

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

Part II	Basic Plan Information —enter all requested information
1a Name of plan TRION SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/2013
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRION SOLUTIONS, INC. 340 E. BIG BEAVER RD., SUITE 160 TROY, MI 48083	2b Employer Identification Number (EIN) 46-1334892
	2c Plan Sponsor's telephone number 248-498-8400
	2d Business code (see instructions) 812990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	DAVID STONE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 9012
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year		6a(1) 8172
a(2) Total number of active participants at the end of the plan year		6a(2) 13772
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 13772
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 13772
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 3723
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2J 2K 3D 2F 2G 2A		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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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 TRION SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRION SOLUTIONS, INC.	D Employer Identification Number (EIN) 46-1334892

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.
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1 Coverage Information:

(a) Name of insurance carrier NATIONWIDE LIFE INSURANCE COMPANY
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(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
31-4156830	66869	442-80146	11145	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 24631	(b) Total amount of fees paid 0
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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 AMERIPRISE FINANCIAL SERVICES 50082 AMERIPRISE FINANCIAL CTR MINNEAPOLIS, MN 55474
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24631			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

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

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

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

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

b	Balance at the end of the previous year	7b	4252039
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c	Additions: (1) Contributions deposited during the year	7c(1)	593662
	(2) Dividends and credits.....	7c(2)	0
	(3) Interest credited during the year.....	7c(3)	64625
	(4) Transferred from separate account.....	7c(4)	1282642
	(5) Other (specify below)	7c(5)	394167

▶ LOAN REPAYMENT, REALLOCATED TRANSFER IN, TRANSFER FROM INSIDE AND OUTSIDE NW - PRINCIPAL

(6) Total additions.....	7c(6)	2335096
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	6587135
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	373772
(2) Administration charge made by carrier.....	7e(2)	35442
(3) Transferred to separate account.....	7e(3)	595066
(4) Other (specify below)	7e(4)	2093831

▶ FORFEITURE, LOAN WITHDRAWAL, MARKET VALUE ADJ, PLAN LEVEL WITHDRAWAL, TRANSFER TO FUNDING SUCCESSOR

(5) Total deductions.....	7e(5)	3098111
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	3489024
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan TRION SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRION SOLUTIONS, INC.	D Employer Identification Number (EIN) 46-1334892	

Part I	Service Provider Information (see instructions)
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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
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

NATIONWIDE LIFE INSURANCE COMPANY

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-4056830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	625783	Yes ☒ No ☐	Yes ☒ No ☐	10533	Yes ☐ No ☒

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

AMERIPRISE FINANCIAL SERVICES

50082 AMERIPRISE FINANCIAL CENTER
MINNEAPOLIS, MN 55474

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	BROKER	0	Yes ☒ No ☐	Yes ☐ No ☒	265289	Yes ☐ No ☒

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

THE BENEFIT ADVANTAGE, INC.

3497 AUBURN ROAD
AUBURN HILLS, MI 48326

38-3254950

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 59 60 62 63 67 68	TPA	148765	Yes ☒ No ☐	Yes ☐ No ☒	18000	Yes ☐ No ☒

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)

INDEX CORE - PASSIVE THROUGH TARGET

5440 W 110TH ST
SHAWNEE MISSION, KS 66211

26-2409128

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	24902	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONWIDE LIFE INSURANCE COMPANY

10 W NATIONWIDE BLVD 5-05-111V
COLUMBUS, OH 43215

31-4156830

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	BROKER	3899	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TD AMERITRADE

4211 S. 102ND ST.
OMAHA, NE 68127

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	RECORDKEEPER	100	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection				
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>						
A Name of plan <u>TRION SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">B Three-digit plan number (PN) ►</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>		B Three-digit plan number (PN) ►	<u>001</u>		
B Three-digit plan number (PN) ►	<u>001</u>					
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRION SOLUTIONS, INC.</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">D Employer Identification Number (EIN) <u>46-1334892</u></td> <td style="width: 20%;"></td> </tr> </table>		D Employer Identification Number (EIN) <u>46-1334892</u>			
D Employer Identification Number (EIN) <u>46-1334892</u>						

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	338368365362
(2) Participant contributions.....		1b(2)	434780140236
(3) Other.....		1b(3)	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common.....		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans.....		1c(8)	9189331217958
(9) Value of interest in common/collective trusts.....		1c(9)	
(10) Value of interest in pooled separate accounts		1c(10)	
(11) Value of interest in master trust investment accounts.....		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	4847685739431611
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	42520393489024
(15) Other		1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	54420977	44644191

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	52737	88732
k Total liabilities (add all amounts in lines 1g through 1j)	1k	52737	88732

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	54368240	44555459
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2263863	
(B) Participants	2a(1)(B)	6074868	
(C) Others (including rollovers)	2a(1)(C)	620824	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		8959555
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	68941	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	53728	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		122669
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		-8779033
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		303191
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7160353	
(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)		7160353
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	803164	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		803164
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7963517
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-7660326
l Transfers of assets:			
(1) To this plan	2l(1)		11639028
(2) From this plan	2l(2)		13791483

