

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

|                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                             | <b>Basic Plan Information</b> —enter all requested information                                                                                                                            |
| <b>1a</b> Name of plan<br>RICHWOOD INDUSTRIES, INC. RETIREMENT & 401K PLAN                                                                                                                                                                                                                                                                 | <b>1b</b> Three-digit plan number (PN) ▶ 001                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                            | <b>1c</b> Effective date of plan<br>01/01/1992                                                                                                                                            |
| <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>RICHWOOD INDUSTRIES, INC.<br><br>PO BOX 1298<br>HUNTINGTON, WV 25714-1298 | <b>2b</b> Employer Identification Number (EIN)<br>55-0569466<br><br><b>2c</b> Plan Sponsor's telephone number<br>304-525-5436<br><br><b>2d</b> Business code (see instructions)<br>212390 |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/13/2023 | JERRY ROSEBERRY                                              |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3c</b> Administrator's telephone number                                                                     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                              |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <div style="display: flex; justify-content: space-between;"> <span><b>5</b></span> <span>243</span> </div>     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <div style="display: flex; justify-content: space-between;"> <span><b>6a(1)</b></span> <span>228</span> </div> |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <div style="display: flex; justify-content: space-between;"> <span><b>6a(2)</b></span> <span>230</span> </div> |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <div style="display: flex; justify-content: space-between;"> <span><b>6b</b></span> <span>0</span> </div>      |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <div style="display: flex; justify-content: space-between;"> <span><b>6c</b></span> <span>27</span> </div>     |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <div style="display: flex; justify-content: space-between;"> <span><b>6d</b></span> <span>257</span> </div>    |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <div style="display: flex; justify-content: space-between;"> <span><b>6e</b></span> <span>0</span> </div>      |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <div style="display: flex; justify-content: space-between;"> <span><b>6f</b></span> <span>257</span> </div>    |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <div style="display: flex; justify-content: space-between;"> <span><b>6g</b></span> <span>182</span> </div>    |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <div style="display: flex; justify-content: space-between;"> <span><b>6h</b></span> <span>0</span> </div>      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <div style="display: flex; justify-content: space-between;"> <span><b>7</b></span> </div>                      |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E  2F  2G  2J  3D  3H                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |
| <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</b> <b>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> |
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|                                                                                            |                                                      |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |
| A Name of plan<br>RICHWOOD INDUSTRIES, INC. RETIREMENT & 401K PLAN                         | B Three-digit plan number (PN) ► 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>RICHWOOD INDUSTRIES, INC.        | D Employer Identification Number (EIN)<br>55-0569466 |

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

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

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

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 01-0233346 | 65838         | 110564                                | 191                                                                         | 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>46848 | (b) Total amount of fees paid<br>10250 |
|-----------------------------------------------|----------------------------------------|

|                                                                                                       |
|-------------------------------------------------------------------------------------------------------|
| 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>CHRIS CURRY<br>602 VETERANS MEMORIAL BLVD<br>HUNTINGTON, WV 25701-1303 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 46848                                         |                                 |             | 3                     |

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

|                                                               |
|---------------------------------------------------------------|
| BENEFIT SOLUTIONS<br>5347 US ROUTE 60<br>HUNTINGTON, WV 25705 |
|---------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |               | (e) Organization code |
|-----------------------------------------------|---------------------------------|---------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose   |                       |
|                                               | 10250                           | TPA FEES PAID | 5                     |

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

|          |                                                                                              |          |          |
|----------|----------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end..... | <b>4</b> |          |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....   | <b>5</b> | 12912817 |

**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 ▶

|          |                                               |           |   |
|----------|-----------------------------------------------|-----------|---|
| <b>b</b> | Balance at the end of the previous year ..... | <b>7b</b> | 0 |
|----------|-----------------------------------------------|-----------|---|

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

|                           |              |   |
|---------------------------|--------------|---|
| (6) Total additions ..... | <b>7c(6)</b> | 0 |
|---------------------------|--------------|---|

|          |                                                                              |           |   |
|----------|------------------------------------------------------------------------------|-----------|---|
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 0 |
|----------|------------------------------------------------------------------------------|-----------|---|

**e** Deductions:

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

|                            |              |   |
|----------------------------|--------------|---|
| (5) Total deductions ..... | <b>7e(5)</b> | 0 |
|----------------------------|--------------|---|

|          |                                                                                                |           |   |
|----------|------------------------------------------------------------------------------------------------|-----------|---|
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b> | 0 |
|----------|------------------------------------------------------------------------------------------------|-----------|---|

**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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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>RICHWOOD INDUSTRIES, INC. RETIREMENT & 401K PLAN                         | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>RICHWOOD INDUSTRIES, INC.        | D Employer Identification Number (EIN)<br>55-0569466 |     |

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

JOHN HANCOCK LIFE INSURANCE

01-0233346

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><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-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 15 60 68<br>28 62 59          | RECORDKEEPER                                                                                             | 1244                                                                          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

|                                                                                                          |                                                                    |            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2022 or fiscal plan year beginning <b>01/01/2022</b> and ending <b>12/31/2022</b> |                                                                    |            |
| <b>A</b> Name of plan<br><b>RICHWOOD INDUSTRIES, INC. RETIREMENT &amp; 401K PLAN</b>                     | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>001</b> |
|                                                                                                          |                                                                    |            |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><b>RICHWOOD INDUSTRIES, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>55-0569466</b> |            |

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

|                                                                                     |                               |                                                                                                                    |  |
|-------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JH MULTIMANAGER 2065 LIFETIME</b> |                               |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |                                                                                                                    |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                               | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>448125</b>  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JH MULTIMANAGER 2060 LIFETIME</b> |                               |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |                                                                                                                    |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                               | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>205760</b>  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JH MULTIMANAGER 2055 LIFETIME</b> |                               |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |                                                                                                                    |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                               | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>156214</b>  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JH MULTIMANAGER 2050 LIFETIME</b> |                               |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |                                                                                                                    |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                               | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>578263</b>  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JH MULTIMANAGER 2045 LIFETIME</b> |                               |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |                                                                                                                    |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                               | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1014652</b> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JH MULTIMANAGER 2040 LIFETIME</b> |                               |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |                                                                                                                    |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                               | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1718343</b> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>JH MULTIMANAGER 2035 LIFETIME</b> |                               |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>JOHN HANCOCK USA</b>           |                               |                                                                                                                    |  |
| <b>c</b> EIN-PN <b>01-0233346-000</b>                                               | <b>d</b> Entity code <b>P</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>971613</b>  |  |

|                                                                              |                        |                                                                                                            |
|------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2030 LIFETIME |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 285365 |

|                                                                              |                        |                                                                                                             |
|------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2025 LIFETIME |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1987550 |

|                                                                              |                        |                                                                                                             |
|------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2020 LIFETIME |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346-000                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1658413 |

|                                                                              |                        |                                                                                                            |
|------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH MULTIMANAGER 2015 LIFETIME |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 496687 |

|                                                                      |                        |                                                                                                          |
|----------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL EQUITY GROWTH |                        |                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA   |                        |                                                                                                          |
| <b>c</b> EIN-PN 01-0233346-000                                       | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7766 |

|                                                                    |                        |                                                                                                            |
|--------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL GROWTH      |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                     | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 121322 |

|                                                                    |                        |                                                                                                          |
|--------------------------------------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL BALANCED    |                        |                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA |                        |                                                                                                          |
| <b>c</b> EIN-PN 01-0233346-000                                     | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5373 |

|                                                                    |                        |                                                                                                           |
|--------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL MODERATE    |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                     | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31073 |

|                                                                     |                        |                                                                                                           |
|---------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL CONSERVATIVE |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA  |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                      | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16543 |

|                                                                             |                        |                                                                                                            |
|-----------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMG RIVER ROAD MID CAP VALUE |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA          |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                              | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 116923 |

|                                                                               |                        |                                                                                                            |
|-------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. SMALL CAP FUND        |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19288  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND             |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 99707  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PGIM JENNISON MID CAP GROWTH   |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29904  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX FUND           |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22771  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP GROW INDEX  |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 110370 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL CAP VALUE INDEX |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89254  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND                 |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 755147 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL WORLD GROWTH & INCOME  |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66434  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW PERSPECTIVE |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34482  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON MUTUAL INVESTORS    |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA            |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 109528 |

|                                                                       |                        |                                                                                                           |
|-----------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA    |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 90131 |

|                                                                              |                        |                                                                                                           |
|------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK U.S. GROWTH FUND |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA           |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 90577 |

|                                                                    |                        |                                                                                                           |
|--------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON WORLD     |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                     | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20816 |

|                                                                           |                        |                                                                                                           |
|---------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD GROWTH INDEX FUND |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA        |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40234 |

|                                                                    |                        |                                                                                                            |
|--------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CORE BOND FUND      |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                     | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 162617 |

|                                                                       |                        |                                                                                                           |
|-----------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL BOND MARKET FUND |                        |                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA    |                        |                                                                                                           |
| <b>c</b> EIN-PN 01-0233346-000                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46670 |

|                                                                        |                        |                                                                                                            |
|------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK STABLE VAL |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA     |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346-000                                         | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 131128 |

|                                                                           |                        |                                                                                                         |
|---------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK 2010 LIFETIME |                        |                                                                                                         |
| <b>b</b> Name of sponsor of entity listed in (a): JOHN HANCOCK USA        |                        |                                                                                                         |
| <b>c</b> EIN-PN 01-0233346-000                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 295 |

|                                                   |                      |                                                                                                     |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <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) |

