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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                                   | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....   | ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                |

|                                                                                                                                                                                                                                                               |                                                                                                           |  |                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II                                                                                                                                                                                                                                                       | <b>Basic Plan Information</b> —enter all requested information                                            |  |                                                                                                                                                                                                                |
| <b>1a</b> Name of plan                                                                                                                                                                                                                                        | <u>TOOLING SYSTEMS GROUP, INC. 401(K) RETIREMENT SAVINGS PLAN</u>                                         |  | <b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>                                                                                                                                                            |
|                                                                                                                                                                                                                                                               |                                                                                                           |  | <b>1c</b> Effective date of plan<br><u>01/01/2012</u>                                                                                                                                                          |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) | <u>TOOLING SYSTEMS GROUP, INC.</u><br><br><br><u>555 PLYMOUTH AVE NE</u><br><u>GRAND RAPIDS, MI 49505</u> |  | <b>2b</b> Employer Identification Number (EIN)<br><u>26-3899248</u><br><br><b>2c</b> Plan Sponsor's telephone number<br><u>616-647-9513</u><br><br><b>2d</b> Business code (see instructions)<br><u>332900</u> |

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

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

|              |                                                   |            |                                                              |
|--------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN<br>HERE | Filed with authorized/valid electronic signature. | 10/06/2023 | ANDREW JOHNSON                                               |
|              | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE |                                                   |            |                                                              |
|              | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                          |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>5</b> 572                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits.....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b> 467<br><b>6a(2)</b> 482<br><b>6b</b> 2<br><b>6c</b> 96<br><b>6d</b> 580<br><b>6e</b> 0<br><b>6f</b> 580<br><b>6g</b> 436<br><b>6h</b> 20                                                                                                                                                                                                                                                                                                                                                                     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2J 2K 2F 2G 3D 3H 2T 2U<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                  |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <b>1 A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

|                                                                                            |                                                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |
| A Name of plan<br>TOOLING SYSTEMS GROUP, INC. 401(K) RETIREMENT SAVINGS PLAN               | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>TOOLING SYSTEMS GROUP, INC.      | D Employer Identification Number (EIN)<br>26-3899248 |

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

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

|                                                                          |
|--------------------------------------------------------------------------|
| (a) Name of insurance carrier<br>VOYA LIFE INSURANCE AND ANNUITY 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     |
| 71-0294708 | 86509         | 81C391                                | 435                                                                         | 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<br>39924 | (b) Total amount of fees paid<br>0 |
|-----------------------------------------------|------------------------------------|

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

|                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid<br>THE HUNTINGTON INVESTMENT COMPANY<br>41 S HIGH ST 7TH FLOOR<br>COLUMBUS, OH 43215 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 39924                                         |                                 |             | 3                     |

|                                                                                                  |
|--------------------------------------------------------------------------------------------------|
| (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 |                       |
|                                               |                                 |             |                       |

---

(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.

|          |                                                                                              |          |          |
|----------|----------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end..... | <b>4</b> | 2313419  |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....   | <b>5</b> | 24811735 |

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

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

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

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

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

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

**b** Balance at the end of the previous year ..... **7b** 2456534

|          |                                                                                         |              |        |  |
|----------|-----------------------------------------------------------------------------------------|--------------|--------|--|
| <b>c</b> | Additions: (1) Contributions deposited during the year .....                            | <b>7c(1)</b> | 206101 |  |
|          | (2) Dividends and credits.....                                                          | <b>7c(2)</b> | 0      |  |
|          | (3) Interest credited during the year.....                                              | <b>7c(3)</b> | 55407  |  |
|          | (4) Transferred from separate account.....                                              | <b>7c(4)</b> |        |  |
|          | (5) Other (specify below) .....                                                         | <b>7c(5)</b> | 6357   |  |
|          | ▶ LOAN REPAYMENTS, POSITIVE VALUE ADJUSTMENTS,<br>COLLATERAL INTEREST EARNED, TRANSFERS |              |        |  |

(6) Total additions..... **7c(6)** 267865

**d** Total of balance and additions (add lines **7b** and **7c(6)**)..... **7d** 2724399

**e** Deductions:

|                                                                           |              |        |
|---------------------------------------------------------------------------|--------------|--------|
| (1) Disbursed from fund to pay benefits or purchase annuities during year | <b>7e(1)</b> | 266385 |
| (2) Administration charge made by carrier.....                            | <b>7e(2)</b> | 905    |
| (3) Transferred to separate account.....                                  | <b>7e(3)</b> | 114008 |
| (4) Other (specify below) .....                                           | <b>7e(4)</b> | 29682  |

▶ LOAN DISBURSEMENTS, NEGATIVE VALUE ADJUSTMENTS,  
TRANSFERRED ASSETS

(5) Total deductions..... **7e(5)** 410980

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 2313419

**Part III Welfare Benefit Contract Information**

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |     |
| A Name of plan<br>TOOLING SYSTEMS GROUP, INC. 401(K) RETIREMENT SAVINGS PLAN               | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>TOOLING SYSTEMS GROUP, INC.      | D Employer Identification Number (EIN)<br>26-3899248 |     |

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 |
| VOYA RETIREMENT INSURANCE CO                                                                               |
| 71-0294708                                                                                                 |

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

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

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

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

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

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

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

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

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

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

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

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

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

VOYA RETIREMENT INSURANCE CO

71-0294708

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 50                  | NONE KNOWN                                                                                        | 38123                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

THE HUNTINGTON NATIONAL BANK

31-0966785

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 99                     | NONE KNOWN                                                                                        | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 29468                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

WATKINS ROSS

200 OTTAWA AVE NW STE 600  
GRAND RAPIDS, MA 49503

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 49                     | NONE KNOWN                                                                                        | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 14320                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

**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)

MORNINGSTAR

36-3297908

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | NONE KNOWN                                                                                        | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 4637                                                                                                                                                                            | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

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

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

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

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| THE HUNTINGTON NATIONAL BANK                            | 99                                      | 29468                                     |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| VOYA RETIREMENT AND ANNUITY<br><br>71-0294708                       | OTHER FEES                                                                                                                                                         |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| WATKINS ROSS                                            | 49                                      | 14320                                     |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| VOYA RETIREMENT AND ANNUITY<br><br>71-0294708                       | OTHER FEES                                                                                                                                                         |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| MORNINGSTAR                                             | 27                                      | 4637                                      |

| (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. |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| VOYA RETIREMENT AND ANNUITY<br><br>71-0294708                       | INVESTMENT ADVISORY (PLAN)                                                                                                                                         |

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

|                                                                                                                                                                |                                                                                               |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------|
| For calendar plan year 2022 or fiscal plan year beginning <span style="color: blue;">01/01/2022</span> and ending <span style="color: blue;">12/31/2022</span> |                                                                                               |                                       |
| <b>A</b> Name of plan<br><span style="color: blue;">TOOLING SYSTEMS GROUP, INC. 401(K) RETIREMENT SAVINGS PLAN</span>                                          | <b>B</b> Three-digit plan number (PN) <span style="color: blue;">►</span>                     | <span style="color: blue;">001</span> |
|                                                                                                                                                                |                                                                                               |                                       |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">TOOLING SYSTEMS GROUP, INC.</span>                          | <b>D</b> Employer Identification Number (EIN)<br><span style="color: blue;">26-3899248</span> |                                       |