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: FENNER, MELSTROM, & DOOLING, PLC

(2) EIN: 38-1402622

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SG COMPANIES 401K SAVINGS PLAN	38-3550528	001
OASIS RETIREMENT SAVINGS PLAN	65-0731524	333
HIRERISING INC 401K PLAN	82-4187495	001
JACK DOHENY COMPANIES, INC. 401(K) PLAN	38-2026979	004

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan TRION SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN		B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRION SOLUTIONS, INC.		D Employer Identification Number (EIN) 46-1334892
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 01-0233346		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

**TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION**
Years Ended December 31, 2022 and 2021

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

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FMD

CPAs & Strategic Advisors

INDEPENDENT AUDITORS' REPORT

TO THE BOARD OF TRUSTEES
TRION SOLUTIONS, INC. 401(k) PROFIT SHARING PLAN
TROY, MICHIGAN

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

We have performed audits of the accompanying financial statements of Trion Solution, Inc. 401(k) Profit Sharing 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). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the 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 Trion Solution, Inc. 401(k) Profit Sharing Plan financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and the years then ended, stating that the certified investment information, as described in Note 4 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 Auditor's Responsibilities for the Audit of the Financial Statements section—

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

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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Trion Solution, Inc. 401(k) Profit Sharing Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Trion Solution, Inc. 401(k) Profit Sharing Plan 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 Trion Solution, Inc. 401(k) Profit Sharing Plan 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 Trion Solution, Inc. 401(k) Profit Sharing Plan ability to continue as a going concern for a reasonable period of time.

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

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

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

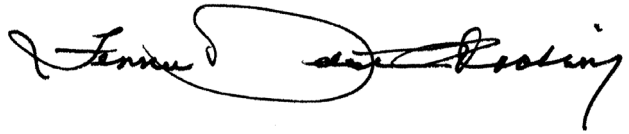
Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their 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).

A handwritten signature in black ink, appearing to read "Fenner Melstrom & Dooling", with a large, stylized loop in the middle.

FENNER, MELSTROM & DOOLING, PLC

OCTOBER 16, 2023

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2022 and 2021

	<u>2 0 2 2</u>	<u>2 0 2 1</u>
ASSETS		
INVESTMENTS AT FAIR VALUE	\$39,431,611	\$48,476,857
INVESTMENTS AT CONTRACT VALUE	<u>3,489,024</u>	<u>4,252,039</u>
TOTAL INVESTMENTS	<u>42,920,635</u>	<u>52,728,896</u>
RECEIVABLES		
PARTICIPANT CONTRIBUTIONS.....	140,236	434,780
EMPLOYER CONTRIBUTIONS	365,362	338,368
NOTES RECEIVABLE FROM PARTICIPANTS.....	<u>1,217,958</u>	<u>918,933</u>
TOTAL RECEIVABLES	<u>1,723,556</u>	<u>1,692,081</u>
TOTAL ASSETS.....	<u>44,644,191</u>	<u>54,420,977</u>
LIABILITIES		
EXCESS CONTRIBUTIONS PAYABLE.....	<u>88,732</u>	<u>52,737</u>
TOTAL LIABILITIES	<u>88,732</u>	<u>52,737</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$44,555,459</u></u>	<u><u>\$54,368,240</u></u>

SEE ACCOMPANYING NOTES

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN
NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2022 and 2021

	<u>2 0 2 2</u>	<u>2 0 2 1</u>
ADDITIONS (SUBTRACTIONS)		
TO NET ASSETS ATTRIBUTED TO		
INVESTMENT INCOME (LOSS)		
NET APPRECIATION (DEPRECIATION)		
IN FAIR VALUE OF INVESTMENTS	\$ (8,779,033)	\$ 4,710,902
INTEREST	<u>68,941</u>	<u>34,724</u>
TOTAL INVESTMENT INCOME (LOSS).....	<u>(8,710,092)</u>	<u>4,745,626</u>
INTEREST INCOME ON NOTES		
RECEIVABLE FROM PARTICIPANTS	<u>53,728</u>	<u>28,158</u>
CONTRIBUTIONS		
PARTICIPANTS	6,074,868	4,727,435
EMPLOYER.....	2,263,863	1,742,334
ROLLOVER AND OTHER.....	<u>620,824</u>	<u>2,190,635</u>
TOTAL CONTRIBUTIONS	<u>8,959,555</u>	<u>8,660,404</u>
TOTAL ADDITIONS (SUBTRACTIONS).....	<u>303,191</u>	<u>13,434,188</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
BENEFITS PAID TO PARTICIPANTS.....	7,160,353	3,133,856
ADMINISTRATION EXPENSES	<u>803,164</u>	<u>685,803</u>
TOTAL DEDUCTIONS	<u>7,963,517</u>	<u>3,819,659</u>
NET INCREASE (DECREASE)	(7,660,326)	9,614,529
TRANSFER OF ASSETS TO PLAN.....	11,639,028	22,195,470
TRANSFER OF ASSETS FROM PLAN.....	(13,791,483)	(9,137,367)
NET ASSETS AVAILABLE		
FOR BENEFITS, BEGINNING OF YEAR	<u>54,368,240</u>	<u>31,695,608</u>
NET ASSETS AVAILABLE		
FOR BENEFITS, END OF YEAR.....	<u>\$44,555,459</u>	<u>\$54,368,240</u>