**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  
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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>RICHWOOD INDUSTRIES, INC. RETIREMENT &amp; 401K 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>RICHWOOD INDUSTRIES, INC.</u>                                                                                                                                                                        | <b>D</b> Employer Identification Number (EIN)<br><u>55-0569466</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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |
| <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>                  |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |
| <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>                  |
| <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>                  |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>                  |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(11)</b>                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |
| <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>    | 12912817              | 11941910        |

**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 | 5969 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 5969 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 12912817 | 11935941 |
|-----------------------------------------------------------|-----------|----------|----------|

**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> | 517197     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 986512     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 39902      |           |
| (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>    |            | 1543611   |
| <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> | 8935       |           |
| <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> |            | 8935      |
| (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)  |            | -2347219  |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            |           |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -794673   |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 178999     |           |
| (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)  |            | 178999    |
| 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)  | 3204       |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  |            |           |
| (4) Other .....                                                                                 | 2i(4)  |            |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 3204      |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 182203    |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -976876   |
| 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: **SUTTLE & STALNAKER, PLLC**

(2) EIN: **55-0538163**

**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.)                                                                                     | X   |    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  | X   |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     | X  |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     | X  |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     | X  |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                                                                                                        |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |        |

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

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

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

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

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

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>RICHWOOD INDUSTRIES, INC. RETIREMENT & 401K PLAN                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>RICHWOOD INDUSTRIES, INC.                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>55-0569466                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                     | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 01-0233346                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 3                                                                                               |
| Part II                                                                                                                                                                                                                                                                                                                                                    | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>If the plan is a defined benefit plan, go to line 8.                                                                                                |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                   | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No          |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                                    | ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                       |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                              |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2022 v. 220413                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

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

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

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

---

AUDIT REPORT AND FINANCIAL STATEMENTS

OF

**RICHWOOD INDUSTRIES, INC.  
RETIREMENT & 401(K) PLAN**

FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021



**Suttle &  
Stalnaker**

Certified  
Public  
Accountants

A Professional Limited Liability Company



RICHWOOD INDUSTRIES, INC. RETIREMENT & 401(K) PLAN

For the years ended December 31, 2022 and 2021

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## INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the  
Richwood Industries, Inc. Retirement & 401(k) Plan

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

We have performed audits of the accompanying financial statements of Richwood Industries, Inc. Retirement & 401(k) 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 then ended, and the related notes to the financial statements.

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

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

### Opinion

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

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

The Virginia Center  
1411 Virginia Street, East  
Suite 100  
Charleston, WV 25301

MAIN (304) 343-4126  
FAX (304) 343-8008

The Rivers Office Park  
200 Star Avenue  
Suite 220  
Parkersburg, WV 26101

MAIN (304) 485-6584  
FAX (304) 485-0971

Suncrest Towne Centre  
453 Suncrest Towne Centre Drive  
Suite 201  
Morgantown, WV 26505

MAIN (304) 485-6584  
FAX (304) 485-0971

The Somerville Building  
501 5th Avenue  
Suite 1  
Huntington, WV 25701

MAIN (304) 525-0301  
FAX (304) 522-1569

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Richwood Industries, Inc. Retirement & 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

## **Auditors' Responsibilities for the Audit of the Financial Statements**

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

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

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

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

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

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

#### **Other Matters - 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 schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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



Huntington, West Virginia

October 12, 2023

RICHWOOD INDUSTRIES, INC. RETIREMENT & 401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2022 and 2021

|                                    | <u>2022</u>          | <u>2021</u>          |
|------------------------------------|----------------------|----------------------|
| ASSETS                             |                      |                      |
| Investments, at fair value         |                      |                      |
| Pooled separate accounts           | \$ 11,739,458        | \$ 12,725,909        |
| Receivables:                       |                      |                      |
| Notes receivable from participants | <u>202,452</u>       | <u>186,908</u>       |
| Total Assets                       | 11,941,910           | 12,912,817           |
| LIABILITIES                        |                      |                      |
| Pension liabilities                | <u>5,969</u>         | <u>-</u>             |
| NET ASSETS AVAILABLE FOR BENEFITS  | <u>\$ 11,935,941</u> | <u>\$ 12,912,817</u> |

The accompanying notes are an integral part of these financial statements.

RICHWOOD INDUSTRIES, INC. RETIREMENT & 401(K) PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the years ended December 31, 2022 and 2021

|                                                              | <u>2022</u>                 | <u>2021</u>                 |
|--------------------------------------------------------------|-----------------------------|-----------------------------|
| ADDITIONS (SUBTRACTIONS)                                     |                             |                             |
| Additions (Subtractions) to net assets attributed to:        |                             |                             |
| Investment income (loss):                                    |                             |                             |
| Net appreciation (depreciation) in fair value of investments | <u>\$ (2,347,218)</u>       | <u>\$ 1,238,500</u>         |
| Interest income on notes receivable from participants        | <u>8,935</u>                | <u>9,339</u>                |
| Contributions:                                               |                             |                             |
| Participants'                                                | 986,512                     | 759,904                     |
| Employer's                                                   | 517,196                     | 374,445                     |
| Rollover                                                     | <u>39,902</u>               | <u>455,556</u>              |
| Total Contributions                                          | <u>1,543,610</u>            | <u>1,589,905</u>            |
| Total Additions (Subtractions)                               | <u>(794,673)</u>            | <u>2,837,744</u>            |
| DEDUCTIONS                                                   |                             |                             |
| Deductions from net assets attributed to:                    |                             |                             |
| Benefits paid to participants                                | 178,999                     | 263,896                     |
| Administration expenses                                      | <u>3,204</u>                | <u>2,319</u>                |
| Total Deductions                                             | <u>182,203</u>              | <u>266,215</u>              |
| NET INCREASE (DECREASE)                                      | (976,876)                   | 2,571,529                   |
| NET ASSETS AVAILABLE FOR BENEFITS                            |                             |                             |
| Beginning of Year                                            | <u>12,912,817</u>           | <u>10,341,288</u>           |
| End of Year                                                  | <u><u>\$ 11,935,941</u></u> | <u><u>\$ 12,912,817</u></u> |

The accompanying notes are an integral part of these financial statements.

# RICHWOOD INDUSTRIES, INC. RETIREMENT & 401(K) PLAN

## NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

### A. Description of plan:

The following description of the Richwood Industries, Inc. ("Company") Retirement & 401(k) Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

#### 1. General:

The Plan is a defined contribution plan covering all employees of the Company and related company (Richwood Investment Casting, Inc.) who are age 21 or older except for union employees, leased employees, and nonresident aliens. Employees are immediately eligible for enrollment in the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The custodian oversees governance of the Plan, determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

#### 2. Contributions:

Each year, participants may defer the maximum amount of compensation allowed under current law. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various pooled separate accounts as investment options for participants. Effective January 1, 2015 and April 1, 2015, the Company and related company, respectively, made a resolution to suspend employer matching contributions. Starting in 2019 the employer terminated this suspension and the Company and related company are now contributing 100% of the participants' elective deferrals up to the first 3% of compensation and 50% of the participants' elective deferrals from 4% up to 5% of compensation. Additional profit sharing amounts may be contributed at the option of the Company. Contributions are subject to certain statutory limitations.

#### 3. Participant accounts:

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's matching contribution and (b) Plan earnings (losses), and charged with an allocation of any administrative expenses paid by the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which the participant is entitled is the benefit that can be provided from the participant's vested account.

#### 4. Vesting:

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after six years of credited service.

RICHWOOD INDUSTRIES, INC. RETIREMENT & 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

A. Description of plan (Continued):

5. Notes receivable from participants:

Participants may borrow from their fund 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 notes are secured by the balance in the participant's account and bear interest at a rate equal to one percentage point above the prime rate. Principal and interest is paid ratably through periodic payroll deductions.

6. Payment of benefits:

On termination of service due to any reason other than death, if the vested amount of a participant's account does not exceed \$1,000, the vested account will be paid in a single lump sum. If the vested amount of a participant's account exceeds \$1,000, the participant may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account or ad-hoc distributions.

On termination of service due to death, if a participant dies before distribution of his or her account begins, distribution of the participant's account must be completed by December 31 of the calendar year containing the fifth anniversary of the participant's death except that if the participant's spouse is the sole primary beneficiary, the spouse may elect to receive the distributions in accordance with other options permitted by the Plan. If a participant dies after distribution of his or her account has begun, the remaining portion of the participant's account will continue to be distributed under the method of distribution being used prior to the participant's death.

7. Forfeited accounts:

At December 31, 2022 and 2021, forfeited nonvested accounts totaled \$-0-. These accounts will be used to reduce future employer contributions. Any remaining forfeitures may be used to pay any administrative expenses of the Plan.