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

|                                                                                                                                                    |                                                          |                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">VOYA LIFE INSURANCE AND ANNUITY COM</span>                               |                                                          |                                                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY SEPERATE ACCOUNT</span> |                                                          |                                                                                                                                                |
| <b>c</b> EIN-PN <span style="color: blue;">71-0294708-000</span>                                                                                   | <b>d</b> Entity code <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">24811735</span> |
|                                                                                                                                                    |                                                          |                                                                                                                                                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                     |                                                          |                                                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a):                                                                                                  |                                                          |                                                                                                                                                |
| <b>c</b> EIN-PN                                                                                                                                    | <b>d</b> Entity code                                     | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                            |
|                                                                                                                                                    |                                                          |                                                                                                                                                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                     |                                                          |                                                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a):                                                                                                  |                                                          |                                                                                                                                                |
| <b>c</b> EIN-PN                                                                                                                                    | <b>d</b> Entity code                                     | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                            |
|                                                                                                                                                    |                                                          |                                                                                                                                                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                     |                                                          |                                                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a):                                                                                                  |                                                          |                                                                                                                                                |
| <b>c</b> EIN-PN                                                                                                                                    | <b>d</b> Entity code                                     | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                            |
|                                                                                                                                                    |                                                          |                                                                                                                                                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                     |                                                          |                                                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a):                                                                                                  |                                                          |                                                                                                                                                |
| <b>c</b> EIN-PN                                                                                                                                    | <b>d</b> Entity code                                     | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                            |
|                                                                                                                                                    |                                                          |                                                                                                                                                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                     |                                                          |                                                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a):                                                                                                  |                                                          |                                                                                                                                                |
| <b>c</b> EIN-PN                                                                                                                                    | <b>d</b> Entity code                                     | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                            |
|                                                                                                                                                    |                                                          |                                                                                                                                                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                     |                                                          |                                                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a):                                                                                                  |                                                          |                                                                                                                                                |
| <b>c</b> EIN-PN                                                                                                                                    | <b>d</b> Entity code                                     | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                            |
|                                                                                                                                                    |                                                          |                                                                                                                                                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                     |                                                          |                                                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a):                                                                                                  |                                                          |                                                                                                                                                |
| <b>c</b> EIN-PN                                                                                                                                    | <b>d</b> Entity code                                     | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                            |
|                                                                                                                                                    |                                                          |                                                                                                                                                |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                     |                                                          |                                                                                                                                                |
| <b>b</b> Name of sponsor of entity listed in (a):                                                                                                  |                                                          |                                                                                                                                                |
| <b>c</b> EIN-PN                                                                                                                                    | <b>d</b> Entity code                                     | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                            |
|                                                                                                                                                    |                                                          |                                                                                                                                                |

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><u>TOOLING SYSTEMS GROUP, INC. 401(K) RETIREMENT SAVINGS PLAN</u>                                                                                                                                                                               | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                                                                                                                                                                                                   | <u>001</u>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>TOOLING SYSTEMS GROUP, INC.</u>                                                                                                                                                                      | <b>D</b> Employer Identification Number (EIN)<br><u>26-3899248</u>                                                                                                                                                                                                           |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|------------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                  |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year  |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | <b>1a</b>             |                  |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                  |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1b(1)</b>          | 110992           |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1b(2)</b>          | 6403870          |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | <b>1b(3)</b>          |                  |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                  |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(1)</b>          | 155262102836     |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(2)</b>          |                  |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                  |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(A)</b>       |                  |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(B)</b>       |                  |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                  |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(4)(A)</b>       |                  |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(4)(B)</b>       |                  |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | <b>1c(5)</b>          |                  |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(6)</b>          |                  |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(7)</b>          |                  |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(8)</b>          | 175275264516     |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | <b>1c(9)</b>          | 1834433415560166 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(10)</b>         | 104437929247351  |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(11)</b>         |                  |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(12)</b>         |                  |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(13)</b>         | 47467314546839   |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(14)</b>         | 24565342313419   |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(15)</b>         |                  |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 36322678              | 32039989        |

**Liabilities**

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

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 36322678 | 32039989 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 800769     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 2492040    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 93186      |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 3385995   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 10301      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 10301     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 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)  |            | -5550498  |
| (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) |            | -309353   |
| c Other income .....                                                                            | 2c     |            | 3259      |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -2460296  |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 1784270    |           |
| (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)  |            | 1784270   |
| f Corrective distributions (see instructions) .....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions) .....                    | 2g     |            |           |
| h Interest expense .....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees .....                                          | 2i(1)  |            |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 9352       |           |
| (4) Other .....                                                                                 | 2i(4)  | 28771      |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 38123     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 1822393   |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -4282689  |
| 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: **DK WEISS, HOLT & ASSOCIATES, PLLC**

(2) EIN: **30-0022324**

**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 |
|-----------|-----|----|--------|
| <b>4a</b> |     | X  |        |

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

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

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

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

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

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

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>TOOLING SYSTEMS GROUP, INC. 401(K) RETIREMENT SAVINGS PLAN                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>TOOLING SYSTEMS GROUP, INC.                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>26-3899248                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                     | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 71-0294708                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 3                                                                                               |
| Part II                                                                                                                                                                                                                                                                                                                                                    | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>If the plan is a defined benefit plan, go to line 8.                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                   | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                                    | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

**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 \_\_\_\_\_

Tooling Systems Group, Inc.  
401(k) Retirement Savings Plan

**FINANCIAL REPORT**  
**WITH SUPPLEMENTARY INFORMATION**

December 31, 2022

**TOOLING SYSTEMS GROUP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
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## **INDEPENDENT AUDITOR'S REPORT**

To the Plan Administrator  
Tooling Systems Group, Inc. 401(k) Retirement Savings Plan  
Grand Rapids, Michigan

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

We have performed an audit of the accompanying financial statements of the Tooling Systems Group, Inc. 401(k) Retirement Savings 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 statements of changes in net assets available for benefits for the years ended December 31, 2022 and 2021, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Tooling Systems Group, Inc. 401(k) Retirement Savings Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of December 31, 2022 and 2021, and for the year ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

### **Opinion**

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

- the amounts and disclosures in the 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).

D.K. Weiss, Holt & Associates, PLLC

Certified Public Accountants

4660 N. Breton Ct. SE, Ste 102, Kentwood, MI 49508 p 616.871.1233 f 616.871.1244 w Dkweissholt.com

## **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Tooling Systems Group, Inc. 401(k) Retirement Savings 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 the Tooling Systems Group, Inc. 401(k) Retirement Savings 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.

## **Auditor's Responsibilities for the Audit of the Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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.

D.K. Weiss, Holt & Associates, PLLC

Certified Public Accountants

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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 the Tooling Systems Group, Inc. 401(k) Retirement Savings Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Tooling Systems Group, Inc. 401(k) Retirement Savings Plan's ability to continue as a going concern for a reasonable period of time.

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

D.K. Weiss, Holt & Associates, PLLC

Certified Public Accountants

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### Supplemental Schedules Required by ERISA

The supplemental *Schedule of Assets Held at End of Year* (as of December 31, 2022) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

*D. K. Weiss, Holt & Associates, PLLC*

Kentwood, Michigan

August 25, 2023

D.K. Weiss, Holt & Associates, PLLC

Certified Public Accountants

4660 N. Breton Ct. SE, Ste 102, Kentwood, MI 49508 p 616.871.1233 f 616.871.1244 w Dkweissholt.com

**TOOLING SYSTEMS GROUP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

---

|                                                         | December 31,                |                             |
|---------------------------------------------------------|-----------------------------|-----------------------------|
|                                                         | 2022                        | 2021                        |
| <b>Assets</b>                                           |                             |                             |
| <b>Cash and Cash Equivalents</b>                        | \$ 102,836                  | \$ 155,262                  |
| <b>Participant-directed Investments, at Fair Value:</b> |                             |                             |
| Common collective trust accounts                        | 15,560,166                  | 18,344,334                  |
| Pooled separate accounts                                | 9,247,351                   | 10,443,792                  |
| Registered investment companies                         | 4,546,839                   | 4,746,731                   |
| Fully benefit responsive investment contracts           | <u>2,313,419</u>            | <u>2,456,534</u>            |
| Total participant-directed investments, at fair-value   | 31,667,775                  | 35,991,391                  |
| <b>Contributions Receivable:</b>                        |                             |                             |
| Employer                                                | 992                         | 110                         |
| Participant                                             | <u>3,870</u>                | <u>640</u>                  |
| Total contributions receivable                          | <u>4,862</u>                | <u>750</u>                  |
| <b>Notes Receivable from Participants</b>               | <u>264,516</u>              | <u>175,275</u>              |
| <b>Net Assets Available for Benefits</b>                | <u><u>\$ 32,039,989</u></u> | <u><u>\$ 36,322,678</u></u> |

See accompanying notes to financial statements.

