Cap Appreciation	**	154,442
*	John Hancock Life Insurance Co.	T. Rowe Price Spectrum Inc	**	8,172
*	John Hancock Life Insurance Co.	Fidelity Advisor Total Bond	**	43,285
*	John Hancock Life Insurance Co.	Floating Rate Income Fund	**	7,382
*	John Hancock Life Insurance Co.	High Yield Fund	**	12,333
*	John Hancock Life Insurance Co.	PIMCO Real Return	**	10,918
*	John Hancock Life Insurance Co.	Guaranteed Interest Accounts	**	<u>503,754</u>
				9,894,922
*	Participant Loans	Interest Rates ranging from 4.25% to 8.5%	\$ -	<u>217,412</u>
				<u>\$ 10,112,334</u>
*	Party-In-Interest			
**	Cost information is not required for participant-directed accounts and, therefore, is not presented.			

Multiple-Employer Plan Participating Employer Information

Hall Industries, Inc. 401(k) Retirement Plan

EIN: 25-1154920

PN: 002

Participating Employer	EIN	% of Total Contributions	End Balance
* Hall Industries, Inc.	25-1154920	33.31%	5,305,347
* Standard Tool & Machine Co.	25-1348262	12.28%	1,498,100
* Hall Tehnical Services, LLC	27-2415489	16.69%	1,522,355
* Hall Technical Services, NY, LLC	47-4346462	9.35%	407,697
* Hall Equipment, LLC dba Heyl & Patterson Equipment	81-4701579	27.66%	1,359,122
Hall Fluid Power, LLC	88-1727231	0.70%	24,423

* Controlled Group of Sponsor

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
---	---	---

Part I Annual Report Identification Information	
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II Basic Plan Information—enter all requested information											
1a Name of plan HALL INDUSTRIES, INC. 401(K) RETIREMENT PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">002</td> </tr> <tr> <td colspan="2">1c Effective date of plan 04/01/1993</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 25-1154920</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 724-752-2000</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 332700</td> </tr> </table>	1b Three-digit plan number (PN) ▶	002	1c Effective date of plan 04/01/1993		2b Employer Identification Number (EIN) 25-1154920		2c Plan Sponsor's telephone number 724-752-2000		2d Business code (see instructions) 332700	
1b Three-digit plan number (PN) ▶	002										
1c Effective date of plan 04/01/1993											
2b Employer Identification Number (EIN) 25-1154920											
2c Plan Sponsor's telephone number 724-752-2000											
2d Business code (see instructions) 332700											
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) HALL INDUSTRIES, INC. 514 MECKLEM LANE ELLWOOD CITY PA 16117-3028											

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

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

SIGN HERE		09/29/2023	John Schlafhauser
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	293
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	221
a(2) Total number of active participants at the end of the plan year		6a(2)	206
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits		6c	75
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	281
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	1
f Total. Add lines 6d and 6e		6f	282
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	255
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	37
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 2U 2X 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 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 _____

HALL INDUSTRIES, INC.
401(K) RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
EIN: 25-1154920
PLAN NUMBER 002
DECEMBER 31, 2022

