Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [X] the final return/report
- [X] 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:
- [X] 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
RETIREMENT PLAN & TRUST FOR EMPLOYEES OF DFF CORP.

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/15/1983

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)
DFF CORPORATION

P.O. BOX 285, 59 ABRAMS DRIVE
AGAWAM, MA 01001-0285

2b Employer Identification Number (EIN) 04-3033516

2c Plan Sponsor's telephone number 413-786-8880

2d Business code (see instructions) 332900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	12/15/2023	STEPHANIE PENSINGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	12/15/2023	STEPHANIE PENSINGER
	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

3a Plan administrator's name and address [X] 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 DFF CORPORATION

c Plan Name RETIREMENT PLAN AND TRUST FOR EMPLOYEES OF DFF CORP.

4b EIN 04-3033516

4d PN 001

5 Total number of participants at the beginning of the plan year	**5**	314
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)**	256
a(2) Total number of active participants at the end of the plan year	**6a(2)**	0
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**	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
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 2F 2G 2J 2K 2T 3D

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)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

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

A Name of plan
RETIREMENT PLAN & TRUST FOR EMPLOYEES OF DFF CORP.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DFF CORPORATION

D Employer Identification Number (EIN)
04-3033516

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	RM 83127-1	0	01/01/2022	12/31/2022

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

NORTHWESTERN MUTUAL INVESTMENT SERV
720 E WISCONSIN AVENUE
MILWAUKEE, WI 53202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			1

(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	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b	Balance at the end of the previous year			7b	7396346
c	Additions: (1) Contributions deposited during the year	7c(1)	618458		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	177373		
	(4) Transferred from separate account	7c(4)	118550		
	(5) Other (specify below)	7c(5)	327551		
	▶ LN INT,LN PRINC,LN DEFAULT,LN DEFAULT OFFSET, ROLLOVER				
	(6) Total additions			7c(6)	1241932
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	8638278
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	590871		
	(2) Administration charge made by carrier	7e(2)	2922		
	(3) Transferred to separate account	7e(3)	833839		
	(4) Other (specify below)	7e(4)	7210646		
	▶ TRANSFER TO CADREX PLAN				
	(5) Total deductions			7e(5)	8638278
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
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.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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	**B** Three-digit plan number (PN) ▶
RETIREMENT PLAN & TRUST FOR EMPLOYEES OF DFF CORP.	001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
DFF CORPORATION	04-3033516

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

STRATEGIC PENSION SERVICES, LLC

376 ALBANY SHAKER ROAD
ALBANY, NY 12211

14-1836262

(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?
13	THIRD PARTY ADMINISTRATO	0	Yes [X] No [ ]	Yes [ ] No [X]	23010	Yes [ ] No [X]

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

MASSACHUETTS MUTUAL LIFE INS CO

1295 STATE STREET
SPRINGFIELD, MA 01111

14-1836262

(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?
62 64	SERVICE PROVIDER	19276	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

STRATEGIC PENSION SERVICES LLC

376 ALBANY SHAKER ROAD
ALBANY, NY 12211

14-1836262

(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?
13	CONTRACT ADMINISTRATOR	1160	Yes [X] No [ ]	Yes [ ] No [X]	3049	Yes [ ] No [X]

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)

EMPOWER ANNUITY INS CO OF AMERICA

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64	RECORDKEEPER	2681	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
STRATEGIC PENSION SERVICES, LLC	13	23010

(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.
GREAT WEST LIFE & ANNUITY INS. CO. 1295 STATE STREET SPRINGFIELD, MA 01111 84-0467907	EXPENSE REIMBURSEMENT TO THIRD PARTY ADMINISTRATOR

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
STRATEGIC PENSION SERVICES, LLC	13	3049

(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.
EMPOWER ANNUITY INS. CO OF AMERICA 8515 EAST ORCHARD ROAD GREENWOOD, CO 80111	TPA ALLOWANCE PAYMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

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

A Name of plan
RETIREMENT PLAN & TRUST FOR EMPLOYEES OF DFF CORP.

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
DFF CORPORATION

D Employer Identification Number (EIN)
04-3033516

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

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-G US GOVT MONEY MARKET

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-1590850-000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-LB SEL BLKROCK GLOBAL ALLOC II

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-1590850-000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-LD SEL GR OPPORTNTS

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-1590850-000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-LE CORE BOND

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-1590850-000	P	0

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

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-1590850-000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-LJ DIVIERSIFIED VAL II

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-1590850-000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-LK FUNDAMENTAL VAL

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-1590850-000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-LN FUNDAMENTAL GROWTH

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN 04-1590850-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-LP DIVERSIFIED BOND

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN 04-1590850-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-T4 MM SEL T.ROWE PRICE RET 2020

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN 90-0342299-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-LV EQUITY OPPORTUNITIES

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN 04-1590850-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-LX MM S&P 500 INDEX II

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN 04-1590850-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-LY SEL SMCOVAL

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN 04-1590850-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-T2 MM SEL T ROWE PR RET BAL

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN 90-0342299-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-T3 MM SEL TROWE PRICE RET 2010

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN 90-0342299-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-O5 MAIN STREET

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN 04-1590850-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN 04-1590850-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-A0 MM SEL TROWE PRICE RET 2005

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN 90-0779283-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-B0 MM SEL TROWE PRICE RET 2015

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN 90-0779283-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-C0 MM SEL TROWE PRICE RET 2025

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN 90-0779283-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-D0 MM SEL TROWE PRICE RET 2035

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN 90-0779283-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-E0 MM SEL TROWE PRICE RET 2045

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN 90-0779283-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-F0 MM SEL TROWE PRICE RET 2055

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN 90-0779283-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-T9 MM SEL TROWE PRICE RET 2050

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN 90-0342299-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-T6 MM SEL TROWE PRICE RET 2030

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN 90-0342299-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-T7 MM SEL TROWE PRICE RET 2040

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN 90-0342299-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-RD SMALL CAP GROWTH

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN 04-1590850-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-W1 BLUE CHIP GROWTH

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN 04-1590850-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-W9 MID CAP GROWTH

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN 04-1590850-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CRL MM SEL TROWE PRICE RET 2060

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUL LIFE INS CO.

c EIN-PN 90-0779283-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-JMB (CORE BOND)

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN 90-0779283-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

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

A Name of plan
RETIREMENT PLAN & TRUST FOR EMPLOYEES OF DFF CORP.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DFF CORPORATION

D Employer Identification Number (EIN)
04-3033516

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)	500	0
(2) Participant contributions	1b(2)	15539	0
(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)	371356	0
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	19356362	0
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	7396346	0
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	27140103	0
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	0	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	27140103	0

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)	0	
(B) Participants	2a(1)(B)	707726	
(C) Others (including rollovers)	2a(1)(C)	71479	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		779205
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	46931	
(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)	3981	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		50912
(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)		-3190837
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		-28425
d Total income. Add all **income** amounts in column (b) and enter total	2d		-2389145
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7103849	
(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)		7103849
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)	23342	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		23342
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7127191
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-9516336
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		17623767

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) [X] 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) [X] 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: CARON & BLETZER, PLLC **(2)** EIN: 04-3499945

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	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?	4e	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?	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.)	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)
CADREX 401(K) SAVINGS & RETIREMENT PLAN	36-2899682	001

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
RETIREMENT PLAN & TRUST FOR EMPLOYEES OF DFF CORP.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DFF CORPORATION

D Employer Identification Number (EIN)
04-3033516

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): 04-1590850

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**

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_____

RETIREMENT PLAN AND TRUST FOR EMPLOYEES OF DFF CORPORATION

FINANCIAL STATEMENTS

December 31, 2022 and 2021 and
For the year ended December 31, 2022

C&B
CARON & BLETZER, PLLC
Certified Public Accountants and Business Consultants

RETIREMENT PLAN AND TRUST FOR EMPLOYEES OF DFF CORPORATION
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Financial Statements:	
Statements of Net Assets Available for Benefits	4
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Certain supplemental schedules have been omitted because they are either not required or not applicable.

C&B
CARON & BLETZER, PLLC
Certified Public Accountants and Business Consultants

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Independent Auditor's Report

To the Plan Administrator of the Retirement Plan and Trust for Employees of DFF Corporation:

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

We have performed audits of the financial statements of the Retirement Plan and Trust for Employees of DFF Corporation ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 ("DOL") 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from qualified institutions as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note G 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 of our report:

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP").

- the information in the accompanying financial statements related to assets which provide benefits under the plan 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).

Emphasis of Matter — Plan Merger

As further discussed in Note J, the Plan was merged into the Cadrex 401(k) Savings & Retirement Plan effective January 1, 2023. Our opinion is not modified with respect to this matter.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the 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 GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS 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 GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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 GAAP.

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.

Kingston, NH
December 14, 2023

RETIREMENT PLAN AND TRUST FOR EMPLOYEES OF DFF CORPORATION
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2022 and 2021

	2022	2021
Cash in transit	$ 11,670,593	$ -
Investments, at fair value:		
Pooled separate accounts	-	19,356,362
Investments, at contract value:		
Guaranteed account	5,699,153	7,396,346
Total investments	5,699,153	26,752,708
Receivables:		
Notes receivable from participants	254,021	371,356
Participant contributions	-	15,539
Employer contributions	-	500
Total receivables	254,021	387,395
Net assets available for benefits at fair value	$ 17,623,767	$ 27,140,103

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

RETIREMENT PLAN AND TRUST FOR EMPLOYEES OF DFF CORPORATION
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the year ended December 31, 2022

	2022
Additions (reductions):	
Investment income (loss):	
Net depreciation in fair value of investments	$ (3,395,528)
Interest income	227,178
	(3,168,350)
Contributions:	
Participant contributions	707,726
Rollover contributions	71,479
	779,205
Total net reductions	(2,389,145)
Deductions:	
Distributions to participants	7,103,849
Administrative expenses	23,342
Total deductions	7,127,191
Net decrease	(9,516,336)
Net assets available for benefits:	
Beginning of year	27,140,103
End of year	$ 17,623,767

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

A. DESCRIPTION OF PLAN:

The following description of Retirement Plan and Trust for Employees of DFF Corporation (the "Plan") provides only general information. Participants should refer to the plan document for a complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of DFF Corporation (the "Company") who have completed four months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Contributions

Upon meeting eligibility requirements participants may contribute up to 100% of their plan compensation on a pre-tax basis, subject to Internal Revenue Code ("IRC") limitations. Participants may also contribute funds from another qualified plan ("rollover contributions"), subject to certain requirements. Participants who are at least age 50 may make an additional "catch-up" contribution subject to IRC limitations. The Company may make a discretionary matching contribution to eligible participants. The Company may also contribute a fixed qualified nonelective contribution to employees. Participants must be employed on the last day of the plan year to be eligible for the matching or nonelective contributions. For the plan year ended December 31, 2022, the Company did not make a fixed qualified non-elective contribution or discretionary matching contribution to the Plan.