RICHWOOD INDUSTRIES, INC. RETIREMENT & 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

B. Summary of significant accounting policies:

1. Basis of accounting:

The financial statements of the Plan are prepared on the accrual basis of accounting.

2. Investment valuation and income recognition:

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

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

3. Notes receivable from participants:

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred. As of December 31, 2022 and 2021, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the Plan document.

4. Operating expenses:

At the discretion of the Company, expenses of maintaining the Plan may be paid by the Company rather than the Plan.

5. Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America ("GAAP") requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

6. Payment of benefits:

Benefits are recorded when paid.

# RICHWOOD INDUSTRIES, INC. RETIREMENT & 401(K) PLAN

## NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

### C. Information prepared and certified by custodian:

The following summary of information, as of and for the years ended December 31, 2022 and 2021, included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified as complete and accurate by the custodian, John Hancock Life Insurance Company (U.S.A.).

|                             | <u>2022</u>          | <u>2021</u>          |
|-----------------------------|----------------------|----------------------|
| Investments, at fair value: |                      |                      |
| Pooled separate accounts    | <u>\$ 11,739,458</u> | <u>\$ 12,725,909</u> |

The net investment income (loss) for the years ended December 31, 2022 and 2021, was as follows:

|                                                              | <u>2022</u>           | <u>2021</u>         |
|--------------------------------------------------------------|-----------------------|---------------------|
| Net appreciation (depreciation) in fair value of investments | <u>\$ (2,347,218)</u> | <u>\$ 1,238,500</u> |

### D. Fair value measurements:

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

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

#### *Level 1 Fair Value Measurements*

No Level 1 inputs were held by the Plan as of December 31, 2022 and 2021.

# RICHWOOD INDUSTRIES, INC. RETIREMENT & 401(K) PLAN

## NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

### D. Fair value measurements (Continued):

#### *Level 2 Fair Value Measurements*

No Level 2 inputs were held by the Plan as of December 31, 2022 and 2021.

#### *Level 3 Fair Value Measurements*

No Level 3 inputs were held by the Plan as of December 31, 2022 and 2021.

The fair values of the Pooled Separate Accounts are not publicly quoted pricing inputs. The fair values of these investments are used in determining the Net Asset Value (NAV) of the Pooled Separate Accounts. Accounting Standards Codification (ASC) 820 allows NAV per share to serve as a practical expedient to estimate the fair value of Pooled Separate Accounts.

The following tables set forth the Plan's investments at fair value as of December 31, 2022 and 2021:

| <u>December 31, 2022</u>                     | <u>Total</u>        |
|----------------------------------------------|---------------------|
| Investments measured at net asset value: (a) |                     |
| Pooled separate accounts                     |                     |
| Target date retirement funds                 | \$ 9,521,337        |
| Blended funds                                | 749,717             |
| Income funds                                 | 209,287             |
| Growth funds                                 | 1,195,569           |
| Value funds                                  | <u>63,548</u>       |
| Investments, at fair value                   | <u>\$11,739,458</u> |

| <u>December 31, 2021</u>                     | <u>Total</u>        |
|----------------------------------------------|---------------------|
| Investments measured at net asset value: (a) |                     |
| Pooled separate accounts                     |                     |
| Target date retirement funds                 | \$11,105,200        |
| Blended funds                                | 569,083             |
| Income funds                                 | 123,905             |
| Growth funds                                 | 798,795             |
| Value funds                                  | <u>128,926</u>      |
| Investments, at fair value                   | <u>\$12,725,909</u> |

- (a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share have not been classified in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation for the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

RICHWOOD INDUSTRIES, INC. RETIREMENT & 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

D. Fair value measurements (Continued):

Gains and losses (realized and unrealized) included in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2022 and 2021, are reported in net appreciation (depreciation) in fair value of investments.

E. Plan termination:

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would be 100% vested in their employer contributions.

F. Tax status:

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated March 16, 2010, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and therefore believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has concluded that as of December 31, 2022, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. With few exceptions, as of December 31, 2022, the plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2019.

G. Risks and uncertainties:

The Plan provides for participant directed investment options in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

RICHWOOD INDUSTRIES, INC. RETIREMENT & 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2022 and 2021

H. Party-in-interest and related party transactions:

Certain Plan investments are units of pooled separate accounts managed by John Hancock Life Insurance Company (U.S.A.). John Hancock is the custodian, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for administrative services amounted to \$3,204 and \$2,319 for the years ended December 31, 2022 and 2021, respectively.

All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

I. Subsequent events:

The Plan has evaluated subsequent events through October 12, 2023, which is the date the financial statements were available to be issued.

## SUPPLEMENTAL SCHEDULE

Plan Name: Richwood Industries, Inc. Retirement & 401(k) Plan  
Plan Sponsor: Richwood Industries, Inc.  
EIN: 55-0569466  
Plan Number: 001  
Plan Year (beginning/ending): 01/01/2022-12/31/2022

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

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current Value |
|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | JOHN HANCOCK LIFE INSURANCE (USA)                         | AMG RIVER ROAD MID CAP VALUE FUND                                                                          |          | 116,925           |
|     | JOHN HANCOCK LIFE INSURANCE (USA)                         | DFA U.S. SMALL CAP FUND                                                                                    |          | 19,288            |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK 2010 RETIREMENT - ACTIVE STRATEGY                                                             |          | 295               |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK 2015 RETIREMENT - ACTIVE STRATEGY                                                             |          | 496,687           |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK 2020 RETIREMENT - ACTIVE STRATEGY                                                             |          | 1,658,413         |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK 2025 RETIREMENT - ACTIVE STRATEGY                                                             |          | 1,987,550         |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK 2030 RETIREMENT - ACTIVE STRATEGY                                                             |          | 285,365           |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK 2035 RETIREMENT - ACTIVE STRATEGY                                                             |          | 971,613           |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK 2040 RETIREMENT - ACTIVE STRATEGY                                                             |          | 1,718,343         |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK 2045 RETIREMENT - ACTIVE STRATEGY                                                             |          | 1,014,652         |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK 2050 RETIREMENT - ACTIVE STRATEGY                                                             |          | 578,301           |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK 2055 RETIREMENT - ACTIVE STRATEGY                                                             |          | 156,214           |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK 2060 RETIREMENT - ACTIVE STRATEGY                                                             |          | 205,760           |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK 2065 RETIREMENT - ACTIVE STRATEGY                                                             |          | 448,143           |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK 500 INDEX FUND                                                                                |          | 755,147           |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK CAPITAL WORLD GROWTH & INCOME FUND                                                            |          | 66,434            |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK CORE BOND FUND                                                                                |          | 162,617           |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK INT'L EQUITY INDEX FUND                                                                       |          | 90,131            |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK MID CAP INDEX FUND                                                                            |          | 99,707            |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK NEW PERSPECTIVE FUND                                                                          |          | 34,482            |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK SMALL CAP INDEX FUND                                                                          |          | 22,771            |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK STABLE VALUE FUND                                                                             |          | 131,137           |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK TOTAL BOND MARKET FUND                                                                        |          | 46,670            |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK U.S. GROWTH FUND                                                                              |          | 90,577            |
|     | JOHN HANCOCK LIFE INSURANCE (USA)                         | PGIM JENNISON MID GROWTH FUND                                                                              |          | 29,904            |
|     | JOHN HANCOCK LIFE INSURANCE (USA)                         | RUSSELL BALANCED FUND                                                                                      |          | 5,373             |
|     | JOHN HANCOCK LIFE INSURANCE (USA)                         | RUSSELL CONSERVATIVE FUND                                                                                  |          | 16,543            |
|     | JOHN HANCOCK LIFE INSURANCE (USA)                         | RUSSELL EQUITY GROWTH FUND                                                                                 |          | 7,766             |
|     | JOHN HANCOCK LIFE INSURANCE (USA)                         | RUSSELL GROWTH FUND                                                                                        |          | 121,331           |
|     | JOHN HANCOCK LIFE INSURANCE (USA)                         | RUSSELL MODERATE FUND                                                                                      |          | 31,073            |
|     | JOHN HANCOCK LIFE INSURANCE (USA)                         | TEMPLETON WORLD FUND                                                                                       |          | 20,816            |
|     | JOHN HANCOCK LIFE INSURANCE (USA)                         | VANGUARD GROWTH INDEX FUND                                                                                 |          | 40,234            |
|     | JOHN HANCOCK LIFE INSURANCE (USA)                         | VANGUARD SMALL CAP GROWTH INDEX FUND                                                                       |          | 110,370           |
|     | JOHN HANCOCK LIFE INSURANCE (USA)                         | VANGUARD SMALL CAP VALUE INDEX FUND                                                                        |          | 89,254            |
|     | JOHN HANCOCK LIFE INSURANCE (USA)                         | WASHINGTON MUTUAL INVESTORS FUND                                                                           |          | 109,528           |
|     | PARTICIPANT LOANS                                         | 4.25%                                                                                                      |          | 202,452           |
|     | FORFEITURES                                               |                                                                                                            |          | 44                |

TOTAL

\$ 11,941,910

See Independent Auditors' Report.