SEE ACCOMPANYING NOTES

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

1. DESCRIPTION OF PLAN

The following description of Trion Solutions, Inc. ("Company") 401(k) Profit Sharing Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

GENERAL

The Company is a "Professional Employer Organization" ("PEO"). As a PEO, the Company assumes the role of employer for other companies that wish to lease their workers (the "Participating Companies"). Therefore, the Plan includes multiple Participating Companies and is considered a multiple employer plan according to the Internal Revenue Code ("IRC"). The IRC requires that Plan discrimination testing be performed separately for each Participating Company as if its workers were not leased. The IRC thus also allows each Participating Company to have differing requirements for eligibility, matching contributions, and vesting. The Company determines the aggregate matching contribution, safe harbor contribution, and profit sharing contribution (if applicable) for all participants based on each Participating Company's matching provisions and remits such amount to the Plan's investment custodian. Participants should refer to their applicable participation agreement with the Plan for specific details on eligibility, plan contributions, vesting, and other Plan provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan fiduciaries oversee the governance of the Plan and determine the appropriateness of the Plan's investment offerings and monitor investment performance.

PARTICIPANT CONTRIBUTIONS

Each year, participants may contribute up to 100% of annual compensation on a pre-tax or after-tax (Roth) basis, as defined in the Plan. 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 (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers several mutual funds, participant directed brokerage accounts, and a guaranteed investment contract as investment options for participants. Contributions are subject to certain Internal Revenue Service limitations.

(continued on next page)

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

1. DESCRIPTION OF PLAN (continued)

PARTICIPATING COMPANY CONTRIBUTIONS

Aggregate Participating Company contributions (which vary by Participating Company as previously described) of \$2,263,863 and \$1,742,334 were made for the years ended December 31, 2022 and 2021, respectively. Participants direct the investment of such contributions as described above. Contributions are subject to certain limitations.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution and Company safe harbor matching contributions, as well as allocations of the Company's additional matching and profit sharing contributions and Plan earnings. Participant accounts are 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 a participant is entitled is the benefit that can be provided from the participant's vested account.

VESTING

Participants are immediately vested in their contributions plus actual earnings thereon. Contributions made by the Participating Companies, if any, vest at varying rates as noted above. Generally, Participating Company contributions vest under either "safe harbor" provisions of the Internal Revenue Code whereby such contributions are immediately vested to the participant or under a vesting schedule whereby the participant is 100% vested after five or six years of eligible service.

NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow from their vested accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their account balance, whichever is less. Loan terms range from one to five years or longer for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates. No more than one loan may be outstanding at any time for any participant. Interest rates ranged from 3.25% to 10.25% per annum. Principal and interest are paid ratably through payroll deductions.

(continued on next page)

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

1. DESCRIPTION OF PLAN (continued)

PAYMENT OF BENEFITS

On termination of service due to death, disability or retirement, a 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 annual installments. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. The Plan also permits withdrawals of active participants' elective contributions only in amounts necessary to satisfy financial hardship as defined by the plan agreement.

FORFEITED ACCOUNTS

At December 31, 2022 and 2021, forfeited nonvested accounts totaled \$132,299 and \$65,876, respectively. Forfeited nonvested accounts are used to reduce administrative expenses. Any remaining forfeited nonvested accounts can be used to reduce employer contributions or be allocated to participants in accordance with the provisions of the Plan.

RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value 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.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements are presented on the accrual basis of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the plan.

(continued on next page)

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(continued)**

USE OF 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 certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisors, custodians, and insurance company. See Note 3 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.

NOTES RECEIVABLE FROM PARTICIPANTS

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

EXCESS CONTRIBUTIONS PAYABLE

Amounts payable to participants for contributions in excess of amounts allowed by the provisions of the Plan are recorded as a liability with a corresponding reduction to participant contributions.

(continued on next page)

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

**2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(continued)**

PAYMENT OF BENEFITS

Benefits are recorded when paid.

EXPENSES

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Certain investment related expenses are included in net appreciation (depreciation) of fair value of investments

DATE OF MANAGEMENT'S REVIEW

The Plan has evaluated subsequent events through October 16, 2023, the date the financial statements were available to be issued. The Company had no subsequent event to disclose.

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

3. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
Level 2	Inputs to the valuation methodology include • quoted prices for similar assets or liabilities in active markets; • quoted prices for identical or similar assets or liabilities in inactive markets; • inputs other than quoted prices that are observable for the asset or liability; • inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

(continued on next page)

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

3. FAIR VALUE MEASUREMENTS (continued)

MUTUAL FUNDS

Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

BROKERAGE ACCOUNTS

Valued at the NAV of the securities underlying the accounts held by the Plan at year end.