Participant Accounts

Each participant's account is credited or charged with contributions, investment income, and administrative expenses. Investment income, including realized and unrealized gains and losses, and expenses are allocated to participants' accounts based on each participant's account balance within each fund. Participants determine the percentage in which contributions are to be invested in each fund. Participants may change their investment options as set forth in the plan document. 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 voluntary contributions, Company contributions, and earnings on those contributions.

Forfeitures

Although participants are fully vested, in certain circumstances, employer contributions made in excess of allowable limitations and other administrative errors may result in forfeitures from a participants' account. The Plan provides that forfeitures may be used to pay plan expenses, be reallocated to participants' accounts, be used to restore participants' accounts, or be used to reduce any employer contributions. No forfeitures were used to pay plan expenses or to reduce employer contributions during 2022.

Distribution of Benefits

Benefits may be distributed to participants upon termination of employment by reason of retirement, disability, death or other separation from service. Distributions may be taken as a lump sum, partial withdrawal, or in installment payments.

A participant may also request a withdrawal upon attainment of age $59\frac{1}{2}$ or upon demonstration by the participant to the plan administrator that the participant is suffering from "hardship", as defined in the plan document. Participants may also withdraw funds from their rollover account at any time.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account. Loans must bear a reasonable rate of interest. All loans must be repaid within five years unless the proceeds are used to acquire a principal residence, in which case a longer repayment period is allowed. No more than three loans may be outstanding at any time. Principal and interest is generally paid ratably through payroll deductions each pay period.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting.

Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are 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 on the measurement date. See Note C 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. No allowance for credit losses has been recorded as of December 31, 2022 or 2021. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Expenses of the Plan

Substantially all of the administrative expenses incurred by the Plan are paid by the Company. Certain participant related fees and investment fees incurred by the Plan are paid by the Plan. Expenses that are paid by the Company are excluded from these financial statements. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Payment of Benefits

Benefits are recorded when paid.

C. 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.

Following is a description of the valuation methodologies used by the Plan. There have been no changes in the methodologies used at December 31, 2022 and 2021.

Pooled separate accounts - Valued at the net asset value of units of a pooled separate account. The net asset value, as provided by the contract issuer, is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

The Plan holds no investments that are required to be leveled within the fair value hierarchy as of December 31, 2022 and 2021.

	2021
Investments measured at net asset value(1):	
Pooled separate accounts	$ 19,356,362
Investments at fair value	$ 19,356,362

(1) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Pooled separate accounts can be redeemed daily and have 31 days' notice for participant redemptions. The Plan must provide 45 days' written notice for redemption. They have no unfunded commitments.

Accounting standards require disclosure of investment strategies for investments valued using net asset value as a practical expedient to estimate fair value if the investment does not file a Form 5500 with the DOL as direct filing entity ("DFE"). The following table discloses investment strategies for such investments:

	2021
Investments measured	
at net asset value (non-DFE's):	
Pooled separate accounts:	
Value funds (a)	$ 4,201,902
Growth funds (b)	5,032,034
International funds (c)	2,473,805
Blend funds (d)	2,505,977
Fixed Income (e)	888,847
Target Date (f)	4,253,797
Total pooled separate accounts:	$ 19,356,362

(a) Value pooled separate accounts invest primarily in companies that have above-average yields and are trading at discounts to historical valuations or are undervalued based on relative valuations.

(b) Growth pooled separate accounts invest primarily in undervalued funds that have sustainable earnings growth potential.
(c) International pooled separate accounts invest primarily in foreign stocks with a focus on long-term growth opportunities.
(d) Blend pooled separate accounts invest in stocks with a positive reward to risk ratio and limited downside risk.
(e) Fixed income pooled separate accounts invest primarily in bonds, and focus on income.
(f) Target date pooled separate accounts invest in a combination of equity, fixed income, and money market funds and seek to achieve high current income and preservation of capital.

D. INVESTMENTS AT CONTRACT VALUE:

The Plan holds a traditional investment contract issued by MassMutual ("the contract issuer"). The contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the Plan. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses.

With traditional investment contracts, the Plan owns only the contract itself. These contracts are designed to accrue interest based on crediting rates established by the contract issuers.

The traditional investment contract held by the Plan is a guaranteed investment contract. The contract issuer is contractually obligated to repay the principal and interest at 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 3 percent. Such interest rates are reviewed on a semi-annual basis for resetting. The contract does not have a maturity date.

The Plan must provide 31 days' notice to the contract issuer to redeem its interest in this investment. Full surrenders from the General Account can be paid by the contract issuer in equal annual installments, with interest, over period of five years, or a single payment adjusted by a market value adjustment. Plan level withdrawals are not subject to a surrender charge.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts 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.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) 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 (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA.

As described in Note J, the Plan merged with and into the Cadrex 401(k) Savings & Retirement Plan effective January 1, 2023. This event did not limit the ability of the Plan to transact at contract value with the contract issuers and participants.

E. PARTIES-IN-INTEREST:

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan or an employer whose employees are covered by the Plan. Accordingly, loans to participants and the management of investments held by the custodian are considered party-in-interest transactions.

F. TAX STATUS:

Effective January 1, 2022, the Company adopted a restated pre-approved plan document of Strategic Pension Services LLC, and the Internal Revenue Service ("IRS") has determined and informed the sponsor of the pre-approved plan document by a letter dated June 30, 2020 that the pre-approved plan document is designed in accordance with applicable sections of the IRC. 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 IRC and therefore believes that the Plan is qualified, and the related trust is tax-exempt.

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 plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

G. CERTIFIED INVESTMENTS:

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements, including investments and notes receivable from participants held at December 31, 2022 and 2021, and net appreciation (depreciation) in fair value of investments and interest and dividends for the year ended December 31, 2022, was obtained by management and agreed to or derived from information certified as complete and accurate by Empower Annuity Insurance Company of America (formerly Great-West Life & Annuity Insurance Company), the custodian of the Plan.

H. PLAN TERMINATION:

Although the Plan was established with the intention that it will continue indefinitely, the Company retains the right to discontinue its contributions at any time or to terminate the Plan, subject to the provisions of ERISA. In the event of plan termination, all participants will become 100% vested in their accounts.

I. 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. Market risks include global events which could impact the value of investment securities. 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.

J. PLAN MERGER:

Effective January 1, 2023, the Retirement Plan and Trust for Employees of DFF Corporation merged with and into the Cadrex 401(k) Savings & Retirement Plan and ceased to exist as a separate plan on that date.

As of December 31, 2022, the Plan held assets of $17,623,767. On January 1, 2023, these assets became assets of the Cadrex 401(k) Savings & Retirement Plan, and the Plan's assets as of January 1, 2023 were $0.

K. SUBSEQUENT EVENTS:

The Company has evaluated subsequent events through December 14, 2023, the date these financial statements were available for issuance.

L. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500:

The following is a reconciliation of net assets available for benefits on the financial statements to the Form 5500 as of December 31, 2022:

Net assets available for benefits on the financial statements	$ 17,623,767
Transfer to the Cadrex 401(k) Savings & Retirement Plan pursuant to the January 1, 2023 merger:	
Cash in transit	(11,670,593)
Guaranteed account	(5,699,153)
Notes receivable from participants	(254,021)
Total assets transferred	(17,623,767)
Net assets available for benefits on the Form 5500	$ -

The following is a reconciliation of the transfer to the Cadrex 401(k) Savings & Retirement Plan on the financial statements to the Form 5500 for the year ended December 31, 2022:

Transfer to the Cadrex 401(k) Savings & Retirement Plan on the financial statements	$ -
Transfer to the Cadrex 401(k) Savings & Retirement Plan pursuant to the January 1, 2023 merger	17,623,767
Transfer to the Cadrex 401(k) Savings & Retirement Plan on the Form 5500	$ 17,623,767

ASSETS ACQUIRED AND DISPOSED OF IN PLAN YEAR

Retirement Plan & Trust for Employees of DFF Corporation

29-OCT-22 to 31-DEC-22

10-FEB-23 19:13:46

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ACQUISITION	PROCEEDS FROM DISPOSITIONS
1MGDJE3		3.000	7,584,289.23	1,919,198.35

NOTE: **Labor regulations Section 2520.103-11(b)(2) excludes participation in insurance company pooled separate accounts from definition of "Assets Held for Investment Purposes" if the assets were not held on the last day of the plan year. Therfore all variable funds are excluded from this report.**

LEGEND

INVESTMENT OPTION:
1MGDJE3 General Account

COST OF ACQUISITIONS: The cost of the asset when acquired.
PROCEEDS FROM DISPOSITIONS: Amounts distributed from the investment option within the plan year.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [X] the final return/report
- [X] 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:
- [X] 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
RETIREMENT PLAN & TRUST FOR EMPLOYEES OF DFF CORP.

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/15/1983

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)

DFF Corporation

P.O. Box 285, 59 Abrams Drive

AGAWAM MA 01001-0285

2b Employer Identification Number (EIN) 04-3033516

2c Plan Sponsor's telephone number 413-786-8880

2d Business code (see instructions) 332900

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

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

SIGN HERE	Signature of plan administrator	Date: 12-15-23	Stephanie Pensinger Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date: 12-15-23	Stephanie Pensinger Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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 DFF Corporation

c Plan Name Retirement Plan and Trust for Employees of DFF Corp.