**TOOLING SYSTEMS GROUP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

|                                                                     | Year-ended December 31, |                      |
|---------------------------------------------------------------------|-------------------------|----------------------|
|                                                                     | 2022                    | 2021                 |
| <b>Additions (Reductions)</b>                                       |                         |                      |
| Additions (reductions) to net assets attributed to:                 |                         |                      |
| Investment income (loss)                                            |                         |                      |
| Net appreciation (depreciation) in fair value of investments        | \$ (5,856,592)          | \$ 4,588,322         |
| Interest and dividends                                              | 10,301                  | 8,753                |
| Total investment income (loss)                                      | (5,846,291)             | 4,597,075            |
| Less investment expenses                                            | -                       | -                    |
| Total additions (reductions) attributed to investments              | (5,846,291)             | 4,597,075            |
| Contributions:                                                      |                         |                      |
| Participant                                                         | 2,492,040               | 2,047,779            |
| Employer                                                            | 800,769                 | 272,390              |
| Other - including rollover                                          | 93,186                  | 57,986               |
| Total contributions                                                 | 3,385,995               | 2,378,155            |
| Total additions (reductions)                                        | (2,460,296)             | 6,975,230            |
| <b>Deductions</b>                                                   |                         |                      |
| Deductions from net assets attributed to:                           |                         |                      |
| Benefits paid to participants                                       | 1,784,270               | 2,893,905            |
| Participant loan deemed distributions                               | -                       | 3,748                |
| Administrative expenses and other                                   | 38,123                  | 47,101               |
| Total deductions                                                    | 1,822,393               | 2,944,754            |
| <b>Net Increase (Decrease) in Net Assets Available for Benefits</b> | (4,282,689)             | 4,030,476            |
| <b>Net Assets Available for Benefits</b>                            |                         |                      |
| Beginning of year                                                   | 36,322,678              | 32,292,202           |
| End of year                                                         | <u>\$ 32,039,989</u>    | <u>\$ 36,322,678</u> |

See accompanying notes to financial statements.

**TOOLING SYSTEMS GROUP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 and 2021**

---

**NOTE 1 – DESCRIPTION OF PLAN**

The following description of the Tooling Systems Group, Inc. 401(k) Retirement Savings Plan (the “Plan”) is provided for general information purposes only. The Plan was established January 1, 2012, is sponsored by Tooling Systems Group, Inc. (“the Plan sponsor”), and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan has been amended from time to time (most recently, effective January 1, 2022) to comply with current legislation and management believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

**General**

The Plan is a multiple employer defined contribution plan available to qualifying employees of the following entities (the “participating employers”):

- Tooling Systems Group, Inc. (‘Corporate’)
- Advanced Tooling Systems, Inc. (‘ATS’)
- Concept Tooling Systems, Inc. (‘CTS’)
- Dienamic Tooling Systems, Inc. (‘DTS’)
- Eagle Industrial Group, LLC (‘Eagle’)
- Engineered Tooling Systems, Inc. (‘ETS’)
- Guo Ji Tooling Solutions, LLC (‘Guo Ji’)
- Hot Stamp Tooling Systems, LLC (‘HTS’)
- Rapid Tooling Systems, Inc. (‘RTS’)
- Specialty Tooling Systems, Inc. (‘STS’)
- Steel Craft Technologies, Inc. (‘SCT’)
- Ultimate Gaging Systems, LLC (‘UGS’)

**TOOLING SYSTEMS GROUP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 and 2021**

---

**NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)**

**Eligibility**

Employees become eligible to participate in the Plan following completion of 30 days of service (as described by the Plan document) and the attainment of age 18. Eligible employees may receive matching and profit-sharing contributions following the completion of 30 days of service.

Eligible participants may enter the Plan on the first day of the month following completion of these requirements.

**Contributions**

Participants may make voluntary contributions to the Plan of up to 100% of their annual eligible compensation, but not in excess of the maximum amount permitted by the Internal Revenue Code. Participating employers may elect to make a matching contribution determined annually. Participating employers elected to make a matching contribution totaling 50% of employee deferrals up to 6% of eligible compensation during 2022.

During 2021, STS elected to make a matching contribution totaling 50% of employee deferrals up to 4% of eligible compensation. Each of the other participating employers elected to make a matching contribution totaling 25% of employee deferrals up to 4% of eligible compensation during 2021.

**Participant accounts**

Upon enrollment in the Plan, or at any time subsequent, a participant may direct contributions into any of the available investment options. Each participant's account is credited with contributions in an amount equal to the salary reduction elected by that employee and any related matching contribution. Earnings and administrative expenses are allocated based on the participant's account balance. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

**TOOLING SYSTEMS GROUP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 and 2021**

---

**NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)**

**Vesting**

Each participant's account is credited with voluntary contributions and an allocation of Plan earnings based on the participant's account balance. Participants are immediately vested in their elective deferral, plus actual earnings.

Employer matching and profit-sharing contributions vest based on years of continuous service. Specifically, employer matching and profit-sharing contributions vest according to the following schedule:

| Vesting<br>service<br>(years) | Vesting<br>percentage |
|-------------------------------|-----------------------|
| 1                             | 25%                   |
| 2                             | 50%                   |
| 3                             | 100%                  |

**Loans**

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined by the Plan administrator (generally the prime rate plus 1%). Repayment of loan principal and interest are made through regular payroll deductions for a period of up to 5 years. If a participant's employment terminates for any reason and the loan balances are not paid in full within 90 days of termination, the loan balances will be deemed distributed and become taxable income to the participant. Participants may continue to make loan repayments after termination of employment under procedures established by the Plan administrator.

**TOOLING SYSTEMS GROUP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 and 2021**

---

**NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)**

**Forfeitures**

Forfeitures of non-vested matching or profit-sharing contributions from terminated participant accounts are used to offset future matching contributions, future profit-sharing contributions, or to pay expenses of Plan administration, as determined by Plan management.

**Benefit Payments**

Generally, benefits are paid to participants at termination. When the service period ends as a result of death or retirement, the participant or beneficiary will receive a lump sum distribution equal to the value of their accounts. Participants may elect to defer receipt of benefits. The Plan had obligations to terminated employees totaling \$4,683,781 and \$6,064,870 at December 31, 2022 and 2021, respectively.

**Investment Options**

All investments are participant directed among various *Voya Retirement Insurance and Annuity Company* or *Robert W. Baird & Co. Incorporated* investment options at December 31, 2022 and 2021.

**Administrative Expenses**

Unless elected to be paid by the participating employers, administrative expenses incurred in connection with the Plan shall be paid from forfeitures, except for expenses related to distributions and other participant-initiated transactions, which are charged to the account of the participant.

Certain plan administrative fees are absorbed by the participating employers and certain administrative fees are paid by the Plan. Administrative fees paid by the Plan amounted to \$38,123 and \$47,101 during 2022 and 2021, respectively.

**TOOLING SYSTEMS GROUP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 and 2021**

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**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

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

**Investment Valuation and Income Recognition**

All Plan investments as of December 31, 2022 and 2021 are held by the custodian, *Voya Retirement Insurance and Annuity Company* or *Robert W. Baird & Co. Incorporated*, and are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for further discussion and disclosure related to fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Realized and unrealized gains and losses on the Plan's investments are included in net appreciation in the fair value of investments in the statements of changes in net assets available for benefits.

**Payment of Benefits**

Benefits are recorded when paid.

**Use of Estimates**

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

**TOOLING SYSTEMS GROUP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 and 2021**

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**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**  
**(CONTINUED)**

**Risks and Uncertainties**

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

**NOTE 3 – PLAN TERMINATION**

Although it has not expressed any intent to do so, the participating employers have the right to terminate the Plan subject to the provisions of ERISA. In the event of termination, the plan custodian shall hold the funds for distribution and distribute to the participants their full account balance on the date of such termination, less the administrative cost to the custodian for such distribution, in accordance with the Plan provisions.