Plan Name: Richwood Industries, Inc. Retirement & 401(k) Plan  
Plan Sponsor: Richwood Industries, Inc.  
EIN: 55-0569466  
Plan Number: 001  
Plan Year: (beginning/ending) 01/01/2022-12/31/2022

Schedule of Reportable Transactions, Form 5500 Schedule H, Part IV, Line 4j

| Purchases                      | Purchases    |                | Sales  |               |                  |
|--------------------------------|--------------|----------------|--------|---------------|------------------|
|                                | Transactions | Purchase Price | Trans. | Selling Price | Transaction Cost |
| Guaranteed Funds               |              |                |        |               |                  |
| JH Multimanager 2065 Lifetime  | 0            | \$0.00         |        |               | \$0.00           |
| Total                          | 0            | \$0.00         |        |               | \$0.00           |
| Investment Funds               |              |                |        |               |                  |
| American Funds New Perspective | 64           | \$4,784.05     |        |               | \$4,784.05       |
| AMG River Road Mid Cap Value   | 39           | \$35,262.86    |        |               | \$35,262.86      |
| Russell Growth                 | 66           | \$62,593.61    |        |               | \$62,593.61      |
| Total Bond Market Fund         | 38           | \$9,465.82     |        |               | \$9,465.82       |
| Russell Balanced               | 41           | \$4,887.58     |        |               | \$4,887.58       |
| Capital World Growth & Income  | 38           | \$8,816.36     |        |               | \$8,816.36       |
| Core Bond Fund                 | 39           | \$101,934.10   |        |               | \$101,934.10     |
| Russell Conservative           | 66           | \$7,430.90     |        |               | \$7,430.90       |
| Templeton World                |              | \$2,910.91     |        |               | \$2,910.91       |
| Russell Equity Growth          | 38           | \$7,623.63     |        |               | \$7,623.63       |
| Intl Equity Index Fund         | 64           | \$10,032.23    |        |               | \$10,032.23      |
| 500 Index Fund                 | 67           | \$714,621.60   |        |               | \$714,621.60     |
| PGIM Jennison Mid Cap Growth   | 65           | \$18,304.30    |        |               | \$18,304.30      |
| John Hancock U.S. Growth Fund  | 66           | \$55,593.68    |        |               | \$55,593.68      |
| Vanguard Growth Index Fund     | 64           | \$25,901.66    |        |               | \$25,901.66      |
| JH Multimanager 2010 Lifetime  | 35           | \$17,898.07    |        |               | \$17,898.07      |
| JH Multimanager 2015 Lifetime  | 38           | \$23,482.97    |        |               | \$23,482.97      |
| JH Multimanager 2020 Lifetime  | 39           | \$109,458.58   |        |               | \$109,458.58     |
| JH Multimanager 2025 Lifetime  | 64           | \$174,016.33   |        |               | \$174,016.33     |
| JH Multimanager 2030 Lifetime  | 41           | \$41,913.19    |        |               | \$41,913.19      |
| JH Multimanager 2035 Lifetime  | 65           | \$155,997.51   |        |               | \$155,997.51     |
| JH Multimanager 2040 Lifetime  | 75           | \$288,064.32   |        |               | \$288,064.32     |
| JH Multimanager 2045 Lifetime  | 74           | \$201,237.64   |        |               | \$201,237.64     |
| JH Multimanager 2050 Lifetime  | 75           | \$141,140.07   |        |               | \$141,140.07     |
| JH Multimanager 2055 Lifetime  | 80           |                |        |               | \$101,508.44     |
| JH Multimanager 2060 Lifetime  | 78           | \$362,574.61   |        |               | \$362,574.61     |
| JH Multimanager 2065 Lifetime  | 72           | \$498,365.30   |        |               | \$498,365.30     |
| Mid Cap Index Fund             | 40           | \$53,031.14    |        |               | \$53,031.14      |
| Russell Moderate               | 62           | \$14,602.18    |        |               | \$14,602.18      |
| John Hancock Stable Val        | 68           | \$137,424.80   |        |               | \$137,424.80     |
| Small Cap Index Fund           | 65           | \$12,790.77    |        |               | \$12,790.77      |
| DFA U.S. Small Cap Fund        | 38           | \$2,300.53     |        |               | \$2,300.53       |
| Vanguard Small Cap Value Index | 65           | \$94,343.58    |        |               | \$94,343.58      |
| Vanguard Small Cap Grow Index  | 64           | \$18,247.42    |        |               | \$18,247.42      |
| Washington Mutual Investors    | 32           | \$50,616.73    |        |               | \$50,616.73      |
| Total                          | 1,955        | \$3,569,177.47 |        |               | 7                |

| Sales            | Purchases    |                | Sales  |               |                  |
|------------------|--------------|----------------|--------|---------------|------------------|
|                  | Transactions | Purchase Price | Trans. | Selling Price | Transaction Cost |
| Guaranteed Funds |              |                |        |               |                  |

See Independent Auditors' Report.

Plan Name: Richwood Industries, Inc. Retirement & 401(k) Plan  
Plan Sponsor: Richwood Industries, Inc.  
EIN: 55-0569466  
Plan Number: 001  
Plan Year: (beginning/ending) 01/01/2022-12/31/2022

Schedule of Reportable Transactions, Form 5500 Schedule H, Part IV, Line 4j

| Sales                          | Purchases    |                |        | Sales           |                  |                 |
|--------------------------------|--------------|----------------|--------|-----------------|------------------|-----------------|
|                                | Transactions | Purchase Price | Trans. | Selling Price   | Transaction Cost | Net Gain/(loss) |
| Guaranteed Funds               |              |                |        |                 |                  |                 |
| JH Multimanager 2065 Lifetime  |              |                | 0      | \$0.00          | \$0.00           |                 |
| Total                          |              |                | 0      | \$0.00          | \$0.00           |                 |
| Investment Funds               |              |                |        |                 |                  |                 |
| American Funds New Perspective |              |                | 4      | \$16.00-        | \$10.86-         | \$5.14          |
| AMG River Road Mid Cap Value   |              |                | 0      | \$0.00          | \$0.00           | \$0.00          |
| Russell Growth                 |              |                | 14     | \$50,198.02-    | \$44,569.49-     | \$5,628.53      |
| Total Bond Market Fund         |              |                | 0      | \$0.00          | \$0.00           | \$0.00          |
| Russell Balanced               |              |                | 0      | \$0.00          | \$0.00           | \$0.00          |
| Capital World Growth & Income  |              |                | 0      | \$0.00          | \$0.00           | \$0.00          |
| Core Bond Fund                 |              |                | 0      | \$0.00          | \$0.00           | \$0.00          |
| Russell Conservative           |              |                | 12     | \$48.00-        | \$50.55-         | \$2.55-         |
| Templeton World                |              |                | 0      | \$0.00          | \$0.00           | \$0.00          |
| Russell Equity Growth          |              |                | 0      | \$0.00          | \$0.00           | \$0.00          |
| Intl Equity Index Fund         |              |                |        |                 | \$4,966.34-      | \$1,256.12      |
| 500 Index Fund                 |              |                | 3      | \$30,103.03-    | \$31,395.18-     | \$17,007.85     |
| PGIM Jennison Mid Cap Growth   |              |                | 0      | \$0.00          | \$0.00           | \$0.00          |
| John Hancock U.S. Growth Fund  |              |                | 2      | \$110,883.33-   | \$89,013.55-     | \$21,869.78     |
| Vanguard Growth Index Fund     |              |                | 9      | \$153,954.25-   | \$112,504.72-    | \$41,449.53     |
| JH Multimanager 2010 Lifetime  |              |                | 11     | \$17,147.06-    | \$17,599.11-     | \$452.05-       |
| JH Multimanager 2015 Lifetime  |              |                | 2      | \$25,085.00-    | \$19,192.40-     | \$5,892.60      |
| JH Multimanager 2020 Lifetime  |              |                | 1      | \$692,369.75-   | \$465,772.67-    | \$226,597.08    |
| JH Multimanager 2025 Lifetime  |              |                | 14     | \$53,745.91-    | \$41,455.04-     | \$12,290.87     |
| JH Multimanager 2030 Lifetime  |              |                | 6      | \$505,957.90-   | \$444,676.75-    | \$61,281.15     |
| JH Multimanager 2035 Lifetime  |              |                | 12     | \$48.00-        | \$40.52-         | \$7.48          |
| JH Multimanager 2040 Lifetime  |              |                | 18     | \$18,010.02-    | \$13,490.73-     | \$4,519.29      |
| JH Multimanager 2045 Lifetime  |              |                | 11     | \$34,740.28-    | \$28,718.86-     | \$6,021.42      |
| JH Multimanager 2050 Lifetime  |              |                | 24     | \$53,851.85-    | \$40,391.18-     | \$13,460.67     |
| JH Multimanager 2055 Lifetime  |              |                | 18     | \$38,337.15-    | \$39,184.33-     | \$847.18-       |
| JH Multimanager 2060 Lifetime  |              |                | 21     | \$276,650.25-   | \$268,726.09-    | \$7,924.16      |
| JH Multimanager 2065 Lifetime  |              |                | 7      | \$1,120.00-     | \$1,258.42-      | \$138.42-       |
| Mid Cap Index Fund             |              |                | 0      | \$0.00          | \$0.00           | \$0.00          |
| Russell Moderate               |              |                | 13     | \$255.84-       |                  |                 |
| John Hancock Stable Val        |              |                | 14     | \$38,863.34-    | \$3              |                 |
| Small Cap Index Fund           |              |                | 1      | \$5,070.09-     | \$4,349.07-      | \$721.02        |
| DFA U.S. Small Cap Fund        |              |                | 1      | \$1,003.91-     | \$780.68-        | \$223.23        |
| Vanguard Small Cap Value Index |              |                | 0      | \$0.00          | \$0.00           | \$0.00          |
| Vanguard Small Cap Grow Index  |              |                | 2      | \$64,780.88-    | \$51,007.52-     | \$13,773.36     |
| Washington Mutual Investors    |              |                | 0      | \$0.00          |                  | \$0.00          |
| Total                          |              |                | 221    | \$2,196,762.32- | \$1,757,982.10-  | \$438,780.22    |

See Independent Auditors' Report.