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

	<u>LEVEL 1</u>	<u>TOTAL FAIR VALUE</u>
MUTUAL FUNDS.....	\$39,041,556	\$39,041,556
BROKERAGE ACCOUNTS	<u>390,055</u>	<u>390,055</u>
 TOTAL INVESTMENTS AT FAIR VALUE.....	 <u>\$39,431,611</u>	 <u>\$39,431,611</u>

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

	<u>LEVEL 1</u>	<u>TOTAL FAIR VALUE</u>
MUTUAL FUNDS.....	\$48,054,682	\$48,054,682
BROKERAGE ACCOUNTS	<u>422,175</u>	<u>422,175</u>
 TOTAL INVESTMENTS AT FAIR VALUE.....	 <u>\$48,476,857</u>	 <u>\$48,476,857</u>

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

4. CERTIFIED INFORMATION

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2022 and 2021, and net appreciation (depreciation) in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2022 and 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by Nationwide Trust Company.

5. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan has an investment option in a fully benefit-responsive traditional guaranteed investment contract with Nationwide. Nationwide maintains the contributions in a general account which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for the fully benefit-responsive investment contract because this is the amount received by participants if they were to initiate permitted transactions under the terms of the contract. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

The crediting rate is based on a formula established by the contract issuer but may not be less than 0%. The crediting rate is reviewed on a quarterly basis for resetting. The crediting rate was 1.29% for the first quarter, 1.57% for the next two quarters and 1.5% for the last quarter of 2022.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contract is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

(continued on next page)

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

**5. INVESTMENT CONTRACT WITH INSURANCE
COMPANY (continued)**

Certain events limit the Plan's ability to transact at contract value with Nationwide. Such events include the following: (a) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (b) changes to plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with Plan participants, is probable.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following: (a) An uncured violation of the Plan's investment guidelines, (b) a breach of material obligation under the contract, (c) a material misrepresentation, (d) a material amendment to the agreements without the consent of the issuer.

6. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Nationwide. Nationwide is the investment custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Direct fees paid by the Plan for recordkeeping and administrative services amounted to \$629,397 and \$437,221 for 2022 and 2021, respectively. In addition, fees paid by the Plan for investment management services are included in net appreciation/(depreciation) in fair value of investments.

Processing and administration fees were paid to The Benefit Advantage, Inc. (TBA). TBA is the third-party administrator and, therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for these services amounted to \$148,765 and \$240,146 for the years ended December 31, 2022 and 2021, respectively.

(continued on next page)

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

6. PARTY-IN-INTEREST TRANSACTIONS (continued)

Index Core provides investment advisory services to the Plan, and therefore qualifies as party-in-interest. Direct fees paid to Index Core by the Plan during 2022 and 2021 for investment advisory services were \$24,902 and \$0, respectively.

Professional services were provided to the Plan by Fenner, Melstrom & Dooling, PLC ("FMD"). FMD is the Plan's auditor, and therefore qualifies as party-in-interest. Fees paid by the Plan for services amounted to \$0 and \$8,000 for the years ended December 31, 2022 and 2021, respectively.

Additional recordkeeping services for the self-directed brokerage accounts were provided to the Plan by TD Ameritrade and qualify as party-in-interest. Fees paid by the Plan for services amounted to \$100 and \$436 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.

7. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in employer contributions.

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

8. TAX STATUS

The Company has adopted a prototype plan that relies on the opinion letter of the prototype document. Although the Plan has been amended since receiving the opinion letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdiction; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2019.

Multiple Employer Plan Participating Employer Information

Trion Solutions, Inc. 401(k) Profit Sharing Plan - EIN: 46-1334892 - PN 001

1. Name of participating employer	2. EIN	3. Percent of Total Contributions for Plan Year	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
AILBF Hospitality, LLC	84-2307013	0%	-
AILCA Hospitality, LLC	84-5115991	0%	-
AILCL Hospitality, LLC	84-3079385	0%	-
AILMT Hospitality, LLC	84-3199585	0%	-
Bowie Coffee, LLC	45-2640684	0%	-
Breckenridge Condos 2, LLC	82-3467763	0%	-
GB Coffee, LLC	47-2593685	0%	-
DJC Investments (Conant Inv)	45-0536938	0%	-
Conant Investments	00-0000000	0%	-
FHE New Jersey, LLC	00-0000000	0%	-
Freight Horse	00-0000000	0%	-
TEAM TRANSFORMATIONAL SOLUTIONS LLC	00-0000000	0%	-
ALLEGAN CARE OPERATING CO LLC	00-0000000	0%	-
BLOOMINGDALE CARE OPERATING COMPANY	00-0000000	0%	-
Mission Point Health Campus of Jackson	00-0000000	0%	-
Mission Point of Belding, LLC	00-0000000	0%	-
Mission Point of Big Rapids	00-0000000	0%	-
Mission Point of Cedar Springs	00-0000000	0%	-
Mission Point of Forest Hills, LLC	00-0000000	0%	-
Mission Point of Grandville	00-0000000	0%	-
Mission Point of Greenville	00-0000000	0%	-
Mission Point of Hancock	00-0000000	0%	-
Mission Point of Ishpeming	00-0000000	0%	-
Mission Point of Lamont	00-0000000	0%	-
Mission Point of Roscommon	00-0000000	0%	-
Meadow Woods Nursing & Rehabilitation	00-0000000	0%	-
Mission Point of Cranbrook	82-1803333	0%	-
Mission Point of Elmwood	82-1803578	0%	-
Mission Point of Woodward	82-1809375	0%	-
Mission Point Management Services	00-0000000	0%	-
Pacifica Augustine Road	00-0000000	0%	-
Pacifica Bakersfield LP	00-0000000	0%	-
Pacifica Chino Hills LP	00-0000000	0%	-
Pacifica Coast LP	00-0000000	0%	-
Pacifica Harborview-Kessler LL	00-0000000	0%	-
Pacifica Heritage Circle LLC	00-0000000	0%	-
PACIFICA L 32 LLC	00-0000000	0%	-
PACIFICA L 44 LLC	00-0000000	0%	-
PACIFICA LAUDERHILL LLC	00-0000000	0%	-
PACIFICA MILLCREEK LLC	00-0000000	0%	-