**NOTE 4 – TAX STATUS**

The participating employers Board of Directors adopted the Volume Submitter Profit Sharing 401(k) Plan document. The Plan document has received an opinion letter dated June 30, 2020 from the Internal Revenue Service stating that the written form of the underlying prototype plan document is qualified under Section 401(a) of the Internal Revenue Code (the "Code") and that any employer adopting this form of the Plan will be considered to have a plan qualified under Section 401(a) of the Code. The Plan is required to operate in conformity with the Code to maintain qualification.

Although the Plan has been amended since receiving the determination letter, management believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believes the Plan is qualified and the related trust is tax exempt.

**TOOLING SYSTEMS GROUP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 and 2021**

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**NOTE 4 – TAX STATUS (CONTINUED)**

The Plan has adopted the provisions of ASC Topic 740, *Income Taxes*, relating to uncertain tax positions. ASC Topic 740 provides a consistent framework to determine the appropriate level of tax reserves to maintain for uncertain tax positions. Specifically, the Plan must recognize a tax liability (or asset) if the Plan has taken an uncertain position that *more likely than not* would not be sustained upon examination by applicable taxing authorities.

The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022 and 2021, there were no uncertain tax positions taken or expected to be taken that would require recognition or disclosure in the financial statements.

**NOTE 5 – PARTY-IN-INTEREST TRANSACTIONS**

The participating employers provides certain accounting, recordkeeping, and administrative services for the Plan for which no compensation is received. Administrative expenses for legal, accounting and other services are rendered by parties-in-interest and are paid by the participating employers.

Certain plan assets are in investment funds managed by *Voya Retirement Insurance and Annuity Company*, the Plan custodian. Therefore, transactions with *Voya Retirement Insurance and Annuity Company* qualify as party-in-interest transactions.

**NOTE 6 – INVESTMENTS - UNAUDITED**

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Tooling Systems Group, Inc. 401(k) Retirement Savings 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).

**TOOLING SYSTEMS GROUP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 and 2021**

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**NOTE 6 – INVESTMENTS – UNAUDITED (CONTINUED)**

*Voya Retirement Insurance and Annuity Company*, the custodian of the Plan, has certified the completeness and accuracy of all investment information reflected in the accompanying statements of net assets available for benefits as of December 31, 2022 and 2021, the 2022 schedule of assets held at end of year, and the related investment activity reflected in the statements of changes in net assets available for benefits for 2022 and 2021.

**NOTE 7 – FAIR VALUE OF FINANCIAL INSTRUMENTS**

FASB ASC Topic 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). ASC Topic 820 requires fair value measurements to be separately disclosed by level within the fair value hierarchy.

The three levels of fair value hierarchy under ASC Topic 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include: quoted market prices for *similar* assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived 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 input must be observable for substantially the full term of the asset or liability.

Level 3: Valuation is generated from model-based techniques that use at least one significant assumption not observable in the market. These unobservable assumptions reflect the estimates of assumptions that market participants would use in pricing the asset or liability.

TOOLING SYSTEMS GROUP, INC. 401(k) RETIREMENT SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2022 and 2021

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**NOTE 7 – FAIR VALUE OF FINANCIAL INSTRUMENTS (CONTINUED)**

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. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following valuation methodologies were used to measure the fair value of the Plan's investments:

*Common collective trusts* (CCT's) consist of investments in open-ended mutual funds, insurance company separate accounts, and collective trust funds. CCT's are valued at the NAV of underlying portfolio fund shares at year-end. CCT holdings are included as Level 1 assets in the fair value hierarchy.

*Pooled separate accounts* are valued at the current participation-unit value of units held by the Plan at year-end. The unit value is valued at the NAV of underlying variable portfolio fund shares held by the portfolio at year-end. Pooled separate account holdings are included as Level 1 assets in the fair value hierarchy.

*Registered investment companies* are valued at quoted market prices in an exchange and active market. Registered investment company holdings are included as Level 1 assets in the fair value hierarchy.

*Fully benefit-responsive investment contracts* ("FBRIC's") consist of a diversified portfolio of Guaranteed Investment Contracts issued by life insurance companies, banks and other financial institutions - the performance of which may be predicated on underlying fixed income investments. The principal value of these assets is designed to remain stable regardless of stock and bond market fluctuations. FBRIC's are valued at fair value using NAV per share (or its equivalent) as a practical expedient at year-end. In accordance with accounting pronouncements, the FBRIC's which are carried at fair value using the net asset value practical expedient, are no longer carried at contract value in the statement of net assets available for benefits and are not categorized within the fair value hierarchy.

**TOOLING SYSTEMS GROUP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 and 2021**

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**NOTE 7 – FAIR VALUE OF FINANCIAL INSTRUMENTS (CONTINUED)**

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. Further, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2022 and 2021:

| Description                              | Investments at fair value - December 31, 2022 |             |             |                      |
|------------------------------------------|-----------------------------------------------|-------------|-------------|----------------------|
|                                          | Level 1                                       | Level 2     | Level 3     | Total                |
| Common collective trust accounts         | \$ 15,560,166                                 | \$ -        | \$ -        | \$ 15,560,166        |
| Pooled separate accounts                 | 9,247,351                                     | -           | -           | 9,247,351            |
| Registered investment companies          | 4,546,839                                     | -           | -           | 4,546,839            |
| Total assets in the fair value hierarchy | 29,354,356                                    | -           | -           | 29,354,356           |
| FBRIC's                                  | -                                             | -           | -           | 2,313,419            |
| Total investments at fair value          | <u>\$ 29,354,356</u>                          | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 31,667,775</u> |

| Description                              | Investments at fair value - December 31, 2021 |             |             |                      |
|------------------------------------------|-----------------------------------------------|-------------|-------------|----------------------|
|                                          | Level 1                                       | Level 2     | Level 3     | Total                |
| Common collective trust accounts         | \$ 18,344,334                                 | \$ -        | \$ -        | \$ 18,344,334        |
| Pooled separate accounts                 | 10,443,792                                    | -           | -           | 10,443,792           |
| Registered investment companies          | 4,746,731                                     | -           | -           | 4,746,731            |
| Total assets in the fair value hierarchy | 33,534,857                                    | -           | -           | 33,534,857           |
| FBRIC's                                  | -                                             | -           | -           | 2,456,534            |
| Total investments at fair value          | <u>\$ 33,534,857</u>                          | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 35,991,391</u> |

The Plan held no Level 3 (or Level 2) investments at December 31, 2022 or 2021. As a result, there are no changes in fair value of Level 3 assets to report for either year.

**TOOLING SYSTEMS GROUP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2022 and 2021**

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**NOTE 8 – EXCESS CONTRIBUTIONS PAYABLE TO PARTICIPANTS**

The Plan is subject to certain non-discrimination rules under ERISA and the Code. For the Plan years ended December 31, 2022 and 2021, the Plan failed certain non-discrimination tests under the Code due to lower contribution percentages by non-highly compensated eligible employees relative to the contribution percentages of highly compensated eligible employees. In order to meet the requirements of the non-discrimination rules, the Plan refunded a portion of the contributions made by highly compensated participants, in accordance with applicable provisions of the Code.

The refund attributable to 2022 totaled \$5,449; net of investment losses of \$810.

The refund attributable to 2021 totaled \$17,762; including investment earnings of \$1,981.

**NOTE 9 – SUBSEQUENT EVENTS**

In accordance with ASC Topic 855, *Subsequent Events*, the Plan's management has evaluated subsequent events through August 25, 2023, the date these financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosure in these financial statements.