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <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><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> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|

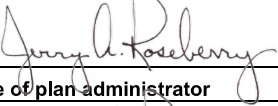
|                                                                                                          |                                                 |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b> |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u> |                                                 |

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

|                                                              |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                        |                                                              |                                                           |                                                      |  |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------|--|
| <b>Part II</b>                                               | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                        |                                                              |                                                           |                                                      |  |
| <b>1a</b>                                                    | Name of plan<br>RICHWOOD INDUSTRIES, INC. RETIREMENT & 401K PLAN                                                                                                                                                                                                                                                                         | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/>01/01/1992</td> </tr> </table>                      | <b>1b</b> Three-digit plan number (PN) ▶                     | 001                                                       | <b>1c</b> Effective date of plan<br>01/01/1992       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                     | 001                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                        |                                                              |                                                           |                                                      |  |
| <b>1c</b> Effective date of plan<br>01/01/1992               |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                        |                                                              |                                                           |                                                      |  |
| <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>RICHWOOD INDUSTRIES, INC.<br><br>PO BOX 1298<br><br>HUNTINGTON WV 25714-1298 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/>55-0569466</td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/>304-525-5436</td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/>212390</td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br>55-0569466 | <b>2c</b> Plan Sponsor's telephone number<br>304-525-5436 | <b>2d</b> Business code (see instructions)<br>212390 |  |
| <b>2b</b> Employer Identification Number (EIN)<br>55-0569466 |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                        |                                                              |                                                           |                                                      |  |
| <b>2c</b> Plan Sponsor's telephone number<br>304-525-5436    |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                        |                                                              |                                                           |                                                      |  |
| <b>2d</b> Business code (see instructions)<br>212390         |                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                        |                                                              |                                                           |                                                      |  |

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

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

|                  |                                                                                     |          |                                                              |
|------------------|-------------------------------------------------------------------------------------|----------|--------------------------------------------------------------|
| <b>SIGN HERE</b> |  | 10-13-23 | Jerry Roseberry                                              |
|                  | <b>Signature of plan administrator</b>                                              | Date     | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |  | 10-13-23 | Jerry Roseberry                                              |
|                  | <b>Signature of employer/plan sponsor</b>                                           | Date     | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                                                     |          |                                                              |
|                  | <b>Signature of DFE</b>                                                             | Date     | Enter name of individual signing as DFE                      |

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

Form 5500 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <b>5</b> 243                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <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> 228                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <b>6a(2)</b> 230                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                        |  | <b>6b</b> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                         |  | <b>6c</b> 27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <b>6d</b> 257                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <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> 257                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <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> 182                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <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> 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <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 2F 2G 2J 3D 3H                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <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>01 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 \_\_\_\_\_

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><hr/> Department of Labor<br>Employee Benefits Security Administration<br><hr/> Pension Benefit Guaranty Corporation | <b>Insurance 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><br><br>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           | <b>2022</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           | <b>This Form is Open to Public Inspection</b> |

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

|                                                                                            |  |                                                             |
|--------------------------------------------------------------------------------------------|--|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>RICHWOOD INDUSTRIES, INC. RETIREMENT & 401K PLAN                  |  | <b>B</b> Three-digit plan number (PN) ► 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>RICHWOOD INDUSTRIES, INC. |  | <b>D</b> Employer Identification Number (EIN)<br>55-0569466 |

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

**1** Coverage Information:

(a) Name of insurance carrier

JOHN HANCOCK LIFE INSURANCE COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 01-0233346 | 65838         | 110564                                | 191                                                                         | 01/01/2022              | 12/31/2022 |

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

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 46,848                               | 10,250                        |

**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

Chris Curry  
602 Veterans Memorial Blvd

Huntington WV 25701-1303

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 46,848                                        |                                 |             | 3                     |

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

Benefit Solutions  
5347 US Route 60

Huntington WV 25705

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |               | (e) Organization code |
|-----------------------------------------------|---------------------------------|---------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose   |                       |
|                                               | 10,250                          | TPA Fees Paid | 5                     |

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

Schedule A (Form 5500) 2022  
v. 220413

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

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

|          |                                                                                               |          |            |
|----------|-----------------------------------------------------------------------------------------------|----------|------------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |            |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 12,912,817 |

**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 ▶

|                                                                                                        |              |   |
|--------------------------------------------------------------------------------------------------------|--------------|---|
| <b>b</b> Balance at the end of the previous year .....                                                 | <b>7b</b>    | 0 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                  | <b>7c(1)</b> |   |
| (2) Dividends and credits.....                                                                         | <b>7c(2)</b> |   |
| (3) Interest credited during the year.....                                                             | <b>7c(3)</b> |   |
| (4) Transferred from separate account .....                                                            | <b>7c(4)</b> |   |
| (5) Other (specify below) .....                                                                        | <b>7c(5)</b> |   |
|                                                                                                        |              |   |
| (6) Total additions .....                                                                              | <b>7c(6)</b> | 0 |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ). ....                  | <b>7d</b>    | 0 |
| <b>e</b> Deductions:                                                                                   |              |   |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....                        | <b>7e(1)</b> |   |
| (2) Administration charge made by carrier.....                                                         | <b>7e(2)</b> |   |
| (3) Transferred to separate account .....                                                              | <b>7e(3)</b> |   |
| (4) Other (specify below) .....                                                                        | <b>7e(4)</b> |   |
|                                                                                                        |              |   |
| (5) Total deductions .....                                                                             | <b>7e(5)</b> | 0 |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )..... | <b>7f</b>    | 0 |

**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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

|                                                                                                                                                                                                               |                                                                                                                                                                                                                |                                                             |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ <b>File as an attachment to Form 5500.</b> |                                                             | OMB No. 1210-0110                              |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                |                                                             | <b>2022</b>                                    |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                |                                                             | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                    |                                                                                                                                                                                                                |                                                             |                                                |
| <b>A</b> Name of plan<br>RICHWOOD INDUSTRIES, INC. RETIREMENT & 401K PLAN                                                                                                                                     |                                                                                                                                                                                                                | <b>B</b> Three-digit plan number (PN) ▶                     | 001                                            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>RICHWOOD INDUSTRIES, INC.                                                                                                                    |                                                                                                                                                                                                                | <b>D</b> Employer Identification Number (EIN)<br>55-0569466 |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

**(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)

John Hancock Life Insurance

01-0233346

| (b)<br>Service Code(s)  | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 28 59<br>60 62<br>68 | Recordkeeper                                                                                      | 1,244                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