PACIFICA NEWPORT MESA LLC	00-0000000	0%	-
PACIFICA OAKLAND LLC	00-0000000	0%	-
PACIFICA RIVERSIDE SL LP	00-0000000	0%	-
Pacifica Belleair LLC	00-0000000	0%	-
Pacifica Daly, LLC	00-0000000	0%	-
Pacifica Fort Myers LLC	00-0000000	0%	-
PACIFICA ROSEMONT LLC	00-0000000	0%	-
PACIFICA SENIOR LIVING MILTON	00-0000000	0%	-
PACIFICA SENIOR LIVING VACAVIL	00-0000000	0%	-
PACIFICA SHERMAN LLC	00-0000000	0%	-
PACIFICA SKYLYN LLC	00-0000000	0%	-
PACIFICA SL KLAMATH FALLS LLC	00-0000000	0%	-
PACIFICA SL LYNNWOOD LLC	00-0000000	0%	-
PACIFICA SL SNOHOMISH LLC	00-0000000	0%	-
PACIFICA SL SUNRISE LLC	00-0000000	0%	-
PACIFICA SPRING VALLEY LLC	00-0000000	0%	-
PACIFICA ST ANDREWS LLC	00-0000000	0%	-
PACIFICA TUCSON LLC	00-0000000	0%	-
PACIFICA UNION CITY LLC	00-0000000	0%	-
PACIFICA VICTORIA LP	00-0000000	0%	-
PACIFICA WOODMONT LLC	00-0000000	0%	-
PACIFICA NEW F ESTATES LLC	00-0000000	0%	-
PACIFICA NORTH COUNTY SL LP	00-0000000	0%	-
PACIFICA ORANGE COUNTY LLC	00-0000000	0%	-
PACIFICA REGENCY PALMS LLC	00-0000000	0%	-
PACIFICA SAGEBRUSH LLC	00-0000000	0%	-
PACIFICA SENIOR LIVING OCALA L	00-0000000	0%	-
PACIFICA SFO LLC	00-0000000	0%	-
PACIFICA SL ELLENSBURG LLC	00-0000000	0%	-
PACIFICA SL GREENACRES LLC	00-0000000	0%	-
PACIFICA SL GROVE STREET LP	00-0000000	0%	-
PACIFICA SL HEMET LLC	00-0000000	0%	-
PACIFICA SL MCMINNVILLE LLC	00-0000000	0%	-
PACIFICA SL SCOTTSDALE LLC	00-0000000	0%	-
PACIFICA WALTON BEACH LLC	00-0000000	0%	-
PACIFICA SL PALM SPRINGS LLC	00-0000000	0%	-
Pacifica Senior Living LLC	00-0000000	0%	-
PACIFICA HOLLYWOOD LLC	00-0000000	0%	-
PACIFICA SLO LLC	00-0000000	0%	-
Pacifica Sterling LLC	00-0000000	0%	-
PSLM PAYROLL FRESNO	00-0000000	0%	-
Pacifica Alta Vista	00-0000000	0%	-
Pacifica Anaheim	00-0000000	0%	-
Pacifica Chesapeake LLC	00-0000000	0%	-
Pacifica Devonshire LLC	00-0000000	0%	-
Pacifica Escondido	00-0000000	0%	-
Pacifica Forest Trace	00-0000000	0%	-
Pacifica Hayes Valley	00-0000000	0%	-
Pacifica Healdsburg LLC	00-0000000	0%	-