4b EIN 04-3033516

4d PN 001

5	Total number of participants at the beginning of the plan year	**5** 314
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)** 256
a(2)	Total number of active participants at the end of the plan year	**6a(2)** 0
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** 0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e** 0
f	Total. Add lines **6d** and **6e**.	**6f** 0
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g** 0
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 2F 2G 2J 2K 2T 3D

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) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] 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) [X] **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) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] **A** (Insurance Information) 1
- (4) [X] **C** (Service Provider Information)
- (5) [X] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

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

A Name of plan
RETIREMENT PLAN & TRUST FOR EMPLOYEES OF DFF CORP.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DFF Corporation

D Employer Identification Number (EIN)
04-3033516

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

1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	RM 83127-1	0	01/01/2022	12/31/2022

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

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
Northwestern Mutual Investment Serv
720 E Wisconsin Avenue

Milwaukee WI 53202

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			1

(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	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

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.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	7,396,346
c	Additions: (1) Contributions deposited during the year	7c(1)	618,458		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	177,373		
	(4) Transferred from separate account	7c(4)	118,550		
	(5) Other (specify below)	7c(5)	327,551		
	▶Ln Int,Ln Princ,Ln Default,Ln Default Offset, Rollover				
	(6)Total additions			7c(6)	1,241,932
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	8,638,278
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	590,871		
	(2) Administration charge made by carrier	7e(2)	2,922		
	(3) Transferred to separate account	7e(3)	833,839		
	(4) Other (specify below)	7e(4)	7,210,646		
	▶Transfer to Cadrex Plan				
	(5) Total deductions			7e(5)	8,638,278
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
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.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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	**B** Three-digit plan number (PN) ▶
RETIREMENT PLAN & TRUST FOR EMPLOYEES OF DFF CORP.	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
DFF Corporation	04-3033516

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

STRATEGIC PENSION SERVICES, LLC 14-1836262
376 ALBANY SHAKER ROAD

ALBANY NY 12211

(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?
13	THIRD PARTY ADMINISTRATO	0	Yes [X] No [ ]	Yes [ ] No [X]	23,010	Yes [ ] No [X]

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

Massachuetts Mutual Life Ins Co 14-1836262
1295 State Street

SPRINGFIELD MA 01111

(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?
62 64	Service Provider	19,276	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

Strategic Pension Services LLC 14-1836262
376 Albany Shaker Road

Albany NY 12211

(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?
13	Contract Administrator	1,160	Yes [X] No [ ]	Yes [ ] No [X]	3,049	Yes [ ] No [X]

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)

Empower Annuity Ins Co of America
8515 East Orchard Road

Greenwood Village CO 80111

(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?
64	recordkeeper	2,681	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
STRATEGIC PENSION SERVICES, LLC	13	23,010

(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.
Great West Life & Annuity Ins. Co. 84-0467907 1295 STATE STREET SPRINGFIELD MA 01111	EXPENSE REIMBURSEMENT TO THIRD PARTY ADMINISTRATOR

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
Strategic Pension Services, LLC	13	3,049

(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.
Empower Annuity Ins. Co of America 8515 East Orchard Road Greenwood CO 80111	TPA Allowance Payment

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

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

A Name of plan
RETIREMENT PLAN & TRUST FOR EMPLOYEES OF DFF CORP.

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
DFF Corporation

D Employer Identification Number (EIN)
04-3033516

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

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-G US GOVT MONEY MARKET

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-1590850 000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-LB SEL BLKROCK GLOBAL ALLOC II

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-1590850 000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-LD SEL GR OPPORTNTS

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-1590850 000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-LE CORE BOND

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-1590850 000	P	0

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

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-1590850 000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-LJ DIVIERSIFIED VAL II

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-1590850 000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-LK FUNDAMENTAL VAL

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-1590850 000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-LN FUNDAMENTAL GROWTH

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-1590850 000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-LP DIVERSIFIED BOND

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-1590850 000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-T4 MM SEL T.ROWE PRICE RET 2020

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0342299 000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-LV EQUITY OPPORTUNITIES

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-1590850 000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-LX MM S&P 500 INDEX II

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-1590850 000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-LY SEL SMCOVAL

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-1590850 000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-T2 MM SEL T ROWE PR RET BAL

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0342299 000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-T3 MM SEL TROWE PRICE RET 2010

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0342299 000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-O5 MAIN STREET

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-1590850 000	P	0

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

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-1590850 000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-A0 MM SEL TROWE PRICE RET 2005

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0779283 000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-B0 MM SEL TROWE PRICE RET 2015

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0779283 000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-C0 MM SEL TROWE PRICE RET 2025

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0779283 000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-D0 MM SEL TROWE PRICE RET 2035

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0779283 000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-E0 MM SEL TROWE PRICE RET 2045

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0779283 000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-F0 MM SEL TROWE PRICE RET 2055

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0779283 000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-T9 MM SEL TROWE PRICE RET 2050

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0342299 000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-T6 MM SEL TROWE PRICE RET 2030

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0342299 000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-T7 MM SEL TROWE PRICE RET 2040

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0342299 000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-RD SMALL CAP GROWTH

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-1590850 000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-W1 BLUE CHIP GROWTH

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-1590850 000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-W9 MID CAP GROWTH

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-1590850 000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-CRL MM SEL TROWE PRICE RET 2060

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0779283 000	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA-JMB (Core Bond)

b Name of sponsor of entity listed in (a): MASSACHUSETTS MUTUAL LIFE INS CO.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0779283 000	P	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

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

A Name of plan
RETIREMENT PLAN & TRUST FOR EMPLOYEES OF DFF CORP.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DFF Corporation

D Employer Identification Number (EIN)
04-3033516

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)	500	0
(2) Participant contributions	1b(2)	15,539	0
(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)	371,356	0
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	19,356,362	0
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	7,396,346	0
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	27,140,103	0
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	0	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	27,140,103	0

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)	0	
(B) Participants	2a(1)(B)	707,726	
(C) Others (including rollovers)	2a(1)(C)	71,479	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		779,205
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	46,931	
(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)	3,981	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		50,912
(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)		-3,190,837
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		-28,425
d Total income. Add all **income** amounts in column (b) and enter total	2d		-2,389,145
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7,103,849	
(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)		7,103,849
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)	23,342	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		23,342
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7,127,191
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-9,516,336
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		17,623,767

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) [X] 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) [X] 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: CARON & BLETZER, PLLC **(2)** EIN: 04-3499945

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	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?	4e	X		500,000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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.)	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)
Cadrex 401(k) Savings & Retirement Plan	36-2899682	001

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
RETIREMENT PLAN & TRUST FOR EMPLOYEES OF DFF CORP.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DFF Corporation

D Employer Identification Number (EIN)
04-3033516

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): 04-1590850 _____

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**

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_____

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Retirement Plan & Trust for Employees of DFF Corporation

29-OCT-22 to 31-DEC-22

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
4MKSXX	240.14	0.359631	1	(241.51)	(0.359631)	2	(240.14)	SERIES
3MGDJE3	0.20	0.000000	1	(0.20)	0.000000	1	(0.20)	SERIES
4MGDJE3	1,590.32	0.000000	1	(1,598.45)	0.000000	4	(1,598.45)	SERIES
1MMSOX	5,627.98	34.838537	8	(5,738.55)	(34.838537)	12	(5,627.99)	SERIES
1MMDKX	65,112.67	267.338464	109	(66,389.52)	(267.338464)	147	(65,112.73)	SERIES
1MMDFX	35,547.72	127.866026	12	(36,446.80)	(127.866026)	18	(35,547.73)	SERIES
1MMFUX	386,934.73	1,589.058667	85	(394,869.51)	(1,589.058667)	120	(386,934.77)	SERIES
1MMFPX	222,582.15	878.814002	51	(227,175.85)	(878.814002)	67	(222,582.17)	SERIES
1MMTKX	808,977.60	3,490.924943	47	(829,536.57)	(3,490.924943)	73	(808,977.65)	SERIES
1MMTOX	714,533.42	3,018.616437	42	(730,239.42)	(3,018.616437)	84	(714,533.42)	SERIES
1MMTGX	370,027.74	1,749.967279	41	(378,818.32)	(1,749.967279)	70	(370,027.76)	SERIES
1MMTTX	359,729.91	1,657.157125	17	(368,082.25)	(1,657.157125)	29	(359,729.91)	SERIES
1MMFJX	603,190.07	3,248.636995	13	(616,183.45)	(3,248.636995)	21	(603,190.09)	SERIES
1MMXCX	33.26	0.168788	3	(33.69)	(0.168788)	2	(33.26)	SERIES
1MMFDX	33.22	0.199245	3	(33.67)	(0.199245)	1	(33.22)	SERIES
1MMBWX	33.18	0.173144	3	(33.59)	(0.173144)	3	(33.18)	SERIES
1MOSLX	522,666.69	2,078.895172	763	(579,260.08)	(2,078.895172)	827	(522,667.07)	SERIES
1MGFLX	736,260.53	1,429.698412	735	(775,848.75)	(1,429.698413)	710	(736,260.76)	SERIES
1GTSAX	327,879.11	974.732608	731	(316,812.00)	(974.732608)	731	(327,879.16)	SERIES
1MMYLX	460,838.76	940.261344	714	(452,925.78)	(940.261344)	718	(460,838.88)	SERIES
1MMELX	1,119,026.31	1,197.480966	960	(1,136,204.52)	(1,197.480966)	1031	(1,119,026.76)	SERIES
1MBCLX	861,627.46	887.408757	863	(843,106.75)	(887.408757)	755	(861,627.56)	SERIES
1MMFVX	965,742.74	873.354419	766	(987,080.92)	(873.354419)	849	(965,743.09)	SERIES
1MDDLX	1,047,025.48	3,217.104584	831	(1,065,572.87)	(3,217.104584)	865	(1,047,025.88)	SERIES
1MIEYX	1,116,674.83	2,825.853401	836	(1,107,373.17)	(2,825.853401)	857	(1,116,675.14)	SERIES
1MFULX	2,018,631.41	4,890.958712	865	(2,055,008.61)	(4,890.958712)	889	(2,018,631.83)	SERIES
1MAGLX	240,496.31	1,065.541433	773	(234,848.89)	(1,065.541433)	652	(240,496.41)	SERIES
1MMSLX	678,341.43	1,837.145084	775	(680,050.81)	(1,837.145084)	793	(678,341.89)	SERIES
1WASYX	311,291.02	2,293.203034	438	(328,715.12)	(2,293.203034)	527	(311,291.28)	SERIES
1MKSXX	27,730.73	41.527791	107	(27,887.75)	(41.527791)	66	(27,730.73)	SERIES
1MGDJE3	7,584,289.23	0.000000	932	(1,919,198.35)	0.000000	1049	(1,919,198.35)	SERIES
1MDBLX	309,192.32	1,301.130560	727	(319,074.69)	(1,301.130560)	699	(309,192.53)	SERIES
1OPIGX	359,245.81	3,440.589270	648	(373,438.89)	(3,440.589270)	631	(359,245.98)	SERIES
5% TRANSACTIONS								
4MKSXX	240.14	0.359631	1	0.00	0.000000	0	0.00	28-OCT-22
3MGDJE3	0.20	0.000000	1	0.00	0.000000	0	0.00	28-OCT-22
4MGDJE3	1,590.32	0.000000	1	0.00	0.000000	0	0.00	28-OCT-22
1MMSOX	5,427.98	33.615572	3	0.00	0.000000	0	0.00	28-OCT-22
1MMDKX	61,104.49	251.118652	29	0.00	0.000000	0	0.00	28-OCT-22
1MMDFX	34,539.64	124.286078	5	0.00	0.000000	0	0.00	28-OCT-22
1MMFUX	377,746.05	1,551.729540	24	0.00	0.000000	0	0.00	28-OCT-22
1MMFPX	214,454.31	847.279089	15	0.00	0.000000	0	0.00	28-OCT-22
1MMTKX	803,323.92	3,466.885442	20	0.00	0.000000	0	0.00	28-OCT-22
1MMTOX	704,514.54	2,976.992377	20	0.00	0.000000	0	0.00	28-OCT-22
1MMTGX	365,419.66	1,728.481653	19	0.00	0.000000	0	0.00	28-OCT-22
1MMTTX	358,370.47	1,651.200935	9	0.00	0.000000	0	0.00	28-OCT-22
1MMFJX	602,681.99	3,245.940243	6	0.00	0.000000	0	0.00	28-OCT-22
1MMXCX	25.18	0.128761	1	0.00	0.000000	0	0.00	28-OCT-22
1MMFDX	25.14	0.151918	1	0.00	0.000000	0	0.00	28-OCT-22
1MMBWX	25.10	0.131921	1	0.00	0.000000	0	0.00	28-OCT-22
1MOSLX	515,002.33	2,050.467461	180	0.00	0.000000	0	0.00	28-OCT-22