## **SUPPLEMENTARY INFORMATION**

**TOOLING SYSTEMS GROUP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**SCHEDULE OF ASSETS HELD AT END OF YEAR**  
**FORM 5500, SCHEDULE H, ITEM 4i**  
**EIN 26-3899248 PLAN No. 001**  
**DECEMBER 31, 2022**

| (a)                                           | (b)                                                    | (c)                            | (d)  | (e)                  |
|-----------------------------------------------|--------------------------------------------------------|--------------------------------|------|----------------------|
|                                               | Identity of Issuer, Borrower, Lessor, or Similar Party | Description of Investment      | Cost | Current Value        |
| *                                             | Voya Retirement Insurance and Annuity Company          | TRwPr Retirement I 2005 Fd I   | n/a  | \$ 67,183            |
| *                                             | Voya Retirement Insurance and Annuity Company          | TRwPr Retirement I 2015 Fd I   | n/a  | 69,549               |
| *                                             | Voya Retirement Insurance and Annuity Company          | TRwPr Retirement I 2020 Fd I   | n/a  | 218,035              |
| *                                             | Voya Retirement Insurance and Annuity Company          | TRwPr Retirement I 2025 Fd I   | n/a  | 4,552,013            |
| *                                             | Voya Retirement Insurance and Annuity Company          | TRwPr Retirement I 2030 Fd I   | n/a  | 759,416              |
| *                                             | Voya Retirement Insurance and Annuity Company          | TRwPr Retirement I 2035 Fd I   | n/a  | 5,009,295            |
| *                                             | Voya Retirement Insurance and Annuity Company          | TRwPr Retirement I 2040 Fd I   | n/a  | 797,469              |
| *                                             | Voya Retirement Insurance and Annuity Company          | TRwPr Retirement I 2045 Fd I   | n/a  | 2,088,405            |
| *                                             | Voya Retirement Insurance and Annuity Company          | TRwPr Retirement I 2050 Fd I   | n/a  | 441,108              |
| *                                             | Voya Retirement Insurance and Annuity Company          | TRwPr Retirement I 2055 Fd I   | n/a  | 889,479              |
| *                                             | Voya Retirement Insurance and Annuity Company          | TRwPr Retirement I 2060 Fd I   | n/a  | 552,106              |
| *                                             | Voya Retirement Insurance and Annuity Company          | TRwPr Retirement I 2065 Fd I   | n/a  | 116,108              |
| <b>Total common collective trust accounts</b> |                                                        |                                |      | <b>\$ 15,560,166</b> |
| *                                             | Voya Retirement Insurance and Annuity Company          | AB Large Cap Grw Fnd Z         | n/a  | \$ 1,994,684         |
| *                                             | Voya Retirement Insurance and Annuity Company          | AmCen Mid Cap Value Fund R6    | n/a  | 309,806              |
| *                                             | Voya Retirement Insurance and Annuity Company          | American Funds Am Balanced R6  | n/a  | 1,066,859            |
| *                                             | Voya Retirement Insurance and Annuity Company          | American Funds Nw Prspctv R6   | n/a  | 380,607              |
| *                                             | Voya Retirement Insurance and Annuity Company          | American Funds Wash Mutual R6  | n/a  | 990,635              |
| *                                             | Voya Retirement Insurance and Annuity Company          | Carillon Eagle Mid Cap Grw R6  | n/a  | 328,663              |
| *                                             | Voya Retirement Insurance and Annuity Company          | Cohen&Steers Real Est S Fd Z   | n/a  | 478,887              |
| *                                             | Voya Retirement Insurance and Annuity Company          | JPMorgan SmCp Growth Fnd R6    | n/a  | 605,157              |
| *                                             | Voya Retirement Insurance and Annuity Company          | PGIM High Yield Fund R6        | n/a  | 32,076               |
| *                                             | Voya Retirement Insurance and Annuity Company          | PGIM Total Return Bond Fund R6 | n/a  | 74,272               |
| *                                             | Voya Retirement Insurance and Annuity Company          | PIMCO Income Fund Ins          | n/a  | 150,975              |
| *                                             | Voya Retirement Insurance and Annuity Company          | Vangrd 500 Index Fund Adm      | n/a  | 1,018,913            |
| *                                             | Voya Retirement Insurance and Annuity Company          | Vangrd Em Mkts Stk Ind Fd Adm  | n/a  | 328,964              |
| *                                             | Voya Retirement Insurance and Annuity Company          | Vangrd Infl-Prt Sees Fund Adm  | n/a  | 201,755              |
| *                                             | Voya Retirement Insurance and Annuity Company          | Vangrd Intl Grw Fnd Adm        | n/a  | 294,079              |
| *                                             | Voya Retirement Insurance and Annuity Company          | Vangrd Mid-Cap Index Fund Adm  | n/a  | 248,195              |
| *                                             | Voya Retirement Insurance and Annuity Company          | Vangrd Sm-Cap VI Index Fnd Adm | n/a  | 463,765              |
| *                                             | Voya Retirement Insurance and Annuity Company          | Vangrd Small-Cap Index Fnd Adm | n/a  | 251,452              |
| *                                             | Voya Retirement Insurance and Annuity Company          | Vangrd Tot Int Bnd In F Adm    | n/a  | 1,544                |
| *                                             | Voya Retirement Insurance and Annuity Company          | Vangrd Tot Int Stk In F Adm    | n/a  | 26,063               |
| <b>Total pooled separate accounts</b>         |                                                        |                                |      | <b>\$ 9,247,351</b>  |
| *                                             | Robert W. Baird & Co. Incorporated                     | AT&T Inc                       | n/a  | \$ 134,393           |
| *                                             | Robert W. Baird & Co. Incorporated                     | Air Products & Chemicals Inc   | n/a  | 123,304              |
| *                                             | Robert W. Baird & Co. Incorporated                     | Amgen, Inc.                    | n/a  | 106,368              |
| *                                             | Robert W. Baird & Co. Incorporated                     | Automatic Data Processing Inc  | n/a  | 119,430              |
| *                                             | Robert W. Baird & Co. Incorporated                     | Avangrid, Inc.                 | n/a  | 55,874               |
| *                                             | Robert W. Baird & Co. Incorporated                     | Avnet, Inc                     | n/a  | 79,002               |
| *                                             | Robert W. Baird & Co. Incorporated                     | Bank New York Mellon Corp.     | n/a  | 109,248              |
| *                                             | Robert W. Baird & Co. Incorporated                     | Boeing Company                 | n/a  | 95,245               |

**TOOLING SYSTEMS GROUP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**SCHEDULE OF ASSETS HELD AT END OF YEAR**  
**FORM 5500, SCHEDULE H, ITEM 4i**  
**EIN 26-3899248 PLAN No. 001**  
**DECEMBER 31, 2022**