Pacifica Kenmore LLC	00-0000000	0%	-
Pacifica Laguna Hills LLC	00-0000000	0%	-
Pacifica Northridge	00-0000000	0%	-
Pacifica Oxnard	00-0000000	0%	-
Pacifica Palm Beach LLC	00-0000000	0%	-
Pacifica Palm Springs LLC	00-0000000	0%	-
Pacifica Paradise Valley LLC	00-0000000	0%	-
Pacifica Parklane	00-0000000	0%	-
Pacifica Peria LLC	00-0000000	0%	-
Pacifica Pinehurst LLC	00-0000000	0%	-
Pacifica Rancho Park LP	00-0000000	0%	-
Pacifica San Marcos	00-0000000	0%	-
Pacifica San Martin	00-0000000	0%	-
Pacifica Santa Barbra	00-0000000	0%	-
Pacifica SL Coeur D'Alene LLC	00-0000000	0%	-
Pacifica South Coast	00-0000000	0%	-
Pacifica Sylvann Park LLC	00-0000000	0%	-
Pacifica Vista	00-0000000	0%	-
Pacifica Whyndham Lakes	00-0000000	0%	-
Pacifica Santa Clarita	00-0000000	0%	-
PACIFICA SAKURA GARDENS ICF	00-0000000	0%	-
PACIFICA SAN BERNARDINO LLC	00-0000000	0%	-
PACIFICA SL PEORIA LLC	00-0000000	0%	-
PACIFICA SOMERFIELD LLC	00-0000000	0%	-
PACIFICA SUN CITY LP	00-0000000	0%	-
PSLM PAYROLL MENIFEE	00-0000000	0%	-
PACIFICA SL LANTANA LLC	00-0000000	0%	-
PACIFICA SL PHOENIX LLC	00-0000000	0%	-
Driveline Retail Merchandising, Inc.	00-0000000	42%	-
Staffworks Group	46-1541910	4%	-
Boyer, St. Pierre & Aull, PLLC	27-5142300	2%	-
Selective Industries, Inc.	38-3216581	0%	-
Jost Corp.	52-2069529	0%	-
Perbro, Inc.	52-2069529	0%	-
Advanced Entertainment Center, Inc.	52-2069529	1%	-
Fuller Manufacturing II, Inc.	84-4879344	0%	-
Emergency Restoration	11-3652175	3%	-
Unistar Hospitality Services	00-0000000	0%	-
Atria Vascular and Vein, PLLC	84-3688992	1%	-
Brines Refrigeration	38-3026193	0%	-
Center for Wealth Planning, Inc.	20-3494420	12%	-
Contego Services Group, Llc	45-1830330	0%	-
Epic Personnel Partners, LLC	46-3456667	0%	-
Hercules Electric Vehicles	83-2957549	0%	-
LaBelle Management, Inc.	00-0000000	2%	-
Moorings Consulting LLC dba Shoppers View	47-3322352	1%	-
SAFETY BUS SERVICE INC	00-0000000	1%	-
TBSX Ventures, LLC (dba Elysium Cultivation)	84-3204492	0%	-
Troy Chamber of Commerce	38-1973921	0%	-

LUCERNE INTERNATIONAL. INC	00-0000000	2%	-
NORTH STAR REACH	00-0000000	1%	-
Silverline Lending LLC	00-0000000	6%	-
Legacy CP Maine, LLC	85-3462343	2%	-
Yaldo Eve Center	27-1734550	0%	-
Surface Induction Technologies Inc.	00-0000000	0%	-
DRN Moving, Inc.	65-1018576	1%	-
Edson Farms Natural Foods	26-0671099	1%	-
Northern Michigan Glass LLC	38-3576327	1%	-
Clinton Creek, Inc.	81-4354027	0%	-
Lapeer Lodge	27-2550650	0%	-
New Haven Lodge/ Lansing Lodge	47-1600658	0%	-
Professional Graphic Network, Inc.	38-2729847	0%	-
Hummus Goodness	00-0000000	0%	-
A-OK Cooling & Heating, Corp	38-1735333	0%	-
Imperial Staffing & Associates	46-4182946	0%	-
LocalLive Networks	82-2519037	0%	-
Grand Beach Resort Partners LLC	00-0000000	0%	-
Conteyor Us Inc	47-1360531	5%	-
Jack Doheney Companies, Inc.	38-2026979	0%	-
OLIVER LAW GROUP PC	00-0000000	3%	-
Advantage Lending Corp.	26-0590018	0%	-
Khurana Law Firm, PC	47-1125859	4%	-
QMI Group	38-2193292	4%	-
International Automotive Oversight Bureau	00-0000000	0%	-
General Sports Baseball, LLC dba United Shore Professional Baseball League	47-3848371	0%	-
Mt Clemens Housing Commission	45-5272001	0%	-
Solutions Medical	00-0000000	0%	-
BOWERS HARBOR VINEYARDS	00-0000000	0%	-
FEATHERSTONE MOMENTS, LLC	00-0000000	0%	-
FOREVER CARE HOMES	00-0000000	0%	-
3D Industries DBA Certapro Of South Denver	26-1614911	0%	-
All Aboard Daycare, Inc.	65-0372459	0%	-
C&T Mgmt Svcs LLC DbA H&R Block Of Kingsley	26-2950773	0%	-
Capital 4 Growth LLC	81-0909367	0%	-
CCS Services, PLLC dba Silver Tax Group	45-4026790	0%	-
Construction Contractor Services, Inc.	65-1125623	0%	-
edtec central, LLC	38-3551348	0%	-
F.I.T. Financial, Inc. *(Flynn Ingham & Turner)	84-2575254	0%	-
Families Against Narcotics, Inc.	26-2302028	0%	-
General Chemical Corporation	00-0000000	0%	-
Hags Hunks, LLC	85-4103207	0%	-
Hispanic IT Executive Council (HITEC)	20-5975604	0%	-
JLW Management, LLC	00-0000000	0%	-
JP Leasing, LLC	38-3145039	0%	-
L & J Enterprise-East Wayne LLC	82-1827141	0%	-
Northern Capital Insurance Agency Services, LLC	26-2577134	0%	-
Preferred Packaging Solutions	20-1624297	0%	-
Prospera Healthcare ABA, LLC	86-3669420	0%	-