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Retirement Plan & Trust for Employees of DFF Corporation

29-OCT-22 to 31-DEC-22

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1MGFLX	732,733.12	1,423.053721	187	0.00	0.000000	0	0.00	28-OCT-22
1GTSAX	322,922.16	959.687526	179	0.00	0.000000	0	0.00	28-OCT-22
1MMYLX	457,324.42	932.996477	181	0.00	0.000000	0	0.00	28-OCT-22
1MMELX	1,108,581.66	1,186.368533	219	0.00	0.000000	0	0.00	28-OCT-22
1MBCLX	856,851.39	882.464443	201	0.00	0.000000	0	0.00	28-OCT-22
1MMFVX	959,642.37	867.876359	187	0.00	0.000000	0	0.00	28-OCT-22
1MDDLX	1,042,496.31	3,203.378128	203	0.00	0.000000	0	0.00	28-OCT-22
1MIEYX	1,107,888.56	2,803.401816	207	0.00	0.000000	0	0.00	28-OCT-22
1MFULX	2,013,049.15	4,877.584597	212	0.00	0.000000	0	0.00	28-OCT-22
1MAGLX	237,133.32	1,050.163166	178	0.00	0.000000	0	0.00	28-OCT-22
1MMSLX	672,744.86	1,821.959954	183	0.00	0.000000	0	0.00	28-OCT-22
1WASYX	307,269.79	2,264.401942	107	0.00	0.000000	0	0.00	28-OCT-22
1MKSXX	27,237.95	40.791513	15	0.00	0.000000	0	0.00	28-OCT-22
1MGDJE3	7,191,337.95	0.000000	253	0.00	0.000000	0	0.00	28-OCT-22
1MDBLX	300,425.37	1,264.977831	159	0.00	0.000000	0	0.00	28-OCT-22
1OPIGX	352,130.55	3,373.903920	153	0.00	0.000000	0	0.00	28-OCT-22
1MMFPX	0.00	0.000000	0	(4.67)	(0.018532)	1	(4.69)	01-NOV-22
1MOSLX	0.00	0.000000	0	(241.52)	(0.960318)	2	(241.19)	01-NOV-22
1GTSAX	0.00	0.000000	0	(147.83)	(0.439515)	2	(147.89)	01-NOV-22
1MMYLX	0.00	0.000000	0	(99.81)	(0.202790)	2	(99.40)	01-NOV-22
1MMELX	0.00	0.000000	0	(190.83)	(0.204929)	2	(191.49)	01-NOV-22
1MBCLX	0.00	0.000000	0	(44.49)	(0.046812)	2	(45.45)	01-NOV-22
1MMFVX	0.00	0.000000	0	(202.00)	(0.184463)	2	(203.97)	01-NOV-22
1MDDLX	0.00	0.000000	0	(104.03)	(0.319406)	2	(103.94)	01-NOV-22
1MIEYX	0.00	0.000000	0	(144.27)	(0.369412)	2	(145.99)	01-NOV-22
1MFULX	0.00	0.000000	0	(103.86)	(0.251910)	2	(103.96)	01-NOV-22
1MAGLX	0.00	0.000000	0	(43.11)	(0.194046)	2	(43.82)	01-NOV-22
1MMSLX	0.00	0.000000	0	(143.82)	(0.393917)	2	(145.45)	01-NOV-22
1MGDJE3	0.00	0.000000	0	(5,908.51)	0.000000	6	(5,908.51)	01-NOV-22
1MDBLX	0.00	0.000000	0	(1,221.66)	(5.143949)	2	(1,221.66)	01-NOV-22
1OPIGX	0.00	0.000000	0	(1,182.62)	(11.349498)	2	(1,184.54)	01-NOV-22
1MMSOX	40.00	0.254215	1	0.00	0.000000	0	0.00	02-NOV-22
1MMDKX	622.14	2.623552	13	0.00	0.000000	0	0.00	02-NOV-22
1MMDFX	200.00	0.738371	1	0.00	0.000000	0	0.00	02-NOV-22
1MMFUX	2,060.68	8.681214	12	0.00	0.000000	0	0.00	02-NOV-22
1MMFPX	1,163.52	4.709968	6	0.00	0.000000	0	0.00	02-NOV-22
1MMTKX	1,127.50	4.971986	5	0.00	0.000000	0	0.00	02-NOV-22
1MMTOX	1,775.00	7.643101	4	0.00	0.000000	0	0.00	02-NOV-22
1MMTGX	920.00	4.421710	4	0.00	0.000000	0	0.00	02-NOV-22
1MMFJX	100.00	0.545618	1	0.00	0.000000	0	0.00	02-NOV-22
1MOSLX	1,392.37	5.634309	121	0.00	0.000000	0	0.00	02-NOV-22
1MGFLX	689.21	1.393362	116	0.00	0.000000	0	0.00	02-NOV-22
1GTSAX	935.81	2.874612	108	0.00	0.000000	0	0.00	02-NOV-22
1MMYLX	656.01	1.377980	110	0.00	0.000000	0	0.00	02-NOV-22
1MMELX	1,976.07	2.184002	148	0.00	0.000000	0	0.00	02-NOV-22
1MBCLX	682.88	0.743064	126	0.00	0.000000	0	0.00	02-NOV-22
1MMFVX	1,135.97	1.057942	121	0.00	0.000000	0	0.00	02-NOV-22
1MDDLX	869.35	2.712863	129	0.00	0.000000	0	0.00	02-NOV-22
1MIEYX	1,892.96	4.971473	124	0.00	0.000000	0	0.00	02-NOV-22
1MFULX	1,072.92	2.643221	135	0.00	0.000000	0	0.00	02-NOV-22
1MAGLX	596.92	2.801656	113	0.00	0.000000	0	0.00	02-NOV-22
1MMSLX	1,022.66	2.866029	116	0.00	0.000000	0	0.00	02-NOV-22
1WASYX	805.61	6.021437	70	0.00	0.000000	0	0.00	02-NOV-22

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1MKSXX	96.94	0.145128	18	0.00	0.000000	0	0.00	02-NOV-22
1MGDJE3	2,985.67	0.000000	129	0.00	0.000000	0	0.00	02-NOV-22
1MDBLX	1,515.36	6.380616	108	0.00	0.000000	0	0.00	02-NOV-22
1OPIGX	1,289.20	12.393465	92	0.00	0.000000	0	0.00	02-NOV-22
1MMTOX	0.00	0.000000	0	(1,250.08)	(5.324930)	2	(1,260.16)	07-NOV-22
1MOSLX	23.71	0.091816	1	(10.49)	(0.040622)	8	(10.20)	07-NOV-22
1MGFLX	11.85	0.023243	1	0.00	0.000000	0	0.00	07-NOV-22
1GTSAX	19.61	0.060109	15	0.00	0.000000	0	0.00	07-NOV-22
1MMYLX	23.71	0.048722	1	(11.53)	(0.023693)	16	(11.60)	07-NOV-22
1MMELX	76.81	0.084137	16	0.00	0.000000	0	0.00	07-NOV-22
1MBCLX	25.01	0.027019	15	0.00	0.000000	0	0.00	07-NOV-22
1MMFVX	59.27	0.054311	1	(37.60)	(0.034453)	24	(38.06)	07-NOV-22
1MDDLX	0.00	0.000000	0	(40.75)	(0.124817)	24	(40.62)	07-NOV-22
1MIEYX	11.66	0.030234	15	0.00	0.000000	0	0.00	07-NOV-22
1MFULX	47.42	0.114309	1	(40.31)	(0.097168)	24	(40.11)	07-NOV-22
1MAGLX	40.06	0.189644	15	0.00	0.000000	0	0.00	07-NOV-22
1MMSLX	10.88	0.030079	15	0.00	0.000000	0	0.00	07-NOV-22
1WASYX	23.71	0.174467	1	0.00	0.000000	0	0.00	07-NOV-22
1MGDJE3	0.00	0.000000	0	(5,120.30)	0.000000	28	(5,120.30)	07-NOV-22
1MDBLX	224.49	0.954601	16	0.00	0.000000	0	0.00	07-NOV-22
1OPIGX	149.95	1.451274	15	0.00	0.000000	0	0.00	07-NOV-22
1MMSOX	40.00	0.252921	1	0.00	0.000000	0	0.00	09-NOV-22
1MMDKX	830.63	3.484994	14	0.00	0.000000	0	0.00	09-NOV-22
1MMDFX	200.00	0.734646	1	0.00	0.000000	0	0.00	09-NOV-22
1MMFUX	2,060.68	8.637090	12	0.00	0.000000	0	0.00	09-NOV-22
1MMFPX	1,163.52	4.688724	6	0.00	0.000000	0	0.00	09-NOV-22
1MMTKX	1,127.50	4.952358	5	0.00	0.000000	0	0.00	09-NOV-22
1MMTOX	1,775.00	7.627555	4	0.00	0.000000	0	0.00	09-NOV-22
1MMTGX	920.00	4.415535	4	0.00	0.000000	0	0.00	09-NOV-22
1MMFJX	100.00	0.545222	1	0.00	0.000000	0	0.00	09-NOV-22
1MOSLX	1,308.61	5.087441	113	0.00	0.000000	0	0.00	09-NOV-22
1MGFLX	673.21	1.332481	107	0.00	0.000000	0	0.00	09-NOV-22
1GTSAX	894.54	2.802702	102	0.00	0.000000	0	0.00	09-NOV-22
1MMYLX	613.92	1.288222	102	0.00	0.000000	0	0.00	09-NOV-22
1MMELX	1,884.87	2.091926	139	0.00	0.000000	0	0.00	09-NOV-22
1MBCLX	651.53	0.716591	119	0.00	0.000000	0	0.00	09-NOV-22
1MMFVX	1,043.71	0.966382	112	0.00	0.000000	0	0.00	09-NOV-22
1MDDLX	829.24	2.572962	123	0.00	0.000000	0	0.00	09-NOV-22
1MIEYX	1,814.33	4.776649	118	0.00	0.000000	0	0.00	09-NOV-22
1MFULX	1,029.03	2.516646	127	0.00	0.000000	0	0.00	09-NOV-22
1MAGLX	580.57	2.813081	107	0.00	0.000000	0	0.00	09-NOV-22
1MMSLX	944.03	2.645665	110	0.00	0.000000	0	0.00	09-NOV-22
1WASYX	803.26	5.946406	65	0.00	0.000000	0	0.00	09-NOV-22
1MKSXX	96.94	0.145044	18	0.00	0.000000	0	0.00	09-NOV-22
1MGDJE3	2,848.79	0.000000	123	0.00	0.000000	0	0.00	09-NOV-22
1MDBLX	1,444.58	6.120084	100	0.00	0.000000	0	0.00	09-NOV-22
1OPIGX	1,220.60	11.746481	86	0.00	0.000000	0	0.00	09-NOV-22
4MGDJE3	0.00	0.000000	0	(0.03)	0.000000	1	(0.03)	14-NOV-22
1MMSOX	0.00	0.000000	0	(0.09)	(0.000541)	3	(0.09)	14-NOV-22
1MMDKX	4.04	0.016103	1	(17.68)	(0.070475)	38	(17.14)	14-NOV-22
1MMDFX	4.04	0.014102	1	(0.57)	(0.001990)	4	(0.56)	14-NOV-22
1MMFUX	4.04	0.016104	1	(19.59)	(0.078091)	32	(19.02)	14-NOV-22
1MMFPX	1,968.13	7.551597	4	(9.44)	(0.036221)	17	(9.17)	14-NOV-22