**(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"/>                                     |

**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)

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

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

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

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

---

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

---

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                         |                                                                                                                                                                                                                              |                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration           | <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="border: 1px solid black; padding: 5px; display: inline-block;"><b>2022</b></div><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>RICHWOOD INDUSTRIES, INC. RETIREMENT & 401K PLAN                                                                                                               |                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> <u>001</u>                                                                                       |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><br>RICHWOOD INDUSTRIES, INC.                                                                                   |                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><br>55-0569466                                                                                                             |
| <b>Part I</b> Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<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: JH Multimanager 2065 Lifetime                                                                                                            |                                                                                                                                                                                                                              |                                                                                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA                                                                                                                      |                                                                                                                                                                                                                              |                                                                                                                                                                             |
| <b>c</b> EIN-PN <u>01-0233346 000</u>                                                                                                                                                   | <b>d</b> Entity code <u>P</u>                                                                                                                                                                                                | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">448,125</span>                              |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH Multimanager 2060 Lifetime                                                                                                            |                                                                                                                                                                                                                              |                                                                                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA                                                                                                                      |                                                                                                                                                                                                                              |                                                                                                                                                                             |
| <b>c</b> EIN-PN <u>01-0233346 000</u>                                                                                                                                                   | <b>d</b> Entity code <u>P</u>                                                                                                                                                                                                | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">205,760</span>                              |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH Multimanager 2055 Lifetime                                                                                                            |                                                                                                                                                                                                                              |                                                                                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA                                                                                                                      |                                                                                                                                                                                                                              |                                                                                                                                                                             |
| <b>c</b> EIN-PN <u>01-0233346 000</u>                                                                                                                                                   | <b>d</b> Entity code <u>P</u>                                                                                                                                                                                                | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">156,214</span>                              |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH Multimanager 2050 Lifetime                                                                                                            |                                                                                                                                                                                                                              |                                                                                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA                                                                                                                      |                                                                                                                                                                                                                              |                                                                                                                                                                             |
| <b>c</b> EIN-PN <u>01-0233346 000</u>                                                                                                                                                   | <b>d</b> Entity code <u>P</u>                                                                                                                                                                                                | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">578,263</span>                              |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH Multimanager 2045 Lifetime                                                                                                            |                                                                                                                                                                                                                              |                                                                                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA                                                                                                                      |                                                                                                                                                                                                                              |                                                                                                                                                                             |
| <b>c</b> EIN-PN <u>01-0233346 000</u>                                                                                                                                                   | <b>d</b> Entity code <u>P</u>                                                                                                                                                                                                | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">1,014,652</span>                            |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH Multimanager 2040 Lifetime                                                                                                            |                                                                                                                                                                                                                              |                                                                                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA                                                                                                                      |                                                                                                                                                                                                                              |                                                                                                                                                                             |
| <b>c</b> EIN-PN <u>01-0233346 000</u>                                                                                                                                                   | <b>d</b> Entity code <u>P</u>                                                                                                                                                                                                | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">1,718,343</span>                            |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH Multimanager 2035 Lifetime                                                                                                            |                                                                                                                                                                                                                              |                                                                                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA                                                                                                                      |                                                                                                                                                                                                                              |                                                                                                                                                                             |
| <b>c</b> EIN-PN <u>01-0233346 000</u>                                                                                                                                                   | <b>d</b> Entity code <u>P</u>                                                                                                                                                                                                | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;">971,613</span>                              |
| <b>For Paperwork Reduction Act Notice, see the Instructions for Form 5500.</b>                                                                                                          |                                                                                                                                                                                                                              |                                                                                                                                                                             |
| <b>Schedule D (Form 5500) 2022 v. 220413</b>                                                                                                                                            |                                                                                                                                                                                                                              |                                                                                                                                                                             |

|                                                                              |                        |                                                                                                               |
|------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH Multimanager 2030 Lifetime |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA           |                        |                                                                                                               |
| <b>c</b> EIN-PN 01-0233346 000                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 285,365   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH Multimanager 2025 Lifetime |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA           |                        |                                                                                                               |
| <b>c</b> EIN-PN 01-0233346 000                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1,987,550 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH Multimanager 2020 Lifetime |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA           |                        |                                                                                                               |
| <b>c</b> EIN-PN 01-0233346 000                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1,658,413 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: JH Multimanager 2015 Lifetime |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA           |                        |                                                                                                               |
| <b>c</b> EIN-PN 01-0233346 000                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 496,687   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: Russell Equity Growth         |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA           |                        |                                                                                                               |
| <b>c</b> EIN-PN 01-0233346 000                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7,766     |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: Russell Growth                |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA           |                        |                                                                                                               |
| <b>c</b> EIN-PN 01-0233346 000                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 121,322   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: Russell Balanced              |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA           |                        |                                                                                                               |
| <b>c</b> EIN-PN 01-0233346 000                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5,373     |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: Russell Moderate              |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA           |                        |                                                                                                               |
| <b>c</b> EIN-PN 01-0233346 000                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31,073    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: Russell Conservative          |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA           |                        |                                                                                                               |
| <b>c</b> EIN-PN 01-0233346 000                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16,543    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: AMG River Road Mid Cap Value  |                        |                                                                                                               |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA           |                        |                                                                                                               |
| <b>c</b> EIN-PN 01-0233346 000                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 116,923   |

|                                                                        |                        |                                                                                                            |
|------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. Small Cap Fund |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA     |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346 000                                         | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19,288 |

|                                                                    |                        |                                                                                                            |
|--------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: Mid Cap Index Fund  |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346 000                                     | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 99,707 |

|                                                                             |                        |                                                                                                            |
|-----------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PGIM Jennison Mid Cap Growth |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA          |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346 000                                              | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29,904 |

|                                                                     |                        |                                                                                                            |
|---------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: Small Cap Index Fund |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA  |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346 000                                      | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22,771 |

|                                                                              |                        |                                                                                                             |
|------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: Vanguard Small Cap Grow Index |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA           |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346 000                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 110,370 |

|                                                                               |                        |                                                                                                            |
|-------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: Vanguard Small Cap Value Index |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA            |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346 000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 89,254 |

|                                                                    |                        |                                                                                                             |
|--------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: 500 Index Fund      |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346 000                                     | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 755,147 |

|                                                                              |                        |                                                                                                            |
|------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: Capital World Growth & Income |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA           |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346 000                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 66,434 |

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|-------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: American Funds New Perspective |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA            |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346 000                                                | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34,482 |

|                                                                            |                        |                                                                                                             |
|----------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: Washington Mutual Investors |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA         |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346 000                                             | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 109,528 |

|                                                                       |                        |                                                                                                            |
|-----------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: Intl Equity Index Fund |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA    |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346 000                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 90,131 |

|                                                                              |                        |                                                                                                            |
|------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: John Hancock U.S. Growth Fund |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA           |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346 000                                               | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 90,577 |

|                                                                    |                        |                                                                                                            |
|--------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: Templeton World     |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346 000                                     | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20,816 |

|                                                                           |                        |                                                                                                            |
|---------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: Vanguard Growth Index Fund |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA        |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346 000                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40,234 |

|                                                                    |                        |                                                                                                             |
|--------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: Core Bond Fund      |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346 000                                     | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 162,617 |

|                                                                       |                        |                                                                                                            |
|-----------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: Total Bond Market Fund |                        |                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA    |                        |                                                                                                            |
| <b>c</b> EIN-PN 01-0233346 000                                        | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46,670 |

|                                                                        |                        |                                                                                                             |
|------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: John Hancock Stable Val |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA     |                        |                                                                                                             |
| <b>c</b> EIN-PN 01-0233346 000                                         | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 131,128 |

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| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: John Hancock 2010 Lifetime |                        |                                                                                                         |
| <b>b</b> Name of sponsor of entity listed in (a): John Hancock USA        |                        |                                                                                                         |
| <b>c</b> EIN-PN 01-0233346 000                                            | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 295 |

|                                                   |                      |                                                                                                     |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <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) |

**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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                                                                           |
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| <b>SCHEDULE H</b><br><b>(Form 5500)</b><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 | <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>RICHWOOD INDUSTRIES, INC. RETIREMENT & 401K PLAN                                                                                                                                                 |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <u>001</u>                                          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>RICHWOOD INDUSTRIES, INC.                                                                                                                                |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br>55-0569466                               |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |
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| <b>Part I</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Asset and Liability Statement</b> |
| <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):                               |                 |                       |                 |
| (1) Employer contributions .....                                                           | <b>1b(1)</b>    | 0                     |                 |
| (2) Participant contributions.....                                                         | <b>1b(2)</b>    |                       |                 |
| (3) Other .....                                                                            | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                              |                 |                       |                 |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| (2) U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| (3) Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| (A) Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| (B) All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| (4) Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| (A) Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| (B) Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| (5) Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| (6) Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| (7) Loans (other than to participants).....                                                | <b>1c(7)</b>    |                       |                 |
| (8) Participant loans .....                                                                | <b>1c(8)</b>    | 186,908               | 202,452         |
| (9) Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| (10) Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   | 12,725,909            | 11,739,458      |
| (11) Value of interest in master trust investment accounts.....                            | <b>1c(11)</b>   |                       |                 |
| (12) Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| (13) Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   |                       |                 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| (15) Other.....                                                                            | <b>1c(15)</b>   |                       |                 |

|                    |                                                                 | (a) Beginning of Year | (b) End of Year            |
|--------------------|-----------------------------------------------------------------|-----------------------|----------------------------|
| <b>1d</b>          | Employer-related investments:                                   |                       |                            |
| (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>             | 12,912,817      11,941,910 |
| <b>Liabilities</b> |                                                                 |                       |                            |
| <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      5,969               |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>             | 0      5,969               |
| <b>Net Assets</b>  |                                                                 |                       |                            |
| <b>l</b>           | Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>             | 12,912,817      11,935,941 |