Red E Parts	20-3891119	0%	-
SR Partners dba National Technology Management	20-8371359	0%	-
Sterling Agency, Inc.	38-3329317	0%	-
StickleMe, LLC dba Sticker Genius	27-0859226	0%	-
Traverse Connect	47-2891252	0%	-
Two Men And A Truck	38-3139381	0%	-
Veterans Alliance, LLC	84-3592682	0%	-
Auto Konnect, LLC	26-0385325	0%	-
Carswell Landscaping	65-0123493	0%	-
Data Tech Café, Inc.	36-4695240	0%	-
Faith Manor (part of Wedgewood)	00-0000000	0%	-
Urban Homes (Part of Wedgewood)	00-0000000	0%	-
Wedgewood Property Management	20-0040610	0%	-
WFQ	46-2575897	0%	-
Global Office Solutions, LLC	38-3435808	0%	-
Landmark Electrical Inc	00-0000000	0%	-
Silva Property Management	00-0000000	0%	-
Silver Lining Herbs	00-0000000	0%	-
Strictly 2SP, LLC	00-0000000	0%	-
ThisisJewelry.com dba Diamond Vault of Troy	00-0000000	0%	-
Trion Solutions Inc	46-1334892	0%	-
JLOV, INC dba Jan's Lounge	00-0000000	0%	-
Richmond Recycling, Inc.	20-5962663	0%	-
Law Offices of Jourmana Kayrouz	51-0527199	0%	-
Munson Services, Inc.	38-3144382	0%	-
The Simple Life LLC	00-0000000	0%	-

SUPPLEMENTARY INFORMATION

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

EIN #46-1334892 - PLAN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i))
December 31, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	MUTUAL FUNDS			
	Aberdeen	Global Equity	*	\$ 1,958
	Blackrock	Mid Cap Growth Equity Inst	*	592,358
	JP Morgan	Core Plus Bond Fund	*	602
	JP Morgan	Small Cap Value	*	483
	JP Morgan	Large Cap Growth Fund	*	989,773
	American Beacon	International Equity Institutional	*	2,848
	Oakmark	Fund Investor Class	*	6,678
	Prudential	Global Real Estate Fund	*	1,705
	T Rowe Price	Media and Telecommunications Fund	*	59,833
	Fidelity	New Insights	*	32,355
	Oakmark	Equity and Income Fund	*	3,685
	T Rowe Price	Blue Chip Growth Fund	*	52,484
	Blackrock	Hi Yield Bond Portfolio	*	1,226,280
	Blackrock	Total Return Fund	*	740,149
	DFA	Emerging Markets		
		Core Equity Portfolio	*	1,239,769
	DFA	Global Real Estate		
		Securities Portfolio	*	4,389
	JP Morgan	Equity Income Fund Select	*	1,569
	DFA	Inflation-Protections Securities	*	325
	Templeton	Global Bond Fund	*	199
*	Nationwide	Geneva Small Cap Growth Fund	*	10,406
	Nuveen	Symphony Credit		
		Opportunities Fund	*	110
	Blackrock	Strategic Income		
		Opportunities Portfolio	*	319,498
	Aberdeen	Global Bond Fund	*	42
	Gushm	Floating Rate Strategies Instrument	*	717,188
	Columbia	Select Large Cap Growth Fund	*	56,610
	Diamond Hill	Mid Cap Fund	*	621,921
	Vanguard	Balanced Index Fund	*	1,197,089

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TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