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1MMTKX	8.09	0.033948	1	(13.34)	(0.055981)	18	(12.98)	14-NOV-22
1MMTOX	9.44	0.038904	1	(11.78)	(0.048547)	20	(11.51)	14-NOV-22
1MMTGX	4.04	0.018673	1	(6.07)	(0.028057)	18	(5.94)	14-NOV-22
1MMTTX	4.04	0.018222	1	(5.97)	(0.026926)	8	(5.85)	14-NOV-22
1MMFJX	4.04	0.021316	1	(9.97)	(0.052603)	5	(9.77)	14-NOV-22
1MMXCX	4.04	0.020270	1	0.00	0.000000	0	0.00	14-NOV-22
1MMFDX	4.04	0.023960	1	0.00	0.000000	0	0.00	14-NOV-22
1MMBWX	4.04	0.020862	1	(0.01)	(0.000052)	1	(0.01)	14-NOV-22
1MOSLX	4.04	0.014651	1	(20.52)	(0.074411)	199	(18.85)	14-NOV-22
1MGFLX	4.05	0.007328	1	(19.47)	(0.035207)	172	(18.30)	14-NOV-22
1GTSAX	4.05	0.011933	1	(11.34)	(0.033380)	176	(11.32)	14-NOV-22
1MMYLX	4.04	0.008068	1	(12.66)	(0.025303)	161	(12.53)	14-NOV-22
1MMELX	12.14	0.012599	1	(36.69)	(0.038073)	262	(35.72)	14-NOV-22
1MBCLX	4.05	0.004123	1	(18.18)	(0.018496)	180	(18.07)	14-NOV-22
1MMFVX	4.04	0.003629	1	(29.46)	(0.026484)	194	(29.37)	14-NOV-22
1MDDLX	0.00	0.000000	0	(25.70)	(0.077146)	199	(25.30)	14-NOV-22
1MIEYX	4.04	0.010069	1	(29.09)	(0.072527)	208	(28.90)	14-NOV-22
1MFULX	4.05	0.009615	1	(47.70)	(0.113238)	203	(46.91)	14-NOV-22
1MAGLX	4.05	0.017792	1	(8.11)	(0.035645)	153	(8.11)	14-NOV-22
1MMSLX	4.04	0.010853	1	(22.07)	(0.059291)	194	(22.05)	14-NOV-22
1WASYX	4.05	0.028736	1	(10.41)	(0.073876)	140	(10.12)	14-NOV-22
1MKSXX	4.04	0.006042	1	(0.71)	(0.001064)	17	(0.71)	14-NOV-22
1MGDJE3	8.10	0.000000	1	(2,111.06)	0.000000	314	(2,111.06)	14-NOV-22
1MDBLX	4.05	0.016806	1	(17.17)	(0.071200)	174	(17.03)	14-NOV-22
1OPIGX	4.04	0.038165	1	(16.75)	(0.158215)	154	(16.63)	14-NOV-22
1MOSLX	0.00	0.000000	0	(617.99)	(2.224898)	17	(558.80)	15-NOV-22
1GTSAX	41.29	0.119176	12	(161.04)	(0.464814)	1	(156.12)	15-NOV-22
1MMYLX	0.00	0.000000	0	(134.56)	(0.265778)	17	(130.18)	15-NOV-22
1MMELX	127.05	0.129755	12	(225.34)	(0.230136)	1	(214.74)	15-NOV-22
1MBCLX	135.82	0.136059	12	(52.19)	(0.052282)	1	(50.63)	15-NOV-22
1MMFVX	0.00	0.000000	0	(308.36)	(0.275283)	17	(304.14)	15-NOV-22
1MDDLX	0.00	0.000000	0	(268.96)	(0.803161)	17	(261.32)	15-NOV-22
1MIEYX	125.00	0.308844	12	(181.86)	(0.449329)	1	(177.31)	15-NOV-22
1MFULX	0.00	0.000000	0	(262.48)	(0.619400)	17	(255.58)	15-NOV-22
1MAGLX	177.74	0.760558	12	(46.97)	(0.200987)	1	(45.22)	15-NOV-22
1MMSLX	162.58	0.431941	12	(173.98)	(0.462229)	1	(170.44)	15-NOV-22
1MGDJE3	0.00	0.000000	0	(2,991.45)	0.000000	18	(2,991.45)	15-NOV-22
1MDBLX	1,006.33	4.150802	12	(1,331.66)	(5.492687)	1	(1,304.34)	15-NOV-22
1OPIGX	574.92	5.392017	12	(1,293.89)	(12.135038)	1	(1,266.32)	15-NOV-22
1MMDKX	0.00	0.000000	0	(1,282.13)	(5.113585)	1	(1,241.34)	17-NOV-22
1MOSLX	0.00	0.000000	0	(1,308.79)	(4.734883)	3	(1,189.27)	18-NOV-22
1MGFLX	0.00	0.000000	0	(729.71)	(1.323650)	3	(681.50)	18-NOV-22
1GTSAX	0.00	0.000000	0	(520.30)	(1.536153)	3	(516.68)	18-NOV-22
1MMYLX	0.00	0.000000	0	(689.34)	(1.384984)	3	(678.73)	18-NOV-22
1MMELX	0.00	0.000000	0	(1,697.73)	(1.769903)	3	(1,653.43)	18-NOV-22
1MBCLX	0.00	0.000000	0	(659.27)	(0.673977)	3	(654.18)	18-NOV-22
1MMFVX	0.00	0.000000	0	(1,148.31)	(1.019989)	3	(1,127.64)	18-NOV-22
1MDDLX	0.00	0.000000	0	(967.06)	(2.890069)	3	(940.47)	18-NOV-22
1MIEYX	0.00	0.000000	0	(1,300.03)	(3.232485)	3	(1,277.16)	18-NOV-22
1MFULX	0.00	0.000000	0	(1,619.07)	(3.828355)	3	(1,579.96)	18-NOV-22
1MAGLX	0.00	0.000000	0	(564.77)	(2.528314)	3	(570.62)	18-NOV-22
1MMSLX	0.00	0.000000	0	(1,176.26)	(3.134482)	3	(1,157.12)	18-NOV-22
1WASYX	0.00	0.000000	0	(139.00)	(0.980112)	2	(133.00)	18-NOV-22

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1MKSXX	0.00	0.000000	0	(168.35)	(0.251686)	2	(168.06)	18-NOV-22
1MGDJE3	0.00	0.000000	0	(820.83)	0.000000	5	(820.83)	18-NOV-22
1MDBLX	0.00	0.000000	0	(1,627.53)	(6.705010)	3	(1,592.34)	18-NOV-22
1OPIGX	0.00	0.000000	0	(1,638.65)	(15.360423)	3	(1,603.08)	18-NOV-22
1MOSLX	0.00	0.000000	0	(9,498.19)	(34.278630)	2	(8,609.54)	22-NOV-22
1MGFLX	0.00	0.000000	0	(8,749.69)	(15.844944)	4	(8,158.59)	22-NOV-22
1GTSAX	0.00	0.000000	0	(3,642.03)	(10.709066)	2	(3,603.46)	22-NOV-22
1MBCLX	0.00	0.000000	0	(16,222.35)	(16.549405)	4	(16,069.06)	22-NOV-22
1MMFVX	0.00	0.000000	0	(12,179.14)	(10.698940)	4	(11,830.21)	22-NOV-22
1MDDLX	0.00	0.000000	0	(1,499.59)	(4.408979)	3	(1,434.85)	22-NOV-22
1MIEYX	0.00	0.000000	0	(481.17)	(1.184759)	1	(468.21)	22-NOV-22
1MFULX	0.00	0.000000	0	(20,370.29)	(47.498044)	4	(19,603.12)	22-NOV-22
1MMSLX	0.00	0.000000	0	(4,123.71)	(10.890495)	2	(4,021.24)	22-NOV-22
1MGDJE3	0.00	0.000000	0	(107,456.48)	0.000000	5	(107,456.48)	22-NOV-22
1MMSOX	40.00	0.236240	1	0.00	0.000000	0	0.00	23-NOV-22
1MMDKX	849.11	3.326432	17	0.00	0.000000	0	0.00	23-NOV-22
1MMDFX	200.00	0.686189	1	0.00	0.000000	0	0.00	23-NOV-22
1MMFUX	2,060.68	8.072912	12	0.00	0.000000	0	0.00	23-NOV-22
1MMFPX	1,163.52	4.388963	6	0.00	0.000000	0	0.00	23-NOV-22
1MMTKX	1,127.50	4.649527	5	0.00	0.000000	0	0.00	23-NOV-22
1MMTOX	2,150.00	8.713262	4	0.00	0.000000	0	0.00	23-NOV-22
1MMTGX	920.00	4.190223	4	0.00	0.000000	0	0.00	23-NOV-22
1MMFJX	100.00	0.520319	1	0.00	0.000000	0	0.00	23-NOV-22
1MOSLX	1,334.06	4.762499	117	0.00	0.000000	0	0.00	23-NOV-22
1MGFLX	675.16	1.209538	109	0.00	0.000000	0	0.00	23-NOV-22
1GTSAX	905.88	2.646413	106	0.00	0.000000	0	0.00	23-NOV-22
1MMYLX	624.10	1.245083	106	0.00	0.000000	0	0.00	23-NOV-22
1MMELX	1,909.12	1.955141	143	0.00	0.000000	0	0.00	23-NOV-22
1MBCLX	658.76	0.664371	123	0.00	0.000000	0	0.00	23-NOV-22
1MMFVX	1,060.18	0.927245	116	0.00	0.000000	0	0.00	23-NOV-22
1MDDLX	839.42	2.464200	127	0.00	0.000000	0	0.00	23-NOV-22
1MIEYX	1,454.60	3.561179	121	0.00	0.000000	0	0.00	23-NOV-22
1MFULX	1,037.25	2.411421	131	0.00	0.000000	0	0.00	23-NOV-22
1MAGLX	587.80	2.596144	111	0.00	0.000000	0	0.00	23-NOV-22
1MMSLX	959.30	2.518447	114	0.00	0.000000	0	0.00	23-NOV-22
1WASYX	802.85	5.612551	66	0.00	0.000000	0	0.00	23-NOV-22
1MKSXX	96.94	0.144860	18	0.00	0.000000	0	0.00	23-NOV-22
1MGDJE3	2,885.62	0.000000	127	(1,850.00)	0.000000	2	(1,850.00)	23-NOV-22
1MDBLX	1,507.61	6.151961	104	0.00	0.000000	0	0.00	23-NOV-22
1OPIGX	1,282.43	11.890084	90	0.00	0.000000	0	0.00	23-NOV-22
1MMFPX	338.07	1.290031	1	(405.91)	(1.548902)	1	(392.04)	28-NOV-22
1MGDJE3	405.91	0.000000	1	0.00	0.000000	0	0.00	28-NOV-22
1MOSLX	0.00	0.000000	0	(110.51)	(0.388443)	10	(97.59)	30-NOV-22
1GTSAX	0.00	0.000000	0	(7.78)	(0.022375)	10	(7.53)	30-NOV-22
1MMYLX	0.00	0.000000	0	(16.13)	(0.031764)	10	(15.56)	30-NOV-22
1MMELX	0.00	0.000000	0	(21.88)	(0.022017)	10	(20.57)	30-NOV-22
1MBCLX	13.29	0.013104	18	0.00	0.000000	0	0.00	30-NOV-22
1MMFVX	0.00	0.000000	0	(37.62)	(0.032423)	10	(35.85)	30-NOV-22
1MDDLX	0.00	0.000000	0	(39.29)	(0.113677)	10	(37.01)	30-NOV-22
1MIEYX	0.00	0.000000	0	(12.20)	(0.029466)	10	(11.63)	30-NOV-22
1MFULX	0.00	0.000000	0	(26.91)	(0.061827)	10	(25.53)	30-NOV-22
1MAGLX	25.16	0.108506	18	0.00	0.000000	0	0.00	30-NOV-22
1MMSLX	0.00	0.000000	0	(4.26)	(0.011010)	10	(4.06)	30-NOV-22