| (a)                                   | (b)                                                    | (c)                                          | (d)  | (e)                 |
|---------------------------------------|--------------------------------------------------------|----------------------------------------------|------|---------------------|
|                                       | Identity of Issuer, Borrower, Lessor, or Similar Party | Description of Investment                    | Cost | Current Value       |
| *                                     | Robert W. Baird & Co. Incorporated                     | Chevron Corp                                 | n/a  | \$ 35,898           |
| *                                     | Robert W. Baird & Co. Incorporated                     | Cisco Systems, Inc                           | n/a  | 95,280              |
| *                                     | Robert W. Baird & Co. Incorporated                     | Cummins Inc                                  | n/a  | 48,458              |
| *                                     | Robert W. Baird & Co. Incorporated                     | CVS Health Corp                              | n/a  | 88,531              |
| *                                     | Robert W. Baird & Co. Incorporated                     | Coca-Cola Company                            | n/a  | 63,610              |
| *                                     | Robert W. Baird & Co. Incorporated                     | Deere & Company                              | n/a  | 214,380             |
| *                                     | Robert W. Baird & Co. Incorporated                     | Discover Financial Services                  | n/a  | 88,047              |
| *                                     | Robert W. Baird & Co. Incorporated                     | Dow Inc                                      | n/a  | 55,429              |
| *                                     | Robert W. Baird & Co. Incorporated                     | Dupont De Nemours Inc                        | n/a  | 37,472              |
| *                                     | Robert W. Baird & Co. Incorporated                     | Eaton Corp PLC                               | n/a  | 109,865             |
| *                                     | Robert W. Baird & Co. Incorporated                     | Emerson Electric Company                     | n/a  | 153,696             |
| *                                     | Robert W. Baird & Co. Incorporated                     | Exxon Mobil Corp                             | n/a  | 55,150              |
| *                                     | Robert W. Baird & Co. Incorporated                     | Honeywell Intl Inc                           | n/a  | 214,300             |
| *                                     | Robert W. Baird & Co. Incorporated                     | Ingredion Inc                                | n/a  | 107,723             |
| *                                     | Robert W. Baird & Co. Incorporated                     | Intel Corp                                   | n/a  | 100,434             |
| *                                     | Robert W. Baird & Co. Incorporated                     | Intl Business Machines Corp                  | n/a  | 42,267              |
| *                                     | Robert W. Baird & Co. Incorporated                     | Intl Paper Company                           | n/a  | 34,630              |
| *                                     | Robert W. Baird & Co. Incorporated                     | Johnson Controls Intl PLC                    | n/a  | 26,688              |
| *                                     | Robert W. Baird & Co. Incorporated                     | Johnson & Johnson                            | n/a  | 113,056             |
| *                                     | Robert W. Baird & Co. Incorporated                     | Kinder Morgan Inc DE                         | n/a  | 19,888              |
| *                                     | Robert W. Baird & Co. Incorporated                     | MDU Resources Group Inc                      | n/a  | 75,850              |
| *                                     | Robert W. Baird & Co. Incorporated                     | MSC Industrial Direct Class A                | n/a  | 40,850              |
| *                                     | Robert W. Baird & Co. Incorporated                     | McDonalds Corp                               | n/a  | 129,130             |
| *                                     | Robert W. Baird & Co. Incorporated                     | Microsoft Corp                               | n/a  | 513,215             |
| *                                     | Robert W. Baird & Co. Incorporated                     | Norfolk Southern Corp                        | n/a  | 70,230              |
| *                                     | Robert W. Baird & Co. Incorporated                     | Northwest Natural Holding Co New             | n/a  | 99,939              |
| *                                     | Robert W. Baird & Co. Incorporated                     | Pepsico Inc                                  | n/a  | 90,330              |
| *                                     | Robert W. Baird & Co. Incorporated                     | Pfizer Inc                                   | n/a  | 84,546              |
| *                                     | Robert W. Baird & Co. Incorporated                     | Qualcomm Inc                                 | n/a  | 70,362              |
| *                                     | Robert W. Baird & Co. Incorporated                     | Raytheon Company New                         | n/a  | 164,802             |
| *                                     | Robert W. Baird & Co. Incorporated                     | Spire Inc                                    | n/a  | 96,404              |
| *                                     | Robert W. Baird & Co. Incorporated                     | Sysco Corp                                   | n/a  | 100,914             |
| *                                     | Robert W. Baird & Co. Incorporated                     | 3M Company                                   | n/a  | 83,944              |
| *                                     | Robert W. Baird & Co. Incorporated                     | United Parcel Service Inc CL B               | n/a  | 86,920              |
| *                                     | Robert W. Baird & Co. Incorporated                     | U S Bancorp DE New                           | n/a  | 30,527              |
| *                                     | Robert W. Baird & Co. Incorporated                     | Verizon Communications Inc                   | n/a  | 118,200             |
| *                                     | Robert W. Baird & Co. Incorporated                     | Walmart Inc                                  | n/a  | 85,074              |
| *                                     | Robert W. Baird & Co. Incorporated                     | Wells Fargo & Co. New                        | n/a  | 52,851              |
| *                                     | Robert W. Baird & Co. Incorporated                     | Enterprise Products Partners LTD Partnership | n/a  | 25,085              |
| Total registered investment companies |                                                        |                                              |      | <u>\$ 4,546,839</u> |

**TOOLING SYSTEMS GROUP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**SCHEDULE OF ASSETS HELD AT END OF YEAR**  
**FORM 5500, SCHEDULE H, ITEM 4i**  
**EIN 26-3899248 PLAN No. 001**  
**DECEMBER 31, 2022**

| (a) | (b)                                                    | (c)                                                                                                                            | (d)  | (e)                  |
|-----|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------|----------------------|
|     | Identity of Issuer, Borrower, Lessor, or Similar Party | Description of Investment                                                                                                      | Cost | Current Value        |
| *   | Voya Retirement Insurance and Annuity Company          | Voya Fixed Account                                                                                                             | n/a  | \$ 1,500,651         |
| *   | Voya Retirement Insurance and Annuity Company          | Voya Fixed Account (4062)                                                                                                      | n/a  | 812,768              |
|     |                                                        | <b>Total fully-benefit responsive investment contracts</b>                                                                     |      | <b>\$ 2,313,419</b>  |
|     |                                                        | <b>Total participant-directed investments, at fair value</b>                                                                   |      | <b>\$ 31,667,775</b> |
| *   | Robert W. Baird & Co. Incorporated                     | Cash and cash equivalents                                                                                                      | n/a  | \$ 98,617            |
| *   | Voya Retirement Insurance and Annuity Company          | Voya Gv Money Market                                                                                                           | n/a  | 4,219                |
|     |                                                        | <b>Total cash and cash equivalents</b>                                                                                         |      | <b>\$ 102,836</b>    |
| *   | Participants / employer                                | Contribution receivable from participants and employer                                                                         | n/a  | 4,862                |
| *   | Participants                                           | Participant loans - bearing interest at rates ranging from 4.25% to 7.25% and maturing at various dates through December, 2027 | n/a  | 264,516              |
|     |                                                        | <b>Total assets held</b>                                                                                                       |      | <b>\$ 32,039,989</b> |

\* - an asterisk (\*) in this column identifies a person or entity known to be a party in interest to the Plan.

n/a - not applicable; this Plan is an individual account plan that a participant or beneficiary directed with respect to assets allocated to his or her account. Cost information is not required for participant or beneficiary directed accounts.

The above information has been certified by *Voya Retirement Insurance and Annuity Company*, the custodian of the Plan, as complete and accurate.

**TOOLING SYSTEMS GROUP, INC.**  
**TOOLING SYSTEMS GROUP, INC. 401(K) RETIREMENT SAVINGS PLAN**  
**5500 LINE A MULTIPLE EMPLOYER PLANS EMPLOYER INFORMATION**

**Plan Year: 1/1/2022-12/31/2022**

**EIN: 26-3899248**

**Plan number: 001**

| <b>NAME</b>                          | <b>EIN</b> | <b>PERCENTAGE<br/>OF CONTRIBUTIONS</b> |
|--------------------------------------|------------|----------------------------------------|
| Advanced Tooling Systems, Inc.       | 38-2463103 | 13.46%                                 |
| Concept Toling Systems, Inc.         | 20-3295014 | 4.64%                                  |
| Dienamic Tooling Systems, Inc.       | 38-3402959 | 10.91%                                 |
| Engineered Tooling Systems, Inc.     | 38-3287968 | 9.60%                                  |
| Guo Ji Tooling Systems, Inc.         | 61-1554588 | 9.60%                                  |
| Hot Stamp Tooling Systems, Inc.      | 46-0772667 | 2.07%                                  |
| Rapid Tooling Systems, Inc.          | 46-4779792 | 2.93%                                  |
| Specialty Tooling Systems, Inc.      | 38-3510515 | 16.69%                                 |
| Steel Craft Technologies, Inc.       | 32-0161615 | 12.01%                                 |
| Tooling Systems Group, Inc.          | 26-3899248 | 11.02%                                 |
| Ultimate Gaging Sysgtems, Inc.       | 38-3840349 | 5.71%                                  |
| Eagle Industrial Group Federal , LLC | 26-3892560 | 1.36%                                  |
|                                      |            | 100.00%                                |