**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.

|               |                                                                                                        | (a) Amount      | (b) Total |
|---------------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>Income</b> |                                                                                                        |                 |           |
| <b>a</b>      | <b>Contributions:</b>                                                                                  |                 |           |
| (1)           | Received or receivable in cash from: <b>(A)</b> Employers.....                                         | <b>2a(1)(A)</b> | 517,197   |
|               | <b>(B)</b> Participants.....                                                                           | <b>2a(1)(B)</b> | 986,512   |
|               | <b>(C)</b> Others (including rollovers).....                                                           | <b>2a(1)(C)</b> | 39,902    |
| (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>    | 1,543,611 |
| <b>b</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> | 8,935     |
|               | <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> | 8,935     |
| (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)  |            | -2,347,219 |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            |            |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            |            |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            |            |
| c Other income.....                                                                            | 2c     |            |            |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | -794,673   |
| <b>Expenses</b>                                                                                |        |            |            |
| e Benefit payment and payments to provide benefits:                                            |        |            |            |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 178,999    |            |
| (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)  |            | 178,999    |
| 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)  | 3,204      |            |
| (2) Contract administrator fees.....                                                           | 2i(2)  |            |            |
| (3) Investment advisory and management fees.....                                               | 2i(3)  |            |            |
| (4) Other.....                                                                                 | 2i(4)  |            |            |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 3,204      |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 182,203    |
| <b>Net Income and Reconciliation</b>                                                           |        |            |            |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | -976,876   |
| 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: Suttle & Stalnaker, PLLC

(2) EIN: 55-0538163

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

|                                                                                                                                                                                                                                                                                                                  |           | Yes | No | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|---------|
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... | <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? .....                                                                                                                                                                                                                                                         | <b>4e</b> | X   |    | 500,000 |
| <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? .....                                                                                                                                                                          | <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.) .....                                                                                                                                                   | <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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                             |                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <small>Pension Benefit Guaranty Corporation</small>                                                                                      | <b>Retirement Plan Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><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>RICHWOOD INDUSTRIES, INC. RETIREMENT &amp; 401K PLAN</u>                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                             | <b>B</b> Three-digit plan number (PN) <u>001</u>                                                          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>RICHWOOD INDUSTRIES, INC.</u>                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                             | <b>D</b> Employer Identification Number (EIN)<br><u>55-0569466</u>                                        |
| <b>Part I Distributions</b>                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                             |                                                                                                           |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                             |                                                                                                           |
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                             | <b>1</b> <u>0</u>                                                                                         |
| <b>2</b> 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>EIN(s): <u>01-0233346</u>                                                                                                    |                                                                                                                                                                                                                                                                                             |                                                                                                           |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                             |                                                                                                           |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                             | <b>3</b>                                                                                                  |
| <b>Part II Funding Information</b> (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.)                                                                                                                                                                             |                                                                                                                                                                                                                                                                                             |                                                                                                           |
| <b>4</b> 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.                                                                                                |                                                                                                                                                                                                                                                                                             |                                                                                                           |
| <b>5</b> 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.       |                                                                                                                                                                                                                                                                                             |                                                                                                           |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                             | <b>6a</b>                                                                                                 |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                             | <b>6b</b>                                                                                                 |
| <b>c</b> 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).....                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                             | <b>6c</b>                                                                                                 |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                             |                                                                                                           |
| <b>7</b> 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                                                                                                                                                                          |                                                                                                                                                                                                                                                                                             |                                                                                                           |
| <b>8</b> 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 |                                                                                                                                                                                                                                                                                             |                                                                                                           |
| <b>Part III Amendments</b>                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                             |                                                                                                           |
| <b>9</b> 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          |                                                                                                                                                                                                                                                                                             |                                                                                                           |
| <b>Part IV ESOPs</b> (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.                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                             |                                                                                                           |
| <b>10</b> 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                                                                                                                                                                  |                                                                                                                                                                                                                                                                                             |                                                                                                           |
| <b>11 a</b> Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                             |                                                                                                           |
| <b>b</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                                                                                                             |                                                                                                                                                                                                                                                                                             |                                                                                                           |
| <b>12</b> 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.                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                                           |

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)                     

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)                     

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)                     

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)                     

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)                     

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)                     

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

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

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

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

Plan Name: Richwood Industries, Inc. Retirement & 401(k) Plan  
Plan Sponsor: Richwood Industries, Inc.  
EIN: 55-0569466  
Plan Number: 001  
Plan Year: (beginning/ending) 01/01/2022-12/31/2022

Schedule of Reportable Transactions, Form 5500 Schedule H, Part IV, Line 4j

| Purchases                      | Purchases    |                | Sales  |               |                  |
|--------------------------------|--------------|----------------|--------|---------------|------------------|
|                                | Transactions | Purchase Price | Trans. | Selling Price | Transaction Cost |
| Guaranteed Funds               |              |                |        |               |                  |
| JK Multimanager 2065 Lifetime  | 0            | \$0.00         |        |               | \$0.00           |
| Total                          | 0            | \$0.00         |        |               | \$0.00           |
| Investment Funds               |              |                |        |               |                  |
| American Funds New Perspective | 64           | \$4,784.05     |        |               | \$4,784.05       |
| ANG River Road Mid Cap Value   | 39           | \$35,262.86    |        |               | \$35,262.86      |
| Russell Growth                 | 66           | \$62,593.61    |        |               | \$62,593.61      |
| Total Bond Market Fund         | 38           | \$9,465.82     |        |               | \$9,465.82       |
| Russell Balanced               | 41           | \$4,887.58     |        |               | \$4,887.58       |
| Capital World Growth & Income  | 38           | \$8,816.36     |        |               | \$8,816.36       |
| Core Bond Fund                 | 39           | \$101,934.10   |        |               | \$101,934.10     |
| Russell Conservative           | 77           | \$7,430.90     |        |               | \$7,430.90       |
| Templeton World                |              | \$2,910.91     |        |               | \$2,910.91       |
| Russell Equity Growth          | 38           | \$7,623.63     |        |               | \$7,623.63       |
| Intl Equity Index Fund         | 64           | \$10,032.23    |        |               | \$10,032.23      |
| 500 Index Fund                 | 67           | \$714,621.60   |        |               | \$714,621.60     |
| PGIM Jennison Mid Cap Growth   | 65           | \$18,304.30    |        |               | \$18,304.30      |
| John Hancock U.S. Growth Fund  | 66           | \$55,593.68    |        |               | \$55,593.68      |
| Vanguard Growth Index Fund     | 64           | \$25,901.66    |        |               | \$25,901.66      |
| JH Multimanager 2010 Lifetime  | 35           | \$17,898.07    |        |               | \$17,898.07      |
| JH Multimanager 2015 Lifetime  | 38           | \$23,482.97    |        |               | \$23,482.97      |
| JH Multimanager 2020 Lifetime  | 39           | \$109,459.58   |        |               | \$109,459.58     |
| JH Multimanager 2025 Lifetime  | 64           | \$174,016.33   |        |               | \$174,016.33     |
| JH Multimanager 2030 Lifetime  | 41           | \$41,913.19    |        |               | \$41,913.19      |
| JK Multimanager 2035 Lifetime  | 65           | \$155,997.51   |        |               | \$155,997.51     |
| JK Multimanager 2040 Lifetime  | 75           | \$288,064.32   |        |               | \$288,064.32     |
| JK Multimanager 2045 Lifetime  | 74           | \$201,237.64   |        |               | \$201,237.64     |
| JK Multimanager 2050 Lifetime  | 75           | \$141,140.07   |        |               | \$141,140.07     |
| JK Multimanager 2055 Lifetime  | 80           | \$101,508.44   |        |               | \$101,508.44     |
| JH Multimanager 2060 Lifetime  | 78           | \$362,574.61   |        |               | \$362,574.61     |
| JK Multimanager 2065 Lifetime  | 72           | \$498,365.30   |        |               | \$498,365.30     |
| Mid Cap Index Fund             | 40           | \$53,031.14    |        |               | \$53,031.14      |
| Russell Moderate               | 62           | \$14,602.18    |        |               | \$14,602.18      |
| John Hancock Stable Val        | 68           | \$137,424.80   |        |               | \$137,424.80     |
| Small Cap Index Fund           | 65           | \$12,790.77    |        |               | \$12,790.77      |
| DFA U.S. Small Cap Fund        | 38           | \$2,300.53     |        |               | \$2,300.53       |
| Vanguard Small Cap Value Index | 65           | \$94,343.58    |        |               | \$94,343.58      |
| Vanguard Small Cap Grow Index  | 64           | \$18,247.42    |        |               | \$18,247.42      |
| Washington Mutual Investors    | 32           | \$50,616.73    |        |               | \$50,616.73      |
| Total                          | 1,955        | \$3,569,177.47 |        |               | 7                |

| Sales            | Purchases    |                | Sales  |               |                  |
|------------------|--------------|----------------|--------|---------------|------------------|
|                  | Transactions | Purchase Price | Trans. | Selling Price | Transaction Cost |
| Guaranteed Funds |              |                |        |               |                  |

See Independent Auditors' Report.