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1MGDJE3	12.15	0.000000	18	0.00	0.000000	0	0.00	30-NOV-22
1MDBLX	123.01	0.501358	18	0.00	0.000000	0	0.00	30-NOV-22
1OPIGX	102.97	0.952431	18	0.00	0.000000	0	0.00	30-NOV-22
4MGDJE3	0.00	0.000000	0	(0.03)	0.000000	1	(0.03)	01-DEC-22
1MMSOX	0.00	0.000000	0	(0.10)	(0.000580)	3	(0.10)	01-DEC-22
1MMDKX	0.00	0.000000	0	(21.10)	(0.081166)	40	(19.79)	01-DEC-22
1MMDFX	0.00	0.000000	0	(0.63)	(0.002122)	4	(0.59)	01-DEC-22
1MMFUX	0.00	0.000000	0	(20.15)	(0.077511)	32	(18.86)	01-DEC-22
1MMFPX	0.00	0.000000	0	(9.73)	(0.036051)	17	(9.14)	01-DEC-22
1MMTKX	0.00	0.000000	0	(14.27)	(0.057845)	18	(13.43)	01-DEC-22
1MMTOX	0.00	0.000000	0	(12.48)	(0.049751)	20	(11.76)	01-DEC-22
1MMTGX	0.00	0.000000	0	(6.45)	(0.028918)	18	(6.13)	01-DEC-22
1MMTTX	1,351.36	5.920208	6	(6.27)	(0.027468)	8	(5.95)	01-DEC-22
1MMFJX	0.00	0.000000	0	(10.50)	(0.053851)	5	(10.01)	01-DEC-22
1MOSLX	0.00	0.000000	0	(274.65)	(0.958605)	206	(240.99)	01-DEC-22
1MGFLX	0.00	0.000000	0	(20.25)	(0.035278)	175	(18.21)	01-DEC-22
1GTSAX	0.00	0.000000	0	(159.74)	(0.458509)	184	(154.54)	01-DEC-22
1MMYLX	0.00	0.000000	0	(111.37)	(0.219757)	170	(107.92)	01-DEC-22
1MMELX	0.00	0.000000	0	(1,355.35)	(1.356552)	275	(1,268.00)	01-DEC-22
1MBCLX	1,112.12	1.092669	6	(69.13)	(0.067933)	188	(66.23)	01-DEC-22
1MMFVX	0.00	0.000000	0	(1,580.97)	(1.364044)	209	(1,508.44)	01-DEC-22
1MDDLX	0.00	0.000000	0	(128.01)	(0.371480)	207	(120.96)	01-DEC-22
1MIEYX	0.00	0.000000	0	(181.25)	(0.437978)	216	(173.35)	01-DEC-22
1MFULX	0.00	0.000000	0	(149.98)	(0.345582)	212	(142.75)	01-DEC-22
1MAGLX	0.00	0.000000	0	(57.66)	(0.246097)	162	(55.91)	01-DEC-22
1MMSLX	0.00	0.000000	0	(174.58)	(0.451201)	202	(166.88)	01-DEC-22
1WASYX	0.00	0.000000	0	(10.80)	(0.074051)	142	(10.15)	01-DEC-22
1MKSXX	0.00	0.000000	0	(0.69)	(0.001032)	16	(0.69)	01-DEC-22
1MGDJE3	0.00	0.000000	0	(5,966.56)	0.000000	323	(5,966.56)	01-DEC-22
1MDBLX	0.00	0.000000	0	(1,273.78)	(5.136781)	182	(1,220.72)	01-DEC-22
1OPIGX	0.00	0.000000	0	(1,225.44)	(11.214820)	161	(1,170.95)	01-DEC-22
1MGFLX	0.00	0.000000	0	(24,092.46)	(42.017390)	4	(21,634.84)	02-DEC-22
1MMYLX	0.00	0.000000	0	(31,441.91)	(61.856637)	4	(30,320.09)	02-DEC-22
1MMELX	0.00	0.000000	0	(29,055.36)	(29.112955)	4	(27,204.11)	02-DEC-22
1MBCLX	0.00	0.000000	0	(27,160.03)	(26.725556)	4	(25,949.85)	02-DEC-22
1MMSLX	0.00	0.000000	0	(31,216.69)	(80.598866)	3	(29,760.52)	02-DEC-22
1MGDJE3	0.00	0.000000	0	(229,312.80)	0.000000	8	(229,312.80)	02-DEC-22
1MMTKX	0.00	0.000000	0	(100,364.89)	(412.605389)	4	(95,606.20)	05-DEC-22
1MOSLX	0.00	0.000000	0	(1,232.76)	(4.348592)	1	(1,092.20)	05-DEC-22
1MGFLX	0.00	0.000000	0	(157.26)	(0.279201)	1	(143.76)	05-DEC-22
1GTSAX	0.00	0.000000	0	(720.45)	(2.121021)	1	(713.69)	05-DEC-22
1MMYLX	0.00	0.000000	0	(648.84)	(1.314247)	1	(644.20)	05-DEC-22
1MMELX	0.00	0.000000	0	(1,861.13)	(1.903885)	1	(1,779.05)	05-DEC-22
1MBCLX	0.00	0.000000	0	(713.29)	(0.715646)	1	(694.87)	05-DEC-22
1MMFVX	0.00	0.000000	0	(299.95)	(0.261911)	1	(289.60)	05-DEC-22
1MDDLX	0.00	0.000000	0	(707.92)	(2.095908)	1	(682.08)	05-DEC-22
1MIEYX	0.00	0.000000	0	(1,885.67)	(4.645652)	1	(1,835.93)	05-DEC-22
1MFULX	0.00	0.000000	0	(534.96)	(1.252358)	1	(516.87)	05-DEC-22
1MAGLX	0.00	0.000000	0	(421.73)	(1.867680)	1	(421.73)	05-DEC-22
1MMSLX	0.00	0.000000	0	(1,645.58)	(4.324389)	1	(1,596.75)	05-DEC-22
1WASYX	0.00	0.000000	0	(306.39)	(2.120699)	1	(287.77)	05-DEC-22
1MGDJE3	0.00	0.000000	0	(561.73)	0.000000	1	(561.73)	05-DEC-22
1MDBLX	0.00	0.000000	0	(1,471.79)	(5.949270)	1	(1,412.92)	05-DEC-22

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Retirement Plan & Trust for Employees of DFF Corporation