(a)	Identity of Issue, Borrower, Lessor, or Similar Party (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	John Hancock Life Insurance Co.	JH Multimanager 2065 Lifetime	**	\$ 17,920
*	John Hancock Life Insurance Co.	JH Multimanager 2060 Lifetime	**	250,792
*	John Hancock Life Insurance Co.	JH Multimanager 2055 Lifetime	**	208,373
*	John Hancock Life Insurance Co.	JH Multimanager 2050 Lifetime	**	261,856
*	John Hancock Life Insurance Co.	JH Multimanager 2045 Lifetime	**	190,925
*	John Hancock Life Insurance Co.	JH Multimanager 2040 Lifetime	**	350,105
*	John Hancock Life Insurance Co.	JH Multimanager 2035 Lifetime	**	420,680
*	John Hancock Life Insurance Co.	JH Multimanager 2030 Lifetime	**	341,791
*	John Hancock Life Insurance Co.	JH Multimanager 2025 Lifetime	**	267,842
*	John Hancock Life Insurance Co.	JH Multimanager 2020 Lifetime	**	40,192
*	John Hancock Life Insurance Co.	JH Multimanager Aggressive LS	**	359,665
*	John Hancock Life Insurance Co.	JH Multimanager Growth LS	**	1,160,840
*	John Hancock Life Insurance Co.	JH Multimanager Balanced LS	**	520,071
*	John Hancock Life Insurance Co.	JH Multimanager Moderate LS	**	112,342
*	John Hancock Life Insurance Co.	JH Multimanager Conserv LS	**	108,076
*	John Hancock Life Insurance Co.	American Century Heritage	**	252,049
*	John Hancock Life Insurance Co.	Vanguard Equity-Income Fund	**	381,810
*	John Hancock Life Insurance Co.	AF Capital World Bond Fund	**	11,466
*	John Hancock Life Insurance Co.	Financial Industries Fund	**	198,498
*	John Hancock Life Insurance Co.	American Funds Bond Fund of America	**	68,802
*	John Hancock Life Insurance Co.	Intl Equity Index Fund	**	5,123
*	John Hancock Life Insurance Co.	Invesco Developing Mkt	**	81,571
*	John Hancock Life Insurance Co.	Invesco Small Cap Growth	**	9,179
*	John Hancock Life Insurance Co.	Invesco Global Fund	**	51,963
*	John Hancock Life Insurance Co.	iShares Gold Trust ETF	**	3,811
*	John Hancock Life Insurance Co.	Mid Cap Index Fund	**	71,909
*	John Hancock Life Insurance Co.	Mid Value Fund	**	144,338
*	John Hancock Life Insurance Co.	Real Est. Securities Fund	**	101,911
*	John Hancock Life Insurance Co.	Royce Opportunity	**	91,458
*	John Hancock Life Insurance Co.	Science & Technology Fund	**	51,824
*	John Hancock Life Insurance Co.	Small Cap Stock Fund	**	12,093
*	John Hancock Life Insurance Co.	Small Cap Index Fund	**	94,792
*	John Hancock Life Insurance Co.	T. Rowe Price Health Sci	**	93,606
*	John Hancock Life Insurance Co.	T. Rowe Price Sci & Tech	**	483,883
*	John Hancock Life Insurance Co.	T. Rowe Price Sml Cap Val	**	98,606
*	John Hancock Life Insurance Co.	Templeton Foreign Smaller Co	**	64,018
*	John Hancock Life Insurance Co.	Vanguard Energy Fund	**	136,126
*	John Hancock Life Insurance Co.	Vanguard Explorer Fund	**	21,662
*	John Hancock Life Insurance Co.	Vanguard Small Cap Grow Index	**	30,053
*	John Hancock Life Insurance Co.	500 Index Fund	**	77,082
*	John Hancock Life Insurance Co.	American Funds EuroPac Growth	**	39,204
*	John Hancock Life Insurance Co.	American Funds New Perspective	**	231,426

HALL INDUSTRIES, INC.
401(K) RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OR YEAR
EIN: 25-1154920
PLAN NUMBER 002
DECEMBER 31, 2022

(Continued)

(a)	Identity of Issue, Borrower, Lessor, or Similar Party (b)	Description of Investment (c)	Cost (d)	Current Value (e)
*	John Hancock Life Insurance Co.	Capital Appreciation Fund	**	227,155
*	John Hancock Life Insurance Co.	Fundamental Large Cap Value	**	172,587
*	John Hancock Life Insurance Co.	John Hancock Disciplined Value Intl Fund	**	7,367
*	John Hancock Life Insurance Co.	John Hancock Mid Cap Growth	**	164,241
*	John Hancock Life Insurance Co.	John Hancock U.S. Growth Fund	**	78,781
*	John Hancock Life Insurance Co.	JPMorgan US Equity Fund	**	289,991
*	John Hancock Life Insurance Co.	MFS Utilities Fund	**	81,588
*	John Hancock Life Insurance Co.	Blue Chip Growth Fund	**	250,056
*	John Hancock Life Insurance Co.	T. Rowe Price Equity Inc.	**	43,149
*	John Hancock Life Insurance Co.	AF The Growth Fund of America	**	51,646
*	John Hancock Life Insurance Co.	Total Stock Market Index Fund	**	3,793
*	John Hancock Life Insurance Co.	AF American Balanced Fund	**	253,907
*	John Hancock Life Insurance Co.	BlackRock Global Allocation	**	1,206
*	John Hancock Life Insurance Co.	PIMCO All Asset	**	3,887
*	John Hancock Life Insurance Co.	Strategic Income Opp Fund	**	5,549
*	John Hancock Life Insurance Co.	T. Rowe Price Cap Appreciation	**	154,442
*	John Hancock Life Insurance Co.	T. Rowe Price Spectrum Inc	**	8,172
*	John Hancock Life Insurance Co.	Fidelity Advisor Total Bond	**	43,285
*	John Hancock Life Insurance Co.	Floating Rate Income Fund	**	7,382
*	John Hancock Life Insurance Co.	High Yield Fund	**	12,333
*	John Hancock Life Insurance Co.	PIMCO Real Return	**	10,918
*	John Hancock Life Insurance Co.	Guaranteed Interest Accounts	**	503,754
				9,894,922
*	Participant Loans	Interest Rates ranging from 4.25% to 8.5%	\$ -	217,412
				\$ 10,112,334
*	Party-In-Interest			
**	Cost information is not required for participant-directed accounts and, therefore, is not presented.			