Plan Name: Richwood Industries, Inc. Retirement & 401(k) Plan  
Plan Sponsor: Richwood Industries, Inc.  
EIN: 55-0569466  
Plan Number: 001  
Plan Year: (beginning/ending) 01/01/2022-12/31/2022

Schedule of Reportable Transactions, Form 5500 Schedule H, Part IV, Line 4j

| Sales                          | Purchases    |                | Sales  |                 |                                  |
|--------------------------------|--------------|----------------|--------|-----------------|----------------------------------|
|                                | Transactions | Purchase Price | Trans. | Selling Price   | Transaction Cost Net Gain/(Loss) |
| <b>Guaranteed Funds</b>        |              |                |        |                 |                                  |
| JH Multimanager 2065 Lifetime  |              |                | 0      | \$0.00          | \$0.00                           |
| <b>Total</b>                   |              |                | 0      | \$0.00          | \$0.00                           |
| <b>Investment Funds</b>        |              |                |        |                 |                                  |
| American Funds New Perspective |              |                | 4      | \$16.00-        | \$10.86- \$5.14                  |
| ANG River Road Mid Cap Value   |              |                | 0      | \$0.00          | \$0.00 \$0.00                    |
| Russell Growth                 |              |                | 14     | \$50,198.02-    | \$44,569.49- \$5,628.53          |
| Total Bond Market Fund         |              |                | 0      | \$0.00          | \$0.00 \$0.00                    |
| Russell Balanced               |              |                | 0      | \$0.00          | \$0.00 \$0.00                    |
| Capital World Growth & Income  |              |                | 0      | \$0.00          | \$0.00 \$0.00                    |
| Core Bond Fund                 |              |                | 0      | \$0.00          | \$0.00 \$0.00                    |
| Russell Conservative           |              |                | 12     | \$48.00-        | \$50.55- \$2.55-                 |
| Templeton World                |              |                | 0      | \$0.00          | \$0.00 \$0.00                    |
| Russell Equity Growth          |              |                | 0      | \$0.00          | \$0.00 \$0.00                    |
| Intl Equity Index Fund         |              |                |        | -               | \$4,966.34- \$1,256.12           |
| 500 Index Fund                 |              |                |        | \$31,395.18-    | \$17,007.85 \$17,007.85          |
| PGIM Jennison Mid Cap Growth   |              |                | 0      | \$0.00          | \$0.00 \$0.00                    |
| John Hancock U.S. Growth Fund  |              |                | 2      | \$110,883.33-   | \$89,013.55- \$21,869.78         |
| Vanguard Growth Index Fund     |              |                | 9      | \$153,954.25-   | \$112,504.72- \$41,449.53        |
| JH Multimanager 2010 Lifetime  |              |                | 11     | \$17,147.06-    | \$17,599.11- \$452.05-           |
| JH Multimanager 2015 Lifetime  |              |                | 2      | \$25,085.00-    | \$19,192.40- \$5,892.60          |
| JH Multimanager 2020 Lifetime  |              |                | 1      | \$692,369.75-   | \$465,772.67- \$226,597.08       |
| JH Multimanager 2025 Lifetime  |              |                | 14     | \$53,745.91-    | \$41,455.04- \$12,290.87         |
| JH Multimanager 2030 Lifetime  |              |                | 6      | \$505,957.90-   | \$444,676.75- \$61,281.15        |
| JH Multimanager 2035 Lifetime  |              |                | 12     | \$48.00-        | \$40.52- \$7.48                  |
| JH Multimanager 2040 Lifetime  |              |                | 18     | \$18,010.02-    | \$13,490.73- \$4,519.29          |
| JH Multimanager 2045 Lifetime  |              |                | 11     | \$34,740.28-    | \$28,718.86- \$6,021.42          |
| JH Multimanager 2050 Lifetime  |              |                | 24     | \$53,851.85-    | \$40,391.18- \$13,460.67         |
| JH Multimanager 2055 Lifetime  |              |                | 18     | \$38,337.15-    | \$39,184.33- \$847.18-           |
| JH Multimanager 2060 Lifetime  |              |                | 21     | \$276,650.25-   | \$268,726.09- \$7,924.16         |
| JH Multimanager 2065 Lifetime  |              |                | 7      | \$1,120.00-     | \$1,258.42- \$138.42-            |
| Mid Cap Index Fund             |              |                | 0      | \$0.00          | \$0.00 \$0.00                    |
| Russell Moderate               |              |                | 13     | \$255.84-       |                                  |
| John Hancock Stable Val        |              |                | 14     | \$38,863.34-    | \$3                              |
| Small Cap Index Fund           |              |                | 1      | \$5,070.09-     | \$4,349.07- \$721.02             |
| DFA U.S. Small Cap Fund        |              |                | 1      | \$1,003.91-     | \$780.68- \$223.23               |
| Vanguard Small Cap Value Index |              |                | 0      | \$0.00          | \$0.00 \$0.00                    |
| Vanguard Small Cap Grow Index  |              |                | 2      | \$64,780.88-    | \$51,007.52- \$13,773.36         |
| Washington Mutual Investors    |              |                | 0      | \$0.00          | \$0.00 \$0.00                    |
| <b>Total</b>                   |              |                | 221    | \$2,196,762.32- | \$1,757,982.10- \$438,780.22     |

See Independent Auditors' Report.

Plan Name: Richwood Industries, Inc. Retirement & 401(k) Plan  
Plan Sponsor: Richwood Industries, Inc.  
EIN: 55-0569466  
Plan Number: 001  
Plan Year (beginning/ending): 01/01/2022-12/31/2022

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

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current Value |
|-----|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | JOHN HANCOCK LIFE INSURANCE (USA)                         | AMG RIVER ROAD MID CAP VALUE FUND                                                                          |          | 116,925           |
|     | JOHN HANCOCK LIFE INSURANCE (USA)                         | DFA U.S. SMALL CAP FUND                                                                                    |          | 19,288            |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK 2010 RETIREMENT - ACTIVE STRATEGY                                                             |          | 295               |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK 2015 RETIREMENT - ACTIVE STRATEGY                                                             |          | 496,687           |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK 2020 RETIREMENT - ACTIVE STRATEGY                                                             |          | 1,658,413         |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK 2025 RETIREMENT - ACTIVE STRATEGY                                                             |          | 1,987,550         |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK 2030 RETIREMENT - ACTIVE STRATEGY                                                             |          | 285,365           |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK 2035 RETIREMENT - ACTIVE STRATEGY                                                             |          | 971,613           |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK 2040 RETIREMENT - ACTIVE STRATEGY                                                             |          | 1,718,343         |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK 2045 RETIREMENT - ACTIVE STRATEGY                                                             |          | 1,014,652         |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK 2050 RETIREMENT - ACTIVE STRATEGY                                                             |          | 578,301           |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK 2055 RETIREMENT - ACTIVE STRATEGY                                                             |          | 156,214           |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK 2060 RETIREMENT - ACTIVE STRATEGY                                                             |          | 205,760           |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK 2065 RETIREMENT - ACTIVE STRATEGY                                                             |          | 448,143           |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK 500 INDEX FUND                                                                                |          | 755,147           |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK CAPITAL WORLD GROWTH & INCOME FUND                                                            |          | 66,434            |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK CORE BOND FUND                                                                                |          | 162,617           |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK INT'L EQUITY INDEX FUND                                                                       |          | 90,131            |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK MID CAP INDEX FUND                                                                            |          | 99,707            |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK NEW PERSPECTIVE FUND                                                                          |          | 34,482            |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK SMALL CAP INDEX FUND                                                                          |          | 22,771            |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK STABLE VALUE FUND                                                                             |          | 131,137           |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK TOTAL BOND MARKET FUND                                                                        |          | 46,670            |
| *   | JOHN HANCOCK LIFE INSURANCE (USA)                         | JOHN HANCOCK U.S. GROWTH FUND                                                                              |          | 90,577            |
|     | JOHN HANCOCK LIFE INSURANCE (USA)                         | PGIM JENNISON MID GROWTH FUND                                                                              |          | 29,904            |
|     | JOHN HANCOCK LIFE INSURANCE (USA)                         | RUSSELL BALANCED FUND                                                                                      |          | 5,373             |
|     | JOHN HANCOCK LIFE INSURANCE (USA)                         | RUSSELL CONSERVATIVE FUND                                                                                  |          | 16,543            |
|     | JOHN HANCOCK LIFE INSURANCE (USA)                         | RUSSELL EQUITY GROWTH FUND                                                                                 |          | 7,766             |
|     | JOHN HANCOCK LIFE INSURANCE (USA)                         | RUSSELL GROWTH FUND                                                                                        |          | 121,331           |
|     | JOHN HANCOCK LIFE INSURANCE (USA)                         | RUSSELL MODERATE FUND                                                                                      |          | 31,073            |
|     | JOHN HANCOCK LIFE INSURANCE (USA)                         | TEMPLETON WORLD FUND                                                                                       |          | 20,816            |
|     | JOHN HANCOCK LIFE INSURANCE (USA)                         | VANGUARD GROWTH INDEX FUND                                                                                 |          | 40,234            |
|     | JOHN HANCOCK LIFE INSURANCE (USA)                         | VANGUARD SMALL CAP GROWTH INDEX FUND                                                                       |          | 110,370           |
|     | JOHN HANCOCK LIFE INSURANCE (USA)                         | VANGUARD SMALL CAP VALUE INDEX FUND                                                                        |          | 89,254            |
|     | JOHN HANCOCK LIFE INSURANCE (USA)                         | WASHINGTON MUTUAL INVESTORS FUND                                                                           |          | 109,528           |
|     | PARTICIPANT LOANS                                         | 4.25%                                                                                                      |          | 202,452           |
|     | FORFEITURES                                               |                                                                                                            |          | 44                |

TOTAL

\$ 11,941,910

See Independent Auditors' Report.