29-OCT-22 to 31-DEC-22

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1OPIGX	0.00	0.000000	0	(1,444.55)	(13.278712)	1	(1,385.88)	05-DEC-22
1MMSOX	40.00	0.238365	1	0.00	0.000000	0	0.00	06-DEC-22
1MMDKX	849.11	3.356220	17	0.00	0.000000	0	0.00	06-DEC-22
1MMDFX	200.00	0.692305	1	0.00	0.000000	0	0.00	06-DEC-22
1MMFUX	1,687.88	6.667860	12	0.00	0.000000	0	0.00	06-DEC-22
1MMFPX	1,163.52	4.418276	6	0.00	0.000000	0	0.00	06-DEC-22
1MMTKX	1,127.50	4.672616	5	0.00	0.000000	0	0.00	06-DEC-22
1MMTOX	2,150.00	8.735603	4	0.00	0.000000	0	0.00	06-DEC-22
1MMTGX	920.00	4.190223	4	0.00	0.000000	0	0.00	06-DEC-22
1MMFJX	100.00	0.519600	1	0.00	0.000000	0	0.00	06-DEC-22
1MOSLX	1,227.92	4.362608	112	0.00	0.000000	0	0.00	06-DEC-22
1MGFLX	604.26	1.085210	104	0.00	0.000000	0	0.00	06-DEC-22
1GTSAX	814.62	2.447140	101	0.00	0.000000	0	0.00	06-DEC-22
1MMYLX	598.52	1.223573	106	0.00	0.000000	0	0.00	06-DEC-22
1MMELX	1,749.38	1.813566	138	0.00	0.000000	0	0.00	06-DEC-22
1MBCLX	580.73	0.594629	118	0.00	0.000000	0	0.00	06-DEC-22
1MMFVX	988.97	0.870219	111	0.00	0.000000	0	0.00	06-DEC-22
1MDDLX	783.34	2.341022	122	0.00	0.000000	0	0.00	06-DEC-22
1MIEYX	1,348.21	3.369827	116	0.00	0.000000	0	0.00	06-DEC-22
1MFULX	981.72	2.318984	126	0.00	0.000000	0	0.00	06-DEC-22
1MAGLX	509.77	2.300851	106	0.00	0.000000	0	0.00	06-DEC-22
1MMSLX	852.91	2.270547	109	0.00	0.000000	0	0.00	06-DEC-22
1WASYX	772.35	5.371224	61	0.00	0.000000	0	0.00	06-DEC-22
1MKSXX	96.94	0.144692	18	0.00	0.000000	0	0.00	06-DEC-22
1MGDJE3	2,873.00	0.000000	127	(100,200.00)	0.000000	3	(100,200.00)	06-DEC-22
1MDBLX	1,465.60	5.903417	104	0.00	0.000000	0	0.00	06-DEC-22
1OPIGX	1,240.42	11.360523	90	0.00	0.000000	0	0.00	06-DEC-22
1MOSLX	0.00	0.000000	0	(96,574.89)	(343.938353)	10	(86,384.75)	07-DEC-22
1MGFLX	0.00	0.000000	0	(93,630.85)	(169.416242)	10	(87,232.75)	07-DEC-22
1GTSAX	0.00	0.000000	0	(8,368.76)	(25.150558)	3	(8,462.84)	07-DEC-22
1MMYLX	0.00	0.000000	0	(85,377.99)	(175.443528)	11	(85,996.68)	07-DEC-22
1MMELX	0.00	0.000000	0	(147,341.95)	(153.004014)	12	(142,971.99)	07-DEC-22
1MBCLX	0.00	0.000000	0	(129,338.40)	(132.852565)	13	(128,996.60)	07-DEC-22
1MMFVX	0.00	0.000000	0	(16,433.06)	(14.427908)	4	(15,953.46)	07-DEC-22
1MDDLX	0.00	0.000000	0	(131,132.82)	(391.891811)	8	(127,535.92)	07-DEC-22
1MIEYX	0.00	0.000000	0	(169,061.68)	(423.553243)	12	(167,385.85)	07-DEC-22
1MFULX	0.00	0.000000	0	(368,398.63)	(871.969498)	15	(359,874.32)	07-DEC-22
1MMSLX	0.00	0.000000	0	(15,466.02)	(41.213638)	4	(15,217.82)	07-DEC-22
1WASYX	0.00	0.000000	0	(62,812.35)	(436.202487)	2	(59,190.86)	07-DEC-22
1MGDJE3	0.00	0.000000	0	(288,204.55)	0.000000	16	(288,204.55)	07-DEC-22
1MDBLX	0.00	0.000000	0	(6,800.66)	(27.233305)	3	(6,467.76)	07-DEC-22
1OPIGX	0.00	0.000000	0	(6,822.80)	(62.044915)	3	(6,475.57)	07-DEC-22
1MGDJE3	0.00	0.000000	0	(602,681.64)	0.000000	6	(602,681.64)	08-DEC-22
1MGDJE3	0.00	0.000000	0	(122,626.18)	0.000000	3	(122,626.18)	09-DEC-22
1MMDFX	0.00	0.000000	0	(6,292.54)	(21.576641)	4	(5,996.24)	12-DEC-22
1MMDKX	4.04	0.015697	1	0.00	0.000000	0	0.00	13-DEC-22
1MMDFX	4.04	0.013748	1	0.00	0.000000	0	0.00	13-DEC-22
1MMFUX	4.04	0.015687	1	0.00	0.000000	0	0.00	13-DEC-22
1MMFPX	4.04	0.015094	1	0.00	0.000000	0	0.00	13-DEC-22
1MMTKX	8.09	0.033035	1	0.00	0.000000	0	0.00	13-DEC-22
1MMTOX	9.44	0.037846	1	0.00	0.000000	0	0.00	13-DEC-22
1MMTGX	4.04	0.018184	1	0.00	0.000000	0	0.00	13-DEC-22
1MMTTX	4.04	0.017760	1	0.00	0.000000	0	0.00	13-DEC-22

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Retirement Plan & Trust for Employees of DFF Corporation

29-OCT-22 to 31-DEC-22

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1MMFJX	4.04	0.020776	1	0.00	0.000000	0	0.00	13-DEC-22
1MMXCX	4.04	0.019757	1	0.00	0.000000	0	0.00	13-DEC-22
1MMFDX	4.04	0.023367	1	0.00	0.000000	0	0.00	13-DEC-22
1MMBWX	4.04	0.020361	1	0.00	0.000000	0	0.00	13-DEC-22
1MOSLX	4.04	0.014051	1	0.00	0.000000	0	0.00	13-DEC-22
1MGFLX	4.05	0.007091	1	(3,511.50)	(6.148382)	3	(3,165.81)	13-DEC-22
1GTSAX	4.05	0.011933	1	0.00	0.000000	0	0.00	13-DEC-22
1MMYLX	4.04	0.008192	1	(19,038.00)	(38.601767)	3	(18,921.33)	13-DEC-22
1MMELX	12.14	0.012263	1	(16,318.45)	(16.484309)	4	(15,403.47)	13-DEC-22
1MBCLX	4.05	0.004043	1	(19,475.03)	(19.439088)	4	(18,874.87)	13-DEC-22
1MMFVX	4.04	0.003489	1	0.00	0.000000	0	0.00	13-DEC-22
1MIEYX	4.04	0.009902	1	0.00	0.000000	0	0.00	13-DEC-22
1MFULX	4.05	0.009491	1	0.00	0.000000	0	0.00	13-DEC-22
1MAGLX	4.05	0.017375	1	(16,813.37)	(72.132477)	4	(16,287.96)	13-DEC-22
1MMSLX	4.04	0.010564	1	0.00	0.000000	0	0.00	13-DEC-22
1WASYX	4.05	0.027668	1	0.00	0.000000	0	0.00	13-DEC-22
1MKSXX	4.04	0.006026	1	0.00	0.000000	0	0.00	13-DEC-22
1MGDJE3	8.10	0.000000	1	0.00	0.000000	0	0.00	13-DEC-22
1MDBLX	4.05	0.016193	1	0.00	0.000000	0	0.00	13-DEC-22
1OPIGX	4.04	0.036696	1	0.00	0.000000	0	0.00	13-DEC-22
1MGFLX	0.00	0.000000	0	(8,449.66)	(14.855019)	4	(7,648.88)	14-DEC-22
1MMELX	0.00	0.000000	0	(43,113.18)	(43.833194)	4	(40,959.19)	14-DEC-22
1MAGLX	0.00	0.000000	0	(19,768.16)	(85.335480)	4	(19,269.27)	14-DEC-22
1WASYX	0.00	0.000000	0	(17,091.88)	(116.763758)	4	(15,844.35)	14-DEC-22
1MGDJE3	0.00	0.000000	0	(346,203.22)	0.000000	8	(346,203.22)	14-DEC-22
1MMTOX	0.00	0.000000	0	(2,295.22)	(9.379756)	2	(2,219.75)	15-DEC-22
1MMTGX	0.00	0.000000	0	(5,358.04)	(24.517424)	4	(5,183.25)	15-DEC-22
1MGFLX	0.00	0.000000	0	(13,705.94)	(24.960062)	6	(12,851.98)	15-DEC-22
1GTSAX	0.00	0.000000	0	(11,740.17)	(35.713792)	6	(12,017.20)	15-DEC-22
1MMELX	0.00	0.000000	0	(18,026.30)	(18.821376)	6	(17,587.31)	15-DEC-22
1MBCLX	0.00	0.000000	0	(14,246.89)	(14.746965)	6	(14,318.94)	15-DEC-22
1MMFVX	0.00	0.000000	0	(12,674.33)	(11.210950)	6	(12,396.35)	15-DEC-22
1MDDLX	0.00	0.000000	0	(53,811.50)	(162.400262)	6	(52,850.99)	15-DEC-22
1MIEYX	0.00	0.000000	0	(31,047.31)	(78.486646)	6	(31,017.47)	15-DEC-22
1MFULX	0.00	0.000000	0	(26,241.26)	(62.910491)	6	(25,964.08)	15-DEC-22
1MAGLX	0.00	0.000000	0	(21,377.57)	(95.465171)	6	(21,556.62)	15-DEC-22
1MMSLX	0.00	0.000000	0	(29,566.39)	(79.530199)	6	(29,365.92)	15-DEC-22
1WASYX	0.00	0.000000	0	(9,576.13)	(66.514327)	6	(9,025.71)	15-DEC-22
1MGDJE3	0.00	0.000000	0	(34,675.88)	0.000000	8	(34,675.88)	15-DEC-22
1MDBLX	0.00	0.000000	0	(25,847.80)	(103.218690)	6	(24,513.88)	15-DEC-22
1OPIGX	0.00	0.000000	0	(23,896.45)	(216.229698)	6	(22,567.65)	15-DEC-22
1MMTTX	0.00	0.000000	0	(110,528.72)	(498.108857)	3	(108,174.14)	19-DEC-22
1MOSLX	0.00	0.000000	0	(7,482.67)	(27.070541)	6	(6,799.13)	19-DEC-22
1GTSAX	0.00	0.000000	0	(4,183.40)	(13.021645)	6	(4,382.76)	19-DEC-22
1MMYLX	0.00	0.000000	0	(2,786.31)	(5.940603)	6	(2,911.88)	19-DEC-22
1MMELX	0.00	0.000000	0	(85,613.29)	(91.494808)	9	(85,501.36)	19-DEC-22
1MBCLX	0.00	0.000000	0	(27,739.93)	(29.434225)	8	(28,634.69)	19-DEC-22
1MMFVX	0.00	0.000000	0	(60,443.38)	(54.418695)	9	(60,172.73)	19-DEC-22
1MDDLX	0.00	0.000000	0	(2,933.54)	(8.981461)	6	(2,922.90)	19-DEC-22
1MIEYX	0.00	0.000000	0	(4,320.35)	(11.146734)	6	(4,407.99)	19-DEC-22
1MFULX	0.00	0.000000	0	(2,928.89)	(7.097463)	6	(2,929.23)	19-DEC-22
1MAGLX	0.00	0.000000	0	(1,395.80)	(6.434930)	5	(1,458.86)	19-DEC-22
1MMSLX	0.00	0.000000	0	(4,379.26)	(11.986114)	6	(4,428.78)	19-DEC-22

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Retirement Plan & Trust for Employees of DFF Corporation