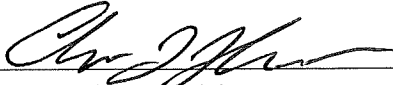
|                                                                                                                                                                                                       |                                                                                                   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

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

|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                           | <b>Basic Plan Information—enter all requested information</b>                                                                                                                             |
| <b>1a</b> Name of plan<br>TOOLING SYSTEMS GROUP, INC. 401(K) RETIREMENT SAVINGS PLAN                                                                                                                                                                                                                                                                     | <b>1b</b> Three-digit plan number (PN) ▶ 001                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                          | <b>1c</b> Effective date of plan<br>01/01/2012                                                                                                                                            |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><br>TOOLING SYSTEMS GROUP, INC.<br><br>555 PLYMOUTH AVE NE<br><br>GRAND RAPIDS MI 49505 | <b>2b</b> Employer Identification Number (EIN)<br>26-3899248<br><br><b>2c</b> Plan Sponsor's telephone number<br>616-647-9513<br><br><b>2d</b> Business code (see instructions)<br>332900 |

**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<br>HERE |  | 10/6/23 | ANDREW JOHNSON                                               |
|              | Signature of plan administrator                                                     | Date    | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE |                                                                                     |         |                                                              |
|              | Signature of employer/plan sponsor                                                  | Date    | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>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

|                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                           |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                             |  | <b>4b</b> EIN<br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                            |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 572 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                            |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 467 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                  |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 482 |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                 |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 96  |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                        |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 580 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                         |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                            |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 580 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                    |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 436 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                         |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 20  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                               |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2J 2K 2F 2G 3D 3H 2T 2U                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                           |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                  |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <b>1 A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |     |

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

**TOOLING SYSTEMS GROUP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**SCHEDULE OF ASSETS HELD AT END OF YEAR**  
**FORM 5500, SCHEDULE H, ITEM 4i**  
**EIN 26-3899248 PLAN No. 001**  
**DECEMBER 31, 2022**

| (a)                                           | (b)                                                    | (c)                            | (d)  | (e)                  |
|-----------------------------------------------|--------------------------------------------------------|--------------------------------|------|----------------------|
|                                               | Identity of Issuer, Borrower, Lessor, or Similar Party | Description of Investment      | Cost | Current Value        |
| *                                             | Voya Retirement Insurance and Annuity Company          | TRwPr Retirement I 2005 Fd I   | n/a  | \$ 67,183            |
| *                                             | Voya Retirement Insurance and Annuity Company          | TRwPr Retirement I 2015 Fd I   | n/a  | 69,549               |
| *                                             | Voya Retirement Insurance and Annuity Company          | TRwPr Retirement I 2020 Fd I   | n/a  | 218,035              |
| *                                             | Voya Retirement Insurance and Annuity Company          | TRwPr Retirement I 2025 Fd I   | n/a  | 4,552,013            |
| *                                             | Voya Retirement Insurance and Annuity Company          | TRwPr Retirement I 2030 Fd I   | n/a  | 759,416              |
| *                                             | Voya Retirement Insurance and Annuity Company          | TRwPr Retirement I 2035 Fd I   | n/a  | 5,009,295            |
| *                                             | Voya Retirement Insurance and Annuity Company          | TRwPr Retirement I 2040 Fd I   | n/a  | 797,469              |
| *                                             | Voya Retirement Insurance and Annuity Company          | TRwPr Retirement I 2045 Fd I   | n/a  | 2,088,405            |
| *                                             | Voya Retirement Insurance and Annuity Company          | TRwPr Retirement I 2050 Fd I   | n/a  | 441,108              |
| *                                             | Voya Retirement Insurance and Annuity Company          | TRwPr Retirement I 2055 Fd I   | n/a  | 889,479              |
| *                                             | Voya Retirement Insurance and Annuity Company          | TRwPr Retirement I 2060 Fd I   | n/a  | 552,106              |
| *                                             | Voya Retirement Insurance and Annuity Company          | TRwPr Retirement I 2065 Fd I   | n/a  | 116,108              |
| <b>Total common collective trust accounts</b> |                                                        |                                |      | <b>\$ 15,560,166</b> |
| *                                             | Voya Retirement Insurance and Annuity Company          | AB Large Cap Grw Fnd Z         | n/a  | \$ 1,994,684         |
| *                                             | Voya Retirement Insurance and Annuity Company          | AmCen Mid Cap Value Fund R6    | n/a  | 309,806              |
| *                                             | Voya Retirement Insurance and Annuity Company          | American Funds Am Balanced R6  | n/a  | 1,066,859            |
| *                                             | Voya Retirement Insurance and Annuity Company          | American Funds Nw Prspctv R6   | n/a  | 380,607              |
| *                                             | Voya Retirement Insurance and Annuity Company          | American Funds Wash Mutual R6  | n/a  | 990,635              |
| *                                             | Voya Retirement Insurance and Annuity Company          | Carillon Eagle Mid Cap Grw R6  | n/a  | 328,663              |
| *                                             | Voya Retirement Insurance and Annuity Company          | Cohen&Steers Real Est S Fd Z   | n/a  | 478,887              |
| *                                             | Voya Retirement Insurance and Annuity Company          | JPMorgan SmCp Growth Fnd R6    | n/a  | 605,157              |
| *                                             | Voya Retirement Insurance and Annuity Company          | PGIM High Yield Fund R6        | n/a  | 32,076               |
| *                                             | Voya Retirement Insurance and Annuity Company          | PGIM Total Return Bond Fund R6 | n/a  | 74,272               |
| *                                             | Voya Retirement Insurance and Annuity Company          | PIMCO Income Fund Ins          | n/a  | 150,975              |
| *                                             | Voya Retirement Insurance and Annuity Company          | Vangrd 500 Index Fund Adm      | n/a  | 1,018,913            |
| *                                             | Voya Retirement Insurance and Annuity Company          | Vangrd Em Mkts Stk Ind Fd Adm  | n/a  | 328,964              |
| *                                             | Voya Retirement Insurance and Annuity Company          | Vangrd Infl-Prt Secs Fund Adm  | n/a  | 201,755              |
| *                                             | Voya Retirement Insurance and Annuity Company          | Vangrd Intl Grw Fnd Adm        | n/a  | 294,079              |
| *                                             | Voya Retirement Insurance and Annuity Company          | Vangrd Mid-Cap Index Fund Adm  | n/a  | 248,195              |
| *                                             | Voya Retirement Insurance and Annuity Company          | Vangrd Sm-Cap VI Index Fnd Adm | n/a  | 463,765              |
| *                                             | Voya Retirement Insurance and Annuity Company          | Vangrd Small-Cap Index Fnd Adm | n/a  | 251,452              |
| *                                             | Voya Retirement Insurance and Annuity Company          | Vangrd Tot Int Bnd In F Adm    | n/a  | 1,544                |
| *                                             | Voya Retirement Insurance and Annuity Company          | Vangrd Tot Int Stk In F Adm    | n/a  | 26,063               |
| <b>Total pooled separate accounts</b>         |                                                        |                                |      | <b>\$ 9,247,351</b>  |
| *                                             | Robert W. Baird & Co. Incorporated                     | AT&T Inc                       | n/a  | \$ 134,393           |
| *                                             | Robert W. Baird & Co. Incorporated                     | Air Products & Chemicals Inc   | n/a  | 123,304              |
| *                                             | Robert W. Baird & Co. Incorporated                     | Amgen, Inc.                    | n/a  | 106,368              |
| *                                             | Robert W. Baird & Co. Incorporated                     | Automatic Data Processing Inc  | n/a  | 119,430              |
| *                                             | Robert W. Baird & Co. Incorporated                     | Avangrid, Inc.                 | n/a  | 55,874               |
| *                                             | Robert W. Baird & Co. Incorporated                     | Avnet, Inc                     | n/a  | 79,002               |
| *                                             | Robert W. Baird & Co. Incorporated                     | Bank New York Mellon Corp.     | n/a  | 109,248              |
| *                                             | Robert W. Baird & Co. Incorporated                     | Boeing Company                 | n/a  | 95,245               |