EIN #46-1334892 - PLAN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i)) (continued)
December 31, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	Vanguard	Emerging Markets Stock Index Fund	*	\$ 342,116
	Vanguard	Growth Index Admiral Fund	*	50,592
	Vanguard	Mid-Cap Index Fund	*	1,012,327
	Vanguard	Real Estate Index Fund Admiral	*	36,932
	Vanguard	Small-Cap Index Fund	*	1,316,677
	Vanguard	Value Index Fund	*	515,195
	Vanguard	Total Stock Market Index Fund	*	1,060,798
	Vanguard	Developed Markets Index Fund	*	386,724
	Vanguard	Explorer Fund	*	363,324
	Vanguard	Health Care Fund	*	54,292
	Vanguard	Wellsley Income Fund	*	653,505
	Fidelity	Advisor Biotechnology Fund	*	22,515
	Vanguard	Intermediate-Term Treasury Index Fund	*	30,974
	Vanguard	Total International Bond Index Fund	*	37,736
	Vaneck	CM Commodity Index Fund	*	16,988
	DFA	U.S. Large Cap Value Portfolio	*	89,713
	DFA	U.S. Targeted Value Portfolio	*	47,511
	DodgeCox	International Stock Fund	*	1,349,233
	MFS	Value Fund R6	*	2,531
	Federated	Govt Obligations Fund	*	707,464
	Fidelity	Multi-Asset Index Fund	*	1,115,980
	TIAA-CREF	Lifecycle Index 2010 Fund	*	30,776
	TIAA-CREF	Lifecycle Index 2015 Fund	*	23,528
	TIAA-CREF	Lifecycle Index 2020 Fund	*	199,182
	TIAA-CREF	Lifecycle Index 2025 Fund	*	920,179
	TIAA-CREF	Lifecycle Index 2030 Fund	*	1,533,927
	TIAA-CREF	Lifecycle Index 2035 Fund	*	459,961
	TIAA-CREF	Lifecycle Index 2040 Fund	*	1,052,887
	TIAA-CREF	Lifecycle Index 2045 Fund	*	448,269

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TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

EIN #46-1334892 - PLAN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i)) (continued)
December 31, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	TIAA-CREF	Lifecycle Index 2050 Fund	*	\$ 384,784
	TIAA-CREF	Lifecycle Index 2055 Fund	*	201,873
	TIAA-CREF	Lifecycle Index 2060 Fund	*	169,862
	TIAA-CREF	Lifecycle Index Retirement Income Fund	*	25,891
	T Rowe Price	Large Cap Growth Fund	*	21,790
	Janus Henderson	Global Technology Fund	*	42,062
	Prudential	Total Return Bond Fund Q	*	1,085,072
	Franklin Templeton	Global Bond Fund	*	108
	Blackrock	Ishares MSCI EAFE International Index Fund	*	49,290
	Ivy Pictet	Emerging Markets Local Currency Debt Fund	*	43
	JPMorgan	Equity Income Fund	*	1,083,010
*	Nationwide	All Cap Growth Fund	*	1,164,831
	Fidelity	500 Index Fund	*	5,030,023
	Fidelity	Inflation-Protected Bond Index	*	67,452
	Fidelity	International Index Fund	*	1,087,809
	Fidelity	US Bond Index Fund	*	1,248,067
	Federated Hermes	Institutional High Yield Bond	*	161,899
	Vanguard	FTSE Social Index Fund Admiral	*	46,494
	Calvert	International Responsible Index	*	37,127
	AMBCN	International Equity	*	391
	Goldman Sachs	GQG Partners International Opportunities Fund Class R6	*	1,361,323
	Principal	Global Real Estate Securities	*	703,502
	TIAA-CREF	Lifecycle Index 2065 Retirement	*	13,564
*	Nationwide	Investor Destinations Conservative Fund	*	59,696
	Avantis	US Small Cap Value Fund	*	346,372
	Avantis	US Large Cap Value Fund	*	1,117,573
	Harbor	International Growth Fund	*	4,199
	MFS	Research Fund	*	1,673

(continued on next page)

TRION SOLUTIONS, INC.
401(k) PROFIT SHARING PLAN

EIN #46-1334892 - PLAN#001
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
(Schedule H, Line 4 (i)) (continued)
December 31, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of issue borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	MFS	Utilities Fund	*	\$ 26,650
	Oppenheimer	International Growth Fund	*	16,941
	Pimco	Commodity Real Return Strategy	*	616,514
	Prudential	High Yield Fund	*	14,132
	Pimco	Real Return Fund	*	844,939
	American Funds	AMCAP Fund	*	54,846
	American Funds	Europacific Growth Fund	*	18,686
	American Funds	2045 Target Date Retirement Fund	*	12,533
	American Funds	2050 Target Date Retirement Fund	*	615
	American Funds	Growth Fund of America	*	5,617
	American Funds	The Income Fund of America	*	2,183
	American Funds	American Balanced Fund	*	2,112
	American Funds	American Mutual Fund	*	32,546
	American Funds	The New Economy Fund	*	38,810
	American Funds	New World Fund	*	9,764
	American Funds	Capital World Growth and Income Fund	*	51,608
	Vanguard	Global Equity Fund	*	<u>15,138</u>
	TOTAL MUTUAL FUNDS			39,041,556
*	Nationwide	Fixed Select Investment Contract	*	3,489,024
*	Nationwide	Participant Directed Brokerage Accounts	*	390,055
*	Participant Loans	Interest rate 3.25% to 10.25%, maturity dates through May 2034; participant account balances	- 0 -	<u>1,217,958</u>
				<u>\$44,138,593</u>

(a) An asterisk in this column identifies an entity known to be a party-in-interest

(d) An asterisk in this column indicates cost omitted for participant directed investments

SEE ACCOMPANYING NOTES