29-OCT-22 to 31-DEC-22

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1MGDJE3	0.00	0.000000	0	(31,667.50)	0.000000	6	(31,667.50)	19-DEC-22
1MDBLX	0.00	0.000000	0	(38,503.83)	(155.070914)	6	(36,848.38)	19-DEC-22
1OPIGX	0.00	0.000000	0	(37,116.98)	(338.496359)	6	(35,340.25)	19-DEC-22
4MGDJE3	0.00	0.000000	0	(0.03)	0.000000	1	(0.03)	21-DEC-22
1MMSOX	40.00	0.241224	1	(0.10)	(0.000603)	3	(0.10)	21-DEC-22
1MMDKX	849.11	3.396814	17	(21.00)	(0.084006)	39	(20.52)	21-DEC-22
1MMDFX	200.00	0.700587	1	(0.49)	(0.001716)	3	(0.48)	21-DEC-22
1MMFUX	1,310.68	5.238260	11	(19.63)	(0.078455)	32	(19.12)	21-DEC-22
1MMFPX	1,163.52	4.472260	6	(9.44)	(0.036284)	17	(9.20)	21-DEC-22
1MMTKX	1,127.50	4.726031	5	(11.69)	(0.049001)	15	(11.36)	21-DEC-22
1MMTOX	2,150.00	8.827789	4	(11.70)	(0.048040)	20	(11.37)	21-DEC-22
1MMTGX	920.00	4.231078	4	(126,625.19)	(582.349003)	16	(123,114.85)	21-DEC-22
1MMTTX	0.00	0.000000	0	(89,029.56)	(398.964828)	6	(86,589.85)	21-DEC-22
1MMFJX	100.00	0.523901	1	(9.92)	(0.051971)	5	(9.65)	21-DEC-22
1MMXCX	0.00	0.000000	0	(0.01)	(0.000050)	1	(0.01)	21-DEC-22
1MMBWX	0.00	0.000000	0	(0.01)	(0.000051)	1	(0.01)	21-DEC-22
1MOSLX	2,369.61	8.460336	117	(4,235.41)	(15.121932)	194	(3,798.20)	21-DEC-22
1MGFLX	865.62	1.586438	109	(3,826.34)	(7.012580)	160	(3,639.95)	21-DEC-22
1GTSAX	1,337.10	4.071064	106	(20,243.36)	(61.634830)	171	(20,735.67)	21-DEC-22
1MMYLX	990.00	2.065027	106	(16,177.42)	(33.744347)	151	(16,540.21)	21-DEC-22
1MMELX	2,697.07	2.829044	143	(24,539.39)	(25.740157)	245	(24,054.28)	21-DEC-22
1MBCLX	907.83	0.948642	123	(2,199.21)	(2.298019)	163	(2,231.27)	21-DEC-22
1MMFVX	1,804.19	1.594843	116	(28.27)	(0.024999)	190	(27.79)	21-DEC-22
1MDDLX	1,207.82	3.635409	127	(21,093.65)	(63.489584)	192	(20,661.99)	21-DEC-22
1MIEYX	2,131.43	5.413408	121	(108,260.03)	(274.958919)	201	(108,652.40)	21-DEC-22
1MFULX	1,405.82	3.350428	131	(20,451.13)	(48.740244)	193	(20,115.96)	21-DEC-22
1MAGLX	836.87	3.772660	111	(1,157.68)	(5.218884)	145	(1,178.36)	21-DEC-22
1MMSLX	1,636.13	4.401005	114	(5,812.91)	(15.636053)	188	(5,773.61)	21-DEC-22
1WASYX	805.35	5.618603	66	(1,333.51)	(9.303338)	133	(1,262.57)	21-DEC-22
1MKSXX	96.94	0.144486	18	(0.71)	(0.001060)	16	(0.71)	21-DEC-22
1MGDJE3	380,923.94	0.000000	152	(28,989.66)	0.000000	287	(28,989.66)	21-DEC-22
1MDBLX	1,471.87	5.956891	104	(5,385.54)	(21.796067)	172	(5,176.58)	21-DEC-22
1OPIGX	1,246.69	11.424214	90	(63,438.96)	(581.331382)	154	(60,683.91)	21-DEC-22
1GTSAX	0.00	0.000000	0	(4,364.34)	(13.452640)	2	(4,526.52)	22-DEC-22
1MDDLX	0.00	0.000000	0	(47,309.31)	(143.803237)	2	(46,799.16)	22-DEC-22
1MIEYX	0.00	0.000000	0	(56,241.80)	(144.877142)	2	(57,254.44)	22-DEC-22
1MMSLX	0.00	0.000000	0	(45,088.60)	(122.977455)	2	(45,408.43)	22-DEC-22
1WASYX	0.00	0.000000	0	(32,382.24)	(227.428121)	2	(30,861.75)	22-DEC-22
1MGDJE3	0.00	0.000000	0	(1,850.00)	0.000000	2	(1,850.00)	23-DEC-22
4MKSXX	0.00	0.000000	0	(241.51)	(0.359631)	2	(240.14)	30-DEC-22
3MGDJE3	0.00	0.000000	0	(0.20)	0.000000	1	(0.20)	30-DEC-22
4MGDJE3	0.00	0.000000	0	(1,598.36)	0.000000	1	(1,598.36)	30-DEC-22
1MMSOX	0.00	0.000000	0	(5,738.26)	(34.836813)	3	(5,627.70)	30-DEC-22
1MMDKX	0.00	0.000000	0	(65,047.61)	(261.989232)	29	(63,813.94)	30-DEC-22
1MMDFX	0.00	0.000000	0	(30,152.57)	(106.283557)	3	(29,549.86)	30-DEC-22
1MMFUX	0.00	0.000000	0	(394,810.14)	(1,588.824610)	24	(386,877.77)	30-DEC-22
1MMFPX	0.00	0.000000	0	(226,736.66)	(877.138012)	14	(222,157.93)	30-DEC-22
1MMTKX	0.00	0.000000	0	(729,132.38)	(3,078.156727)	18	(713,333.68)	30-DEC-22
1MMTOX	0.00	0.000000	0	(726,658.16)	(3,003.765413)	20	(711,018.87)	30-DEC-22
1MMTGX	0.00	0.000000	0	(246,822.57)	(1,143.043877)	14	(241,717.59)	30-DEC-22
1MMTTX	0.00	0.000000	0	(168,511.73)	(760.029046)	4	(164,954.12)	30-DEC-22
1MMFJX	0.00	0.000000	0	(616,153.06)	(3,248.478570)	6	(603,160.66)	30-DEC-22
1MMXCX	0.00	0.000000	0	(33.68)	(0.168738)	1	(33.25)	30-DEC-22

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Retirement Plan & Trust for Employees of DFF Corporation

29-OCT-22 to 31-DEC-22

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
1MMFDX	0.00	0.000000	0	(33.67)	(0.199245)	1	(33.22)	30-DEC-22
1MMBWX	0.00	0.000000	0	(33.57)	(0.173041)	1	(33.16)	30-DEC-22
1MOSLX	0.00	0.000000	0	(457,651.69)	(1,644.754944)	169	(413,626.36)	30-DEC-22
1MGFLX	0.00	0.000000	0	(618,955.62)	(1,147.770458)	168	(591,066.19)	30-DEC-22
1GTSAX	0.00	0.000000	0	(262,541.46)	(809.974310)	164	(272,442.94)	30-DEC-22
1MMYLX	0.00	0.000000	0	(296,379.91)	(621.206146)	163	(304,448.57)	30-DEC-22
1MMELX	0.00	0.000000	0	(766,807.65)	(813.464658)	193	(760,182.05)	30-DEC-22
1MBCLX	0.00	0.000000	0	(605,168.36)	(643.787788)	178	(625,022.85)	30-DEC-22
1MMFVX	0.00	0.000000	0	(881,678.47)	(779.373877)	176	(861,825.48)	30-DEC-22
1MDDLX	0.00	0.000000	0	(805,510.74)	(2,435.333586)	185	(792,608.37)	30-DEC-22
1MIEYX	0.00	0.000000	0	(734,226.46)	(1,882.409109)	188	(743,838.51)	30-DEC-22
1MFULX	0.00	0.000000	0	(1,613,833.14)	(3,846.173134)	193	(1,587,433.45)	30-DEC-22
1MAGLX	0.00	0.000000	0	(173,193.96)	(795.881722)	166	(179,599.93)	30-DEC-22
1MMSLX	0.00	0.000000	0	(541,056.68)	(1,465.475745)	169	(541,102.82)	30-DEC-22
1WASYX	0.00	0.000000	0	(205,052.41)	(1,433.742265)	95	(194,665.00)	30-DEC-22
1MKSXX	0.00	0.000000	0	(27,717.29)	(41.272949)	15	(27,560.56)	30-DEC-22
1MDBLX	0.00	0.000000	0	(235,593.27)	(965.312687)	149	(229,416.92)	30-DEC-22
1OPIGX	0.00	0.000000	0	(235,361.80)	(2,178.990210)	140	(227,551.20)	30-DEC-22

LEGEND

INVESTMENT OPTION:

4MKSXX	MassMutual US Govt Mny Mkt R5
4MGDJE3	General Account
1MMDKX	MassMutual Select TRP Retirement 2055 M5
1MMFUX	MassMutual Select TRP Retirement 2045 M5
1MMTKX	MassMutual Select TRP Retirement 2035 M5
1MMTGX	MassMutual Select TRP Retirement 2025 M5
1MMFJX	MassMutual Select TRP Retirement 2015 M5
1MMFDX	MassMutual Select TRP Retirement 2005 M5
1MOSLX	MassMutual Overseas Adm
1GTSAX	Invesco Small Cap Growth A
1MMELX	MassMutual Mid Cap Growth Adm
1MMFVX	MassMutual Equity Opports Adm
1MIEYX	MM S&P 500 Index Adm
1MAGLX	MassMutual Growth Opps Adm
1WASYX	Delaware Ivy Asset Strategy Fund Cl Y
1MGDJE3	General Account
1OPIGX	Invesco Core Bond A
3MGDJE3	General Account
1MMSOX	MassMutual Select TRP Retirement 2060 M5
1MMDFX	MassMutual Select TRP Retirement 2050 M5
1MMFPX	MassMutual Select TRP Retirement 2040 M5
1MMTOX	MassMutual Select TRP Retirement 2030 M5
1MMTTX	MassMutual Select TRP Retirement 2020 M5
1MMXCX	MassMutual Select TRP Retirement 2010 M5
1MMBWX	MassMutual Select TRP Retirement Bal M5
1MGFLX	MassMutual Global Adm
1MMYLX	MassMutual Small Company Val Adm
1MBCLX	MassMutual Blue Chip Growth Adm
1MDDLX	MassMutual Diversified Value Adm
1MFULX	MassMutual Fundamental Value Adm
1MMSLX	MassMutual Main Street Adm
1MKSXX	MassMutual US Govt Mny Mkt R5
1MDBLX	MassMutual Diversified Bond Adm

10/16/2023

Department of Labor

We have engaged Caron & Bletzer, PLLC to perform our audit and expect the audit to be completed very shortly. We have filed the Form 5500 and schedules expecting to be able to upload an amended filing that is complete including the audited financial statements. Thank you.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Retirement Plan & Trust for Employees of DFF Corporation

29-OCT-22 to 31-DEC-22

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1MGDJE3		3.000	5,671,085.95	5,699,153.33
			5,671,085.95	**5,699,153.33**
PARTICIPANT LOANS	VARIOUS	3.250-6.250	253,784.49	254,020.91

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 043033516

LEGEND

INVESTMENT OPTION:
1MGDJE3 General Account

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year