**TOOLING SYSTEMS GROUP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**SCHEDULE OF ASSETS HELD AT END OF YEAR**  
**FORM 5500, SCHEDULE H, ITEM 4i**  
**EIN 26-3899248 PLAN No. 001**  
**DECEMBER 31, 2022**

| (a)                                          | (b)                                                    | (c)                                          | (d)  | (e)                 |
|----------------------------------------------|--------------------------------------------------------|----------------------------------------------|------|---------------------|
|                                              | Identity of Issuer, Borrower, Lessor, or Similar Party | Description of Investment                    | Cost | Current Value       |
| *                                            | Robert W. Baird & Co. Incorporated                     | Chevron Corp                                 | n/a  | \$ 35,898           |
| *                                            | Robert W. Baird & Co. Incorporated                     | Cisco Systems, Inc                           | n/a  | 95,280              |
| *                                            | Robert W. Baird & Co. Incorporated                     | Cummins Inc                                  | n/a  | 48,458              |
| *                                            | Robert W. Baird & Co. Incorporated                     | CVS Health Corp                              | n/a  | 88,531              |
| *                                            | Robert W. Baird & Co. Incorporated                     | Coca-Cola Company                            | n/a  | 63,610              |
| *                                            | Robert W. Baird & Co. Incorporated                     | Deere & Company                              | n/a  | 214,380             |
| *                                            | Robert W. Baird & Co. Incorporated                     | Discover Financial Services                  | n/a  | 88,047              |
| *                                            | Robert W. Baird & Co. Incorporated                     | Dow Inc                                      | n/a  | 55,429              |
| *                                            | Robert W. Baird & Co. Incorporated                     | Dupont De Nemours Inc                        | n/a  | 37,472              |
| *                                            | Robert W. Baird & Co. Incorporated                     | Eaton Corp PLC                               | n/a  | 109,865             |
| *                                            | Robert W. Baird & Co. Incorporated                     | Emerson Electric Company                     | n/a  | 153,696             |
| *                                            | Robert W. Baird & Co. Incorporated                     | Exxon Mobil Corp                             | n/a  | 55,150              |
| *                                            | Robert W. Baird & Co. Incorporated                     | Honeywell Intl Inc                           | n/a  | 214,300             |
| *                                            | Robert W. Baird & Co. Incorporated                     | Ingredion Inc                                | n/a  | 107,723             |
| *                                            | Robert W. Baird & Co. Incorporated                     | Intel Corp                                   | n/a  | 100,434             |
| *                                            | Robert W. Baird & Co. Incorporated                     | Intl Business Machines Corp                  | n/a  | 42,267              |
| *                                            | Robert W. Baird & Co. Incorporated                     | Intl Paper Company                           | n/a  | 34,630              |
| *                                            | Robert W. Baird & Co. Incorporated                     | Johnson Controls Intl PLC                    | n/a  | 26,688              |
| *                                            | Robert W. Baird & Co. Incorporated                     | Johnson & Johnson                            | n/a  | 113,056             |
| *                                            | Robert W. Baird & Co. Incorporated                     | Kinder Morgan Inc DE                         | n/a  | 19,888              |
| *                                            | Robert W. Baird & Co. Incorporated                     | MDU Resources Group Inc                      | n/a  | 75,850              |
| *                                            | Robert W. Baird & Co. Incorporated                     | MSC Industrial Direct Class A                | n/a  | 40,850              |
| *                                            | Robert W. Baird & Co. Incorporated                     | McDonalds Corp                               | n/a  | 129,130             |
| *                                            | Robert W. Baird & Co. Incorporated                     | Microsoft Corp                               | n/a  | 513,215             |
| *                                            | Robert W. Baird & Co. Incorporated                     | Norfolk Southern Corp                        | n/a  | 70,230              |
| *                                            | Robert W. Baird & Co. Incorporated                     | Northwest Natural Holding Co New             | n/a  | 99,939              |
| *                                            | Robert W. Baird & Co. Incorporated                     | Pepsico Inc                                  | n/a  | 90,330              |
| *                                            | Robert W. Baird & Co. Incorporated                     | Pfizer Inc                                   | n/a  | 84,546              |
| *                                            | Robert W. Baird & Co. Incorporated                     | Qualcomm Inc                                 | n/a  | 70,362              |
| *                                            | Robert W. Baird & Co. Incorporated                     | Raytheon Company New                         | n/a  | 164,802             |
| *                                            | Robert W. Baird & Co. Incorporated                     | Spire Inc                                    | n/a  | 96,404              |
| *                                            | Robert W. Baird & Co. Incorporated                     | Sysco Corp                                   | n/a  | 100,914             |
| *                                            | Robert W. Baird & Co. Incorporated                     | 3M Company                                   | n/a  | 83,944              |
| *                                            | Robert W. Baird & Co. Incorporated                     | United Parcel Service Inc CL B               | n/a  | 86,920              |
| *                                            | Robert W. Baird & Co. Incorporated                     | U S Bancorp DE New                           | n/a  | 30,527              |
| *                                            | Robert W. Baird & Co. Incorporated                     | Verizon Communications Inc                   | n/a  | 118,200             |
| *                                            | Robert W. Baird & Co. Incorporated                     | Walmart Inc                                  | n/a  | 85,074              |
| *                                            | Robert W. Baird & Co. Incorporated                     | Wells Fargo & Co. New                        | n/a  | 52,851              |
| *                                            | Robert W. Baird & Co. Incorporated                     | Enterprise Products Partners LTD Partnership | n/a  | 25,085              |
| <b>Total registered investment companies</b> |                                                        |                                              |      | <b>\$ 4,546,839</b> |

**TOOLING SYSTEMS GROUP, INC. 401(k) RETIREMENT SAVINGS PLAN**  
**SCHEDULE OF ASSETS HELD AT END OF YEAR**  
**FORM 5500, SCHEDULE H, ITEM 4i**  
**EIN 26-3899248 PLAN No. 001**  
**DECEMBER 31, 2022**

| (a) | (b)                                                    | (c)                                                                                                                            | (d)  | (e)                  |
|-----|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------|----------------------|
|     | Identity of Issuer, Borrower, Lessor, or Similar Party | Description of Investment                                                                                                      | Cost | Current Value        |
| *   | Voya Retirement Insurance and Annuity Company          | Voya Fixed Account                                                                                                             | n/a  | \$ 1,500,651         |
| *   | Voya Retirement Insurance and Annuity Company          | Voya Fixed Account (4062)                                                                                                      | n/a  | 812,768              |
|     |                                                        | <b>Total fully-benefit responsive investment contracts</b>                                                                     |      | <b>\$ 2,313,419</b>  |
|     |                                                        | <b>Total participant-directed investments, at fair value</b>                                                                   |      | <b>\$ 31,667,775</b> |
| *   | Robert W. Baird & Co. Incorporated                     | Cash and cash equivalents                                                                                                      | n/a  | \$ 98,617            |
| *   | Voya Retirement Insurance and Annuity Company          | Voya Gv Money Market                                                                                                           | n/a  | 4,219                |
|     |                                                        | <b>Total cash and cash equivalents</b>                                                                                         |      | <b>\$ 102,836</b>    |
| *   | Participants / employer                                | Contribution receivable from participants and employer                                                                         | n/a  | 4,862                |
| *   | Participants                                           | Participant loans - bearing interest at rates ranging from 4.25% to 7.25% and maturing at various dates through December, 2027 | n/a  | 264,516              |
|     |                                                        | <b>Total assets held</b>                                                                                                       |      | <b>\$ 32,039,989</b> |

\* - an asterisk (\*) in this column identifies a person or entity known to be a party in interest to the Plan.

n/a - not applicable; this Plan is an individual account plan that a participant or beneficiary directed with respect to assets allocated to his or her account. Cost information is not required for participant or beneficiary directed accounts.

The above information has been certified by *Voya Retirement Insurance and Annuity Company*, the custodian of the Plan, as complete and